

*This project is dedicated to the women of the MRC de La Rivière du Nord and the Laurentides.*

Evaluative-participatory  
research report

May 2019

# La Maison de Sophia

PRACTICE OF MAISON DE SOPHIA AND ITS EFFECT ON WOMEN WHO ARE HOMELESS OR AT RISK OF BECOMING HOMELESS IN THE TERRITORY OF THE MRC DE LA RIVIÈRE-DU-NORD

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This project has been approved by the Research Ethics Committee of the Université du Québec en Outaouais (project number 2823).

This research is an initiative of the professors of the Département de travail social of the Université du Québec en Outaouais, St-Jérôme Campus, in partnership with Maison de Sophia, in collaboration of researchers of the Université Laval and the Centre de recherche sociale appliquée (CRSA).



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## Introduction

The complexity of social phenomena warrants examination from several angles. More and more actors with shared horizons come together around scientific projects to better reflect the complexity on the issues that arise in the social universe. Thus, this research on the complex phenomenon of homelessness among women, not much explored until now, brings together actors from the field and from the academic environment.

The aim of this evaluative-participatory research project is two-fold, that is, participate in the development of knowledge on homelessness among women in suburban and rural areas, and further the continuous improvement of the practices based on what women experiencing or at risk of experiencing homelessness go through.

The research report titled *Evaluative and participatory study on the emerging practice of Maison de Sophia<sup>1</sup> and its effect on women who are homeless or at risk of becoming homeless in the territory of the MRC de La Rivière-du-Nord* presents the results of research whose principal objective aimed to understand how the emerging practice of Maison de Sophia contributes to preventing and reducing homelessness among women in the territory of the MRC de La Rivière-du-Nord.

To reach the research question, interviews were conducted with various actors, including residents and former residents of Maison de Sophia, members of the MDS team, and associates from other organizations in the region.

The report is divided into six chapters. The first chapter addresses the complexity and particularities of the phenomenon of homelessness among women and focuses more specifically on describing the issues experienced in the rural and semi-rural areas of the MRC de La Rivière-du-Nord and the Laurentides.

In the aim of making the process explicit, the second chapter presents various components of the project, that is, the research team, the orientation rooted in a participatory approach, and an introduction to the mission and intervention practices of Maison de Sophia.

Then, in Chapter 3, the methodology reiterates the functioning of the evaluative-participatory research process by situating the various steps performed. Participative research warrants, by its methodology, very particular requirements relative to how to proceed in order to promote an equitable participation for everyone involved.

Chapters 4 and 5 present the results of the research. These results make it possible to meet the five specific objectives of the research, that is: 1) understand and identify the characteristics of suburban and rural homelessness among women in the territory of the MRC de La Rivière-du-Nord; 2) identify the needs of women experiencing or at risk of

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<sup>1</sup> To lighten the text the House of Sophia has also been designated by the acronym MDS in some part of the document.

experiencing homelessness in suburban and rural areas; 3) describe the emerging practice of Maison de Sophia and determine its innovative character; 4) qualitatively evaluate the activities and services of Maison de Sophia by particularly involving the women-participants; 5) identify avenues for improving the strategies for intervention with women experiencing or at risk of experiencing homelessness.

Finally, Chapter 6 discusses the results obtained from the statements of the various actors interviewed having played an essential and determining role in the production of this report. The results are intersected with prior research enabling the cross-matching of the experiences and analyses. In addition, certain avenues of reflection are proposed with respect to the approach and certain sociopolitical issues that Maison de Sophia and the community organizations cope with.

The residents and former residents were generous in their testimonials; without them, the project could not have come to fruition.



## CHAPTER 1

### Homelessness among women in urban and suburban areas: state of affairs

This chapter, based on a review of selected literature, presents the phenomenon of homelessness among women. Without making any claim to covering the phenomenon comprehensively, this chapter basically aims to present the current situation based on elements of homelessness among women that are deemed essential for a good comprehension of the study and of the study report. Homelessness among women, its prevalence and its hidden dimension are first presented. The particular circumstances of women relative to the precarity of their living circumstances as well as the challenge of obtaining housing and accessing social and health services is then discussed. Next, women's pathways, which stem from complex processes, are described and bring to light the violence, victimization, and survival strategies associated with gender inequality that characterize their trajectory. Finally, intervention regarding homelessness, specifically the social and community practices to provide assistance and shelter, concludes this part of the literature review.

#### 1.1 Transformation of the phenomenon of homelessness and its definitions

Homelessness as a major social issue, its prevalence and its multiple consequences, specifically social, economic and on health, is well documented (Fournier, 2001; Gaetz et al., 2013; Latimer et al., 2015; MSSS, 2014; Segaert, 2012). The definition given to homelessness varies in the literature. However, the authors all agree on the fact that there are different forms of homelessness (Grimard, 2013). In recent years, this reality has become increasingly visible and has considerably transformed. Homelessness can no longer be described solely as a masculine issue. In fact, studies show that the phenomenon of homelessness has transformed and become more complex (Commission des affaires sociales, 2008; Grimard, 2013; Fournier, 2015; Gélinau et al., 2015). According to Beauchemin (1996), the diversification of the clientele would reflect the new scale and complexity of the issue (p. 100). Furthermore, the phenomenon is no longer present exclusively in major urban centers, such as Montréal, but in rural communities. In addition, it would appear that the homeless population now includes categories that had until now been spared to Canada, such as family homelessness, a growing problem (Gaetz et al., 2013). Several forms of homelessness are also reported, and various terms are used to characterize it. Grimard (2013, p. 151) cites a few, including temporary, chronic, episodic homelessness, transient homeless, street homeless, rough sleepers [...] (Acorn, 1993b; Bégin, 1995; Larsen, Poortinga and Hurdle, 2004).

Thus, as Gélinau et al. explain (<http://www.cremis.ca/portrait-des-femmes-en-situation-ditinerance-de-multiples-visages>), the definition of homelessness has become more complex in recent years, slowly giving visibility to experiences that had long remained in the shadows. The way that homelessness is defined in general determines the sources of the phenomenon, the assessment of the size of the population affected, and the interventions aimed at preventing and reducing it. The definition assigned is therefore of crucial importance in order to work upstream of the phenomenon (Laberge et al., 2000).

### 1.1.1 Homelessness: definitions and forms

The Ministère de la Santé et des Services sociaux (2014) characterizes homelessness by the absence or impossibility of having a "place to live", a place where you feel safe and protected, a place of your own, recognized by others, where you go to rest and have privacy, This place is the domicile. (p. 29).

In 2012, the Canadian Observatory on Homelessness published a definition of homelessness (Gaetz; Donaldson; Richter, & Gulliver, 2013, p.4): "Homelessness describes the situation of an individual or family without stable, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it. It is the result of systemic or societal barriers, a lack of affordable and appropriate housing, the individual/household's financial, mental, cognitive, behavioural or physical challenges, and/or racism and discrimination. Most people do not choose to be homeless, and the experience is generally negative, unpleasant, stressful and distressing." The definition of the Canadian Observatory on Homelessness is accompanied by a classification of the forms of homelessness: without shelter and living on the streets; emergency sheltered; provisionally housed; and at risk of homelessness (Gaetz; Donaldson; Richter, & Gulliver, 2013).

The Réseau d'aide aux personnes seules et itinérantes de Montréal (RAPSIM, no date) defines homelessness as a person who has no fixed address, no assurance of stable, safe and adequate housing for the days to come, with a very low income, whose is often discriminated against in terms of accessibility to public services, who may experience problems causing social disorganization, namely of mental health, alcoholism and/or drug abuse and/or compulsive gambling, or who is lacking a stable reference group. RAPSIM (2003) also proposes various forms of homelessness based on a classification: visible (using shelters, sleeping in public spaces, abandoned buildings or in their car); hidden (without stable and safe housing i.e. overcrowded, substandard or not free of violence, etc.); situational or transitory (temporarily without stable housing); cyclical (individuals alternate between housing and the street); or chronic (individuals who have not had stable housing for a long period). Frankish, Hwang and Quantz (2009) also refer to various conditions of homelessness: **absolute homelessness** (individuals living on the streets or in shelters); **hidden homelessness** (individuals without a domicile, they live with family or friends); **relative homelessness** (people who have a domicile but the conditions are substandard, unsafe, and they are at risk of being evicted due to the deplorable condition of the premises, or people who have to spend a large part of their income on housing).

According to Gélinau et al. (<http://www.cremis.ca/portrait-des-femmes-en-situation-ditinerance-de-multiples-visages>), experiencing homelessness can also mean being without a fixed domicile (*homelessness*), or living in precarious (*insecure*) or substandard (*inadequate*) housing. To this effect, as these authors indicate, homelessness is "visible" in the public sphere, and "hidden" in the private sphere (2015, p.1). However, individuals experiencing hidden homelessness may live temporarily with family, friends, acquaintances or strangers, a practice called "couch surfing" (Gaetz et al., 2013, p. 6). These individuals are "hidden" because they do not make use of the support or services offered even though they are not suitably and adequately housed. A recent survey by Statistics Canada (Rodrigue, 2016) reports that in 2014, 8% of Canadians aged 15 and over reported having

experienced hidden homelessness (Rodrigue, 2016). Moreover, women's homelessness is defined as being hidden, which leads to the invisibility of the phenomenon (Bellot and Rivard, 2017). What is more, women apparently constitute the homeless population group with the most significant increase in recent years (Laberge et al., 2000). The MSSS (2014) also mentions the invisibility of the phenomenon that hides its magnitude (Le réseau canadien pour la santé des femmes, 2012), while homelessness is growing among women. According to the study by Tutty, Bradshaw et al., (2009), women make up a large proportion of the homeless population, that is, approximately one quarter of it.

Although the issue of homelessness has recently enjoyed visibility with the parliamentary committee on homelessness (2008), Québec's 2014 policy to fight homelessness, *Politique nationale de lutte à l'itinérance – Ensemble pour éviter la rue et s'en sortir*, and the mobilization of many organizations working with the homeless population, the situation of homeless women and the studies specifically conducted on them, and more particularly in the rural and suburban context, are not very numerous (Carle and Bélanger-Dion, 2003; Grenier, 2019; Grenier, Thibault, Bourque, Blackburn and Grenier, submitted). Women's homelessness as a social problem has indeed taken a considerable amount of time to be formally recognized, even though the first resources for women in Montréal go back to 1932 with *Le Chaînon* (Salvation Army, 2011; La rue de femmes, 2011). It was only from the 80's with the *année internationale des sans-abris* (1987), that the issue of homelessness among women started to be addressed in a few studies and research projects (Mercier, 1996), although not very many. Before that, the reality of homelessness among women was assimilated to that of men experiencing homelessness, and that object of research was often approached from the perspectives of marginalization or prostitution (Cambrini, 2013; Table des groupes de femmes, 2013). Laberge and her colleagues (2000) thus state that homelessness among women has only rarely been addressed specifically but was more often merged into the overall issue. However, they observe that certain indicators, testimonials, tend to lead us to believe that the dynamics at work in the genesis of the phenomenon raise the issue of the specificity of women's homelessness (p. 83-84). Because, contrary to men experiencing homelessness, as explained earlier, women are less visible in the public space, if not invisible. Women often hide their situation for fear of being judged or looked down on, or for fear of losing or not getting custody of their children (Bellot and Rivard, 2017; Gélinau et al, 2015; La rue de femmes, 2011).

## 1.2 A path that resides in instability and invisibility

As stated earlier, research on homelessness conducted with women shows the presence of a form of hidden or invisible homelessness (Fournier and Mercier, 1996; Gélinau et al., 2006; Gélinau, 2008; Novac et al., 1996). The literature indeed indicates that homelessness is not just about being without shelter or a roof over one's head, in reference to street homelessness, which is the most visible form of homelessness. It is also the experience of having no fixed domicile and living in a place that is unsafe, inadequate and not affordable, where women may, for example, fear for their safety, be harassed by the landlord. Thus, as Grimard reveals (2013, p. 151), homelessness is therefore not solely defined as the absence of housing, but the fact of being homeless signifies a serious residential instability that fosters the development of a generalized vulnerability, made visible.

The hidden dimension of homelessness may involve having to make choices in meeting basic needs (food, health care, safety) due to lack of means. Considering this state of affairs, Laberge et al. (2000) stress the need to broaden the definition of homelessness. In the same vein, Ouellette (1989) suggests to acknowledge the complexity of the situation of women experiencing homelessness by identifying the factors that contribute to putting them temporarily, recurrently or chronically in extreme survival conditions. Gélinau et al. (2008) concur with this. Because, although women experiencing homelessness sometimes have a roof over their heads, they are not necessarily safe, as this accommodation may compromise their security and physical safety (Gélinau et al., 2008).

The question of the safety of women relative to their homelessness is in fact the object of several studies (Bellot, 2003; Desjardins, 2017; Novac et al., 1996; Novac, 2006). To counter the dangers to which they are exposed, even when they are living on the streets, they make themselves much less visible (Conseil du statut de la femme, 2012; Gélinau, 2008; MSSS, 2014; Racine, 1991; Van Berkum and Oudshoorn, 2015). To cope with homelessness and precarious living conditions, women will thus deploy many survival strategies, which are specific to their gender (Bellot, 2003). They can resort to street economy<sup>2</sup> and survival prostitution, which consists in offering sexual services in exchange for a place to sleep, food, a shower (Bellot, 2003; Conseil du statut de la femme, 2012; Gélinau et al., 2008). For many women, homelessness means sharing apartments with several roommates, couch surfing, remaining in an abusive relationship in order to retain custody of the children. They will constantly transition from the streets to a shelter, to an assistance resource or emergency accommodation, from a rented dwelling to an acquaintance's spare room (Novac et al., 1996; Fédération de ressources d'hébergement pour femmes violentées et en difficulté du Québec, 2008; Gélinau et al., 2008). In such a context of insecurity and instability, women are even more susceptible to harassment and sexual violence where they are living, but will remain silent for fear of losing their domicile (RQOH, 2016). These survival strategies relative to hidden homelessness among women are associated with increased social vulnerability of women (Gélinau et al., 2008; Novac et al., 1996). The living conditions of homelessness, be it visible or hidden, experienced over a long period, have substantial effects, especially on their severely undermined health (La rue de femmes, 2018). The next section covers the process that leads to homelessness.

### 1.2.1 Hidden homelessness among women

Research thus shows that experiencing the hidden dimension of homelessness by living in poor housing conditions (Fournier and Mercier, 1996; Gélinau et al., 2006; Novac, Brown and Bourbonnais, 1996) would constitute a higher probably among women (Klassen and Spring, 2015). Furthermore, the fact that homelessness among women is a hidden phenomenon complicates the assessment of the number of women affected (Gaetz et al., 2013). However, various Canadian studies report that between 25% and 40% of the homeless population would be women (Conseil du statut de la femme [CSF], 2012; Gélinau, 2008; Ministère de la Santé et des Services sociaux [MSSS], 2014; Rahder, 2006; Van Berkum and Oudshoorn, 2015; Bellot and Rivard, 2017).

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<sup>2</sup> The term "street economy" refers to the various criminal activities associated with life on the streets such as selling drugs and shoplifting.

Notwithstanding the hidden dimension of the phenomenon, as reported earlier, studies indicate an increase in the number of women experiencing homelessness (Laberge, 2000; La rue de femmes, 2011; Novac et al, 1996; Sikich, 2008). These Canadian and Québec studies indicate that between 22.8% and 40% of homeless individuals would be women (Conseil du statut de la femme, 2012; MSSS, 2014; Van Berkum and Oudshoorn, 2015). In the field, several interveners observe, in addition, a worsening of the phenomenon, and that the reality of women in difficulty is changing (La rue de femmes, 2011; Sikich, 2008). What also betrays the gravity of their situation is the overload of the resources for women, with a bed occupation rate of 103.9% compared to 85.7% for the resources for men (MSSS, 2014). Furthermore, although the majority of women experiencing homelessness are between 30 and 50 years old (Conseil du statut de la femme, 2012), the resources for the homeless are noting an increase in the age of the women who use them, as well many requests for support from very young women. Many of them are mothers, with or without custody of their children (La rue des femmes, 2018; Table des groupes de femmes de Montréal, 2013).

Although the topic of homelessness, especially among women, has been put back on the agenda, knowledge on women experiencing homelessness has not advanced much since (Conseil du statut de la femme, 2012). Furthermore, research on the topic of women experiencing homelessness is sometimes conducted according to "thematic approaches", presenting the problems or issues experienced by these women (for example, mental health, drug abuse), which results in the full scope of the lived experience for women being overlooked (Laberge et al., 2000, p. 83).

The reality of homelessness among women is therefore underestimated and unrecognized, and this state of affairs influences the policies and resources available for them (Rousseau, 2017). The number of requests for shelter made by women is increasing year after year, and by the same token the number of requests denied due to lack of space (La rue de femmes, 2011; MSSS, 2014). To survive, some women use various strategies that result in making them even more vulnerable, among other things, resorting to "survival sex" (Gélineau et al., 2015, <http://www.cremis.ca/portrait-des-femmes-en-situation-ditinerance-de-multiples-visages>) or living with strangers. There are clearly not enough resources to meet the needs of women, while these needs are ever increasing. Yet, as Bellot and Rivard state (2017, p. 97), although these alarming numbers indicate a deterioration of the situation, policies, programs and services are not making women's issues a priority (CSF, 2012; Van Berkum and Oudshoorn, 2015).

Further research is therefore necessary to acquire a more global picture of homelessness among women and of its manifestations in specific contexts (for example, in regional communities), to develop suitable strategies and sufficient resources to address the situation of women and put an end to homelessness.

As demonstrated in the next pages, the challenges experienced by women can be grouped in four categories: material difficulties (financial insecurity, residential instability), health problems, difficulties of a relational nature, and lack of employment opportunities (Vachon,

2011), which combine and influence each other in a gradual process of precarization and marginalization. This is what we will present in the next section.

### 1.3 Homelessness among women: portrait of a process of precarization and marginalization

Some studies reviewed seek to understand women's homelessness, its causes and effects, in order that the responses offered be suited. There is a certain consensus in the literature to the effect that women's homelessness is a result of a combination of factors rooted in growing social inequalities (Duchesne, 2015; Gaetz et al., 2013; Gélinau et al., 2008; Laberge et al., 2000; MSSS, 2014). In recent decades, the combined effects of the deep social transformations that took place in the economic, sociopolitical, and family sectors, and in the representations of poverty, had a more particular impact on women (Laberge et al., 2000, p. 84). The literature on the reality of homeless women thus highlights the principal characteristics of their experience relative to a process of precarization of their living circumstances: extreme poverty, lack of affordable and safe housing, residential instability, behaviours outside of social norms, and isolation (La rue de femmes, 2017; Poirier et al., 2000).

#### 1.3.1 Poverty, precarity and exclusion

According to the study by Gélinau et al. (2008), poverty among women thus constitutes the "spiral of homelessness among women", one of the undermining factors that arises both before and after women enter into a situation of homelessness. In a difficult socioeconomic context where individuals can only count on a faulty social security safety net (Savoie et al., 2016, p. 44), certain categories of population are, de facto, more vulnerable than others to the dangers associated with poverty. A study conducted by the Institut de recherche et d'informations socio-économiques (IRIS) in 2015 reveals that the recent economic crisis and the austerity policies have effectively affected women at the forefront, particularly elderly women without children, immigrant women, and young women (Couturier and Tremblay-Pepin, 2015; La rue de femmes, 2011; Sikich, 2008). It must be noted that between the social advocacies regarding gender equality in all aspects of the social environment and the real position of women in society, there is a discrepancy.

Examination of the statistical data leads to an alarming observation. Although women represent a little more than 50% of the world population, they constitute 70% of individuals living in poverty (United Nations Development Fund for Women, 2008). Québec is no exception. In 2016, the employment income of women corresponded to 74.9% of that of men (Marcoux and Bouchard, 2016). In 2017, no less than 58.2% of people working at minimum wage were women (ISQ, 2017). The risk of precarity is even higher for single mothers, where 23.7% of them have an income that is below the poverty line (Government of Canada, 2016). In certain regional communities, it is even worse. In the Laurentides specifically, nearly one out of five women has a total income of less than \$10,000 (Réseau des femmes des Laurentides, 2015).

This deterioration of the economic situation of women is the consequence of a gendered social structure that especially takes the form of a precarious path on the employment

market (Laberge et al., 2000). The persistence of the economic inequalities among women can thus be attributable to factors such as: discrimination in employment, wage inequality, predominant presence of women in the lowest-paid sectors of activity, the burden of child care that still often falls to them, the more frequent and more lengthy interruption of their career for maternity and family obligations and, finally, the fact that they are poorer once they retire, since they have not contributed as much to social security programs such as the Régie des rentes du Québec (Conseil du statut de la femme, 2012; Gélinau et al., 2008; La rue des femmes, 2011).

The reconfigurations of marital and family structures that represent the increase in separations and divorces in past decades moreover puts more women in single-parent situations, which participates in their impoverishment (Laberge et al., 2000). The risk of ending up in a situation of financial insecurity in the event of separation is indeed much greater for women in common-law unions without legal protection in the absence of a cohabitation contract (Réseau des femmes des Laurentides, 2015). Taking into account these economic issues makes it possible to better understand the ambivalence that women can experience to leave the domicile when they are in a situation of violence. Several research studies in Canada show a direct correlation between these two phenomena (Tutty et al., 2007). In fact, a study conducted in 2002 in Calgary by Gardiner and Cairn on the phenomenon of individuals experiencing homelessness (quoted by Novac, 2006) reports that 29% of people in absolute homelessness and 37% of people in relative homelessness were women fleeing a violent spouse. Finally, issues relative to access to housing (FRAPRU, 2015; Gaetz et al., 2014; Plante, 2007) or to problematic access to social and health services (Cambrini, 2013; Cameron, et al., 2016; Gélinau et al., 2008; La rue de femmes, 2011; Novac et al., 2002; RAPSIM, 2012; Sikich, 2008) are also among the structural factors identified in their pathway to fragilization.

A number of studies in fact mention the existence of inequalities among women themselves and of the multiple systems of oppression that are at the origin of these inequalities (ageism, ableism, capitalism, cissexism, colonialism, heterosexism, racism) (Gélinau, et al., 2015).). Some groups of women are thus doubly or triply marginalized and are even more susceptible of encountering homelessness (Bellot and Rivard, 2017; Gélinau et al., 2008). This includes especially young women, elderly women, mothers, immigrant women, First Nations women, women with health problems (physical or mental), women from LGBTQ+ groups. Women from rural areas are moreover even more at risk of making their first entry into homelessness and of experiencing its hidden dimension, given the limited access to services (Tutty et al., 2007). They have trouble obtaining the support they need due to the nonexistence, rarity and distance of the resources (Rollinson, 2007).

The systemic discriminations to which these women are confronted when trying to secure housing (for example, affordable, low-rent housing–HLM, cooperatives) and in emergency shelter services are well documented, especially the challenges faced by single mothers and the racism of certain apartment building owners (FRAPRU, 2015). Furthermore, immigrant and indigenous women have even more trouble finding services that correspond to their needs (Conseil des Montréalaises, 2017). These various specific cases significantly raise the issue of the intersectionality of oppressions in the literature about homeless women.

Yet, the conditions for access to housing are known to play a major role in the stability of individuals and in the construction of the support networks (Boucher, 2005). In so doing, these factors relative to the economic situation of women, access to housing, and the resources resulting from social processes and structural changes, have the effect of rendering women more vulnerable on several levels, especially in terms of safety, physical and mental health, and social isolation (Laberge et al., 1995). Access to affordable housing and to adequate financial support represents in this sense a crucial issue (MSSS, 2009), particularly for those with multiple oppressions (poor, immigrant, women).

For women who are already vulnerable on several levels, a job loss, the loss of housing, a separation or divorce, a bereavement, incarceration or illness can thus become circumstances conducive to isolation, disaffiliation and distress, and this can lead to a situation of homelessness. In a condition of extreme poverty, several cannot meet their basic needs, such as housing, physical and mental health, transportation, food, safety, etc. They rarely get the help they need when they need it most, and various problems increase their stranglehold on the stability of their life. In accordance with the image of the "downward spiral" (Gélineau et al., 2008), without a support network, the "stressors" that amass in the life of these women can exacerbate their life circumstances, even disorganize them and lead them into homelessness (La rue des femmes, 2011). This is what is presented in the second section.

## 1.4 The spiral of homelessness among women

Studies on homelessness among women highlight the particularities of a "pathway", (Bellot and Rivard 2017; Grenier, 2019; Grenier, Thibault, Bourque, Grenier, submitted) experienced as a gradual process of fragilization, as the "spiral of homelessness among women" (Gélineau et al., 2008). According to the authors, violence (domestic, spousal, sexual, economic) and poverty, more particularly, emerge as determining factors in this process leading to homelessness. The many recurrent moves back and forth attesting to the challenges specific to the realities of women's lives (La rue de femmes, 2012) are furthermore a common characteristic of their pathway to homelessness. The next section addresses violence and victimization as causes and consequences of homelessness for women.

### 1.4.1 Gender, violence and victimization

Gender inequalities manifest not only in the context of the survival strategies tried by women, but also in their private life (Flynn et al., 2015). The experience of trauma and violence of all kinds is moreover documented as the most common fragilization factor among women experiencing homelessness, and it is omnipresent in their experience relative to homelessness (Gélineau et al., 2008; La rue de femmes, 2011; Latimer et al., 2015; Van Berkum and Oudshoorn, 2015). According to the results of the study by Gélineau et al. (2008) and by Grenier et al. (submitted), nearly 80% of homeless women are survivors of incest, rape, aggression (sexual assault, psychological violence, spousal abuse, domestic violence) or neglect. Gélineau et al. (2008) show furthermore correlations between violence experienced, homelessness, the use of psychoactive substances, and the problems termed as "mental health" problems of women (La rue de femmes, 2017), which exacerbate their



exclusion and isolation, and intensify the spiral of homelessness. Indeed, according to G lineau et al., the stress generated, helplessness and low self-esteem put a strain on mental and physical health as well as on the emergence of substance abuse, compulsive gambling and health problems (2015, p. 50). Often abused and assaulted, abandoned and rejected, at every stage of their life (La rue de femmes, 2017), the trauma, sometimes going as far back as childhood (Hamilton, et al., 2011), and the violence experienced by women predispose them to exclusion, isolation, and a state of disorganization that leads them to homelessness.

Women experiencing homelessness therefore put into place means and strategies for survival to cope with the consequences of this violence, to protect themselves from it or to flee the violent situation. Alone on the streets, they are vulnerable and therefore susceptible to experiencing even more violence, aggression, exploitation and sexual abuse, becoming prey for street gangs, pimps, and sexual predators (Gaetz, 2010; Paradis and Mosher, 2012). For women, homelessness emerges therefore as a strategy, an answer to the violence experienced in the home, as well as an experience marked by the need to ensure their safety, by possible risks for them, and even acts of violence against them (Cambrini, 2013, p.15).

Given their traumatic experiences and their compelling need for safety, it is understandable that certain women who manage to find a way out of homelessness cannot have or do not want to secure permanent housing (La rue de femmes, 2017). Housing is a major concern that can, in many cases, force women back into a violent environment (Tutty et al., 2006). In addition, many are the women who will at all cost steer clear of large shelters and rooming houses (Gaetz et al., 2013; RQOH, 2016), to avoid being in a place where they will encounter men. Shelter resources and transitional lodging consequently represent the best option for these women (Lewis, 2016).

### 1.5 Interventions to meet women's needs

As we have seen, for many women having experienced homelessness, the oppressions and violence are compounded, and they have trouble getting the services that meet their particular needs. Likewise, when they make their entry in the services, the social situation of a good number of them is critical and even more deteriorated than that of men (Mercier, 1995). For women struggling with a multitude of problems such as mental health, drug addiction, and exclusion, it can be a challenge to get admitted into a housing resource (Cyr and Jean, 2012) and especially to remain sheltered there. Yet, this does not mean they have less need of a place of respite where they can restore their independence, rebuild their confidence, and develop new social bonds (Lewis, 2016).

As reported in this section, the literature reports the complexity of the situations encountered by women and the intersectionality of several elements in play, such as the fact of being a woman, of experiencing poverty, social inequalities and various forms of violence and oppression. With respect to the various aspects of women's homelessness and the complexity of their needs, the nature and appropriateness of the responses offered to women as well as the issues relative to intervention with them have been addressed in several works (Cameron et al., 2016; G lineau et al., 2008; Gilbert et al., 2017; Lapalme, 2017; La rue de femmes, 2011, 2017, 2018; Morin, 2017; Sikich, 2008).

Although we know little about their practices (Racine, 1991; Vachon, 2011), the community organizations providing shelter and support to women experiencing homelessness are recognized as essential resources to meet the needs of women in difficulty. New, open and flexible formulas for support and shelter enabling transitions over various timeframes (for example, emergency services, day centres, transitional lodging), ongoing support (post-stay), prevention and support interventions for the achievement of objectives set as well as the multiplication of the environments where these resources are found, are among the strategies whose effectiveness is documented (Gilbert et al., 2017; Lewis, 2016; La rue de femmes, 2017).

In intervention, although some studies put forward the need for psychosocial and even therapeutic work to be accomplished with the women (Gilbert et al., 2017; La rue de femmes, 2017), given the dynamic of poverty and exclusion inherent to the experience of homelessness, studies also advocate social responses other than the psychosocial and medical approach (relative to their mental health) and to individual intervention. Specifically, the results of the research by Girouard (2017) on art as an integration practice reveal how this form of intervention becomes an alternative to the street lifestyle for young women.

What many studies however agree upon is that, faced with the need to remedy unsafe or insecure circumstances (Novac, 2006), the provision of lodging as a response to homelessness among women must be based on a will to protect women, to offer them "more than a roof over their heads" (Racine, 1991), but also a "haven of peace" (Cambrini, 2013), a "social world" with which they can interact and that organizes everyday life (Morin, 2017), moments and spaces where they can be heard, acknowledged, and supported (Sévigny, 1999). Indeed, the development of safe, affordable, and long-term housing, including second-stage lodging for women in a transition situation, offering stability, safety and shelter, constitutes, as Tutty et al. (2007) mention, a priority need. This type of accommodation enables women to regain their independence (Tutty et al., 2007) and restore their self-confidence. The relational dimension of the intervention relative to the precarity and homelessness of women (Gilbert et al., 2017), the thrust of acknowledgement (Girouard, 2017; Lapalme, 2017), of ongoing support in "social reconstruction" (Gilbert et al., 2017; Plante, 2007), and assistance in acquiring and retaining a living environment (Desjardins, 2017) are among the key elements of intervention with homeless women that emerge from the scientific literature consulted as well as from the documents produced by the practice environments.

In conclusion, in light of the literature consulted, several aspects of the homelessness of women and of the practices that are destined to them remain to be documented and confirmed, in particular as concerns the rural and suburban context (Carle and Bélanger-Dion, 2003). As the realities of homelessness among women are many, so are the social responses, and the diversity of innovative solutions to prevent and reduce women's homelessness, especially in rural and urban environments, must be documented. Finally, although the review of the works on the homelessness of women brings to light the diversity

of problems they experience, generally numerous and sources of great suffering, several studies also set forth the question of their capacity to take action in their own lives even in situations of great vulnerability (Desjardins, 2017; Grenier, 2019; Laberge et al., 2000; Plante, 2007). These studies clearly indicate that homelessness among women cannot be addressed solely in terms of victimization, of persons who are vulnerable and at risk, of maladjusted behaviours, etc. (Parazelli and Colombo, 2004), risking thus to reproduce the violence they experience. This knowledge, in our view, reinforces how important it is for research to pay greater attention to the viewpoint of homeless women and implement participatory research methods aimed at encouraging them to share their viewpoints so that we may grasp the entirety of their experience and get their recommendations in view of improving the practices that aim to support them.

## CHAPTER 2

### Participatory study on the emerging practice of Maison de Sophia and its impact on women who are homeless or at risk of becoming homeless in the territory of the MRC de La Rivière-du-Nord

In the previous section, as demonstrated by the review of the literature, prevention and reduction of the homelessness of women and support in their social reintegration process requires that we better understand the phenomenon and its manifestations in urban, suburban, and rural environments. This comprehensive approach warrants the documentation of the emerging intervention practices and their relevance to the needs of women experiencing homelessness.

The present research was conducted through a collaboration between Maison de Sophia, a shelter for women in difficulty, and professors from the Université du Québec en Outaouais, the Université Laval and a researcher with the Centre de recherche sociale appliquée (CRSA). The participatory-evaluative research project has a dual mission, that is, to participate in the development of knowledge in matters of homelessness among women in suburban and rural settings, and to encourage the continuous improvement of practices based on the experience of women who are homeless or at risk of becoming homeless (Anadon, 2007).

The study received funding from Employment and Social Development Canada (ESDC) through the Innovative Solutions to Homelessness (ISH) program. The next section presents the research process, its object of study and the organization. The first part describes the implementation of the participatory-evaluative research process and presents the objectives sought. The second part outlines the socioeconomic situation in the Laurentides region, in order to establish the context in which Maison de Sophia was developed, highlighting the emergence and history of the organization.

#### 2.1 An evaluative and participatory research process

In Canadian and Quebec research on health and social services, faced with the complexity of the situations experienced by marginalized populations, the development of detailed knowledge of their needs and of the best way to meet them is increasingly seen as necessary (Jacob and Ouvrard, 2009). With the growing interest in the elaboration of solutions to homelessness, which assuredly results from the new orientations of Québec's policy to fight homelessness (MSSS, 2014), it is important to find out what practices are the most effective. To do this, the studies that are based on a diversification of the research methods are put forward, as is the case of the present study. The next section describes what this process consists in.

##### 2.1.1 Participatory approaches to support innovation

To evaluate and strengthen intervention practices aimed at reducing and preventing homelessness, the approaches that call on the viewpoint of the principal actors targeted by the studies (the actual marginalized individuals), as well as those that promote the

interaction of knowledge drawn from expertise, from intervention and from experience furthering social innovation (Bernier, 2014) are more and more frequent.

A large number of theories hold that the most innovative solutions stem from diversity (of the actors and of their contribution), collaboration, discussion, and co-construction of knowledge (Tremblay and Demers, 2018). Participatory research creates an openness to ways of thinking of life together where the focal point is a political and democratic vision of the questions (and answers) (Paturel, 2014, p. 115). According to several authors, the local or regional level is where we would be able to gain insight on social problems (Fontan, 2010; Klein et al., 2015), because the actors on the ground, including the community organizations, have the best grasp of the needs of their community (Tremblay and Demers, 2018).

In a study using a participatory, collaborative, or partnership approach (Tremblay and Demers, 2018), the inclusion of the actors concerned by the topic of homelessness (marginalized citizens, practitioners) in the process of producing knowledge is seen as beneficial, as much to the planners, political decision makers, service suppliers and researchers as to the communities and individuals concerned (Lewis, 2016), in particular because it makes it possible to bridge the gap between scientific knowledge and the realities detected (Bellot and Rivard, 2013). Characterized by new scientific production relationships (Anadon, 2007), it encourages dialogue between different know-hows or expertises, which enhance each other to create knowledge that is deeper and closer to reality (Gélineau, 2002).

According to the principles of participatory research, there is no hierarchy between traditional knowledge from the academic world, knowledge drawn from practical experience and knowledge acquired through intervention (Bernier, 2014). In that perspective, through this type of research, the representatives of the population targeted by a study, as experts of what they have experienced rather than scientific experts, are considered as researchers in their own right able to produce knowledge on the issues that concern them (Gélineau et al., 2012). Participatory research combines in this sense with a practice of co-construction of knowledge (Gélineau et al., 2012), and its cyclical, collaborative, social-change oriented research process is valued in the same quality as the knowledge that emerges from it (Laurin et al., 2008).

The studies show that participatory research methods make it possible for marginalized individuals to acquire more confidence, knowledge, skills, and increased awareness of the realities of homelessness (INSPQ, 2016; Lived Experience Advisory Council, 2016), in addition to being able benefit on the longer term from the improvement of policies, practices and services offered on the ground (Mental Health Commission of Canada, 2011). This orientation for research (Reason and Bradbury, 2006) therefore makes it possible to acknowledge homeless individuals with all of their differences, giving them a place and a voice to influence the practices that concern them directly. Such research has in that sense a reach that surpasses the data produced, namely that of supporting bridging the gap between the homeless and society (Goyette et al., 2006; Bellot and Rivard, 2017). Finally, it fosters the introduction of a complementary perspective to counter the phenomenon in communities (Sakamoto et al., 2008), as well as reinforce the implementation of the action plans and

services offered (The Homeless Hub, 2015), and contribute to the enhancement of the legitimacy of the processes and means to solutions selected (Government of Canada, n.d.).

### 2.1.2 Participatory research projects

For the purposes of this research project, the evaluative and participatory method consisted in converging, sharing, the perspectives of various actors involved in the issue of homelessness among women in the territory of the MRC de La Rivière-du-Nord, that is, women-participants from Maison de Sophia, professionals working in the field, and academics (researchers and student researcher). The notion of evaluation in this research project corresponds to the evaluation of the current practice of Maison de Sophia and to descriptive, comprehensive and critical expression, in the aim of reflecting upon the practices, improving them and strengthening them in accordance with a consensus established on the basis the diverse perspectives.

The inclusion of the homeless women considered as co-researchers in the process of the present research enriched the analysis, made it possible to devise indicators, and build intervention tools that are relevant to women experiencing or at risk of experiencing homelessness. Furthermore, by involving the women-participants throughout the research process and by giving them the power to influence the intervention practice of Maison de Sophia, this evaluation and participatory research project developed the women's capacity to take action, in keeping with the intervention approach favoured by Maison de Sophia.

The co-learning process during the collection of the data engaged the women in difficulty in a process that allowed them to express and share their realities. The participatory approach made it possible to acknowledge their experience, support their empowerment, and augment their capacity for action, thus allowing them to break from an alienating position that cuts them off from their social experience, to give meaning to their life and take their life back into their own hands through a process of reflection on their pathway (Laurin et al., 2008, p. 3). The process of the present evaluative and participatory research project created an experience through which women experiencing or at risk of experiencing homelessness were able to feel that they were making a positive difference in their community (Flynn et al., 2015). The research process targets various objectives.

## 2.2 Maison de Sophia: a response to the difficulties experienced by women

As discussed previously, no one is immune to homelessness, and the women who call upon the services of Maison de Sophia are women of all ages, nationalities, social contexts, and education level. For multiple reasons, these women found themselves at one time in their life in a situation of suffering and they no longer had a home. For many of them, the challenges encountered are multiple and overlap to exacerbate their state of precarity: violence (domestic, social, economic, sexual), physical and mental health problems (depression, personality disorders, etc.), homelessness, addictions, etc. Below are presented a few statistics drawn from the most recent reports of activity of Maison de Sophia indicating the background of the residents, the types of violence they experienced, the evolution of the applications for shelter and rejections for various reasons, and the occupation figures of the organization in recent years by age.

A census of the provenance of the residents of Maison de Sophia during 2017-2018 indicates that the women were from various backgrounds, but more of them came from another shelter resource, a domicile or the streets. Furthermore, a high number of the women had experienced sexual and spousal abuse. The applications for shelter since 2013-2014 show a growth and also an increase of the needs for accommodation among women and children. In addition, since 2013, a rising number of women were rejected for lack of sufficient income to access housing services. Also, the 2017-2018 report of activity indicates an increase for most of the age categories<sup>3</sup>. Women in the 18-30 and 41-50 age groups are the most numerous.

In short, statistics show: the diversity of the violence experienced by the residents; the rise in housing needs for women in the region; an increase of the number of women in the majority of the age groups, with the exception of the 61 and over group.

### 2.2.1 A few of the issues of homelessness in the Laurentides

As discussed in the first chapter, homelessness among women was recognized much later than homelessness among men, in part because of its hidden dimension. In the same vein, homelessness in suburban and rural areas does not have the same visibility in the public space as that experienced in urban centres, and the restrictive definition of homelessness contributes to the lack of awareness of the phenomenon as experienced in regional communities and its particularities (Fournier et al., 2015). With the provincial program Supporting Communities Partnership Initiative (SCPI) launched in 1999, which now continues under the name of Initiative des Partenariats de Lutte contre l'itinérance (IPLI), and the adoption of a first national policy to fight homelessness titled *Ensemble, pour éviter la rue et en sortir*, and with the implementation of the Plan d'action interministériel en itinérance (2015-2020) titled *Mobilisés et engagés pour prévenir et réduire l'itinérance*, the instances started to focus on the various facets of the phenomenon that is spreading to the regional communities.

A few studies discuss homelessness in regional communities based on a concept of residential insecurity, rather than on the complete absence of a roof, or living on the streets or even in shelters. They specifically stress the distinctions between visible homelessness and invisible homelessness (Carle and Bélanger-Dion, 2007; Christensen, 2012), the various forms of residential insecurity (Carle and Bélanger-Dionne, 2007; Fitchen, 1992; Forchuk et al., 2010) as well as the many housing situations it represents. Some authors moreover propose the notion of "poorly housed", (Marpsat and Firdion, 2001; Laberge and Roy, 2001) to describe this reality.

In the consolidation and evaluation of an intervention practice that aims to support homeless individuals, given that the living environment influences the experience of homelessness (Hébert, 1999), it is important to take into account the regional particularities. The starting point of the present research is therefore the territory of the MRC de La Rivière-du-Nord, located at the centre of the greater region of the Laurentides.

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<sup>3</sup> The categories are as follows: 18-30 years, 31-40 years, 41-50 years, 51-60 years, and 61 and over.

In the Laurentides, in 2011, more than 80,000 people (14.3% of the population) were living below the low-income measure (LIM) (Statistics Canada, 2011). In the territory of La Rivière-du-Nord, which incidentally has the highest population, there were nearly 23,000 people living below the LIM (CSSSL, 2016). According to one study, in 2016, 39.2% (that is, around 25,000) of renter households, and 16.4% (that is, around 27,400) of owner households in the Laurentides were spending 30% or more of their income on housing (CRDSL, 2016).

According to the study conducted within the scope of the National Homelessness Initiative (NHI) program of Human Resources Development Canada (HRDC), among the structural and systemic factors that contribute to homelessness, income, absence of support measures and services, and cost of housing are major indicators. This moreover is what explains that the elimination of homelessness is founded on the objective of ensuring that individuals have access to housing stability (fixed address and adequate dwelling) and an income, as well as to the services and support necessary for their well-being (Schwan et al., 2018; MSSS, 2014).

However, according to the information gathered, the Laurentides region is under-developed among the programs of the Société d'habitation du Québec (SHQ). In fact, in the Laurentides region, there is 50% less housing assistance available (low-rent housing–HLM, AccèsLogis) than in the rest of the province (MESS, 2011). In view of the considerable number of individuals living in poverty, the high demand for and low supply of social housing is a source of precarity in the Laurentides region (CRDSL, 2016). Since the creation of the Québec program AccèsLogis in 1997, only 78 social housing units were introduced in Saint-Jérôme (FRAPRU, 2015). Rents have also increased more compared to the other regions of Québec. According to a new report on the rental market in Québec (SCHL, 2018), the average rent for apartments in the private sector in Ste-Sophie, a city in the MRC de La Rivière-du-Nord, went from \$692 per month in 2017, to \$764 per month in 2018. This represents an increase of 10.6% of the cost of housing, a clearly greater increase than the rest of Québec (2.2%). Inversely, the average incomes in the region rose less than those observed in the rest of the province (FRAPRU, 2015). Thus, in 2016, in the territory of La Rivière-du-Nord, 7,983 renter households and 6,937 owner households paid more than 30% of their income in rent, these numbers being the highest in the region. Health and social services in the Laurentides region, particularly community organizations, are furthermore historically under-financed (CRDSL, 2016; FRAPRU, 2015).

Recent data on the Laurentides region indicates that certain categories of the population live in situations of great insecurity, and that their number is significant in the territory of the MRC de La Rivière-du-Nord (CSSSL, 2016; Agence de la santé et des services sociaux Laurentides, 2014). Single-parent families, individuals without a high-school diploma, and persons living alone constitute the most vulnerable populations, that is to say, they present the highest risk of being socioeconomically disadvantaged (CRDSL, 2016; CSSSL, 2016). In the region, for example, 23.7% of single women live under the low-income threshold (ISQ, 2015).



Certain studies report the existence of major socioeconomic disparities in the region between the territories and within them (Carle and Bélanger-Dion, 2003, 2006; CSSSL, 2016), as well as between men and women (Agence de la santé et des services sociaux des Laurentides, 2014). The gap between men and women is furthermore particularly wide in the population aged 65 and over, while within this group, more than one out of five women is under the low-income measure (LIM) in the region (CSSSL, 2016).

Thus, according to the interveners cited in a study on social development in the Laurentides (Lussier and Hudon, 2012), the phenomenon of homelessness is firmly entrenched in the region, particularly in the cities in the centre and south sectors, more specifically in Saint-Jérôme. According to the interveners interviewed for the purposes of this study, homelessness experienced in the urban centres in the Laurentides is similar to that experienced in Montréal, whereas in rural areas, the situation must be approached differently. De facto, according to this study, transience in rural areas is invisible, because individuals more often experience episodic homelessness, managing to find temporary accommodation, for example with friends, in a campground, in their car, or squatting in a cottage. The study by Carle and Bélanger-Dion (2007) on the situations of social emergency experienced by youngsters in the rural region of the Laurentides made a similar observation on this topic.

Other studies identify the risk factors present on the entire territory and generally associated with homelessness. In 2003, a study conducted by Carle and Bélanger-Dion on homelessness in the Laurentides revealed a deterioration of the social conditions in this region (high prevalence of persons living alone, of households below the poverty threshold, suicides, criminality, psychological distress, and a high rate of reports received by the Direction de la protection de la jeunesse). Furthermore, this social deterioration augmented moving north, where there was a denser and poorer population. In another study in 2006, the authors noted the lack of temporary housing resources, more particularly in the rural region of the Laurentides, which were insufficient to meet the numerous difficulties experienced in the territory (Carle and Bélanger-Dion, 2007). The results of the study suggested that the shelter resources were sometimes inadequate in terms of health and safety (Carle and Bélanger-Dion, 2003) and were often themselves in great difficulty, that is to say, underfinanced (Carle and Bélanger-Dion, 2003). This study revealed that, in this context, a large part of the requests for emergency shelter assistance were transferred to Montréal.

Already in 2007, the *Plan communautaire sur l'itinérance*, Quebec located initiative, conducted within the Canadian framework of the Homelessness Partnering Strategy (HPS), outlined these deficiencies in the support and housing resources in the Laurentides region, which are apparent still today (CRSDL, 2016). Among other things, it mentions the shortage of shelter resources for women who are homeless or without fixed domicile, of day centres, as well as housing with community support or emergency transitional lodging for all clientele (18-99 years old), especially for families and adults with mental health problems or without fixed domicile.

In addition to the risk factors associated with homelessness present in the territory, the marked demographic growth in the MRC de La Rivière-du-Nord (11.6% between 2011-

2016) as well as the considerable aging of the population, are issues specific to the region that must be taken into account, given that the resources will have to cope with these realities (CISSSL, 2016b; CRDSL, 2016). The size of the territory of the Laurentides region, which results in major transportation needs for accessibility to resources, is yet another regional issue to be considered (CRDSL, 2016).

We deem that several of these indicators specific to the territory where Maison de Sophia is located are important to understand the phenomenon of homelessness among women in suburban and rural areas, as well as the support and housing services for homeless women. This, in our view, strengthens the case for taking a closer look at the phenomenon locally and regionally. Also, it seems essential that the existing statistics be paired with knowledge from practical settings to make a more comprehensive reading of the phenomenon (CISSSL, 2016). The next section presents what Maison de Sophia proposes in response to this situation.

### 2.2.2 Emergence and history

Maison de Sophia was established in 2007, in St-Jérôme, in the MRC de La Rivière-du-Nord, in the vast territory of the Laurentides. At the time, a group of Christian evangelists in the region, including the current director, dreamed that a resource for women in difficulty could be established on the premises of a large building used by the Église de la rue Lachaine in St-Jérôme. Over time, although a secular identity quickly took precedence over that of Christian evangelical organization and, somewhere along the way the building was old, the importance of meeting the crying need for shelter for women in difficulty through "actions proffered with love" (*Plan d'affaires*, 2007) relentlessly drove the small group in the accomplishment of their objective.

Faced with the doubts expressed by a number of partners with respect to the results of a mandate based on a culture of autonomy of women, the vision of the founders was in fact strengthened by the conviction of the necessity of the project and by faith in the potential of women.

It was further to a partnership process with the Office municipal d'habitation de Saint-Jérôme that the project to provide shelter for women in difficulty was able to materialize with the securing, in December of 2012, of a three-bedroom town house (HLM) located in a neighbourhood on the outskirts of St-Jérôme, on Rue Calixa-Lavallée. In 2014, after major renovations and extensions orchestrated and subsidized by the OMH, new premises of Maison de Sophia capable of holding both office space and transitional lodging were opened. Henceforth, the organization has been able to broaden its offer of accommodation services for women in difficulty with medium-term housing, which took root in the first apartment on Rue Calixa-Lavallée.

A few years later, in the fall of 2017, faced with the evident need for emergency shelter for women in difficulty in the region, in response to the many requests on the part of women for a resource designed for them and thanks to the involvement of the OMH de St-Jérôme, Maison de Sophia took up the challenge of becoming the first organization in the region to offer free emergency shelter for women in difficulty. Thirteen women in difficulty can

benefit from its assistance and shelter services, Maison de Sophia having: four emergency shelter spaces for a maximum stay of thirty days; six transitional lodging spaces for a variable stay of up to three months; and three medium-term housing spaces for an indefinite stay.

### 2.2.3 Mission and objectives

The mission of Maison de Sophia is to provide shelter for women experiencing or at risk of experiencing homelessness, to accompany them through a process of social reintegration by supporting their autonomy and their self-determination by building their ability to take action in their own lives (*Rapport d'activité*, 2017-2018). The intervention objectives are broken down as follows: relieve poverty by operating a shelter for women in difficulty, and accompany them in the process of social integration (*Lettres patentes*, October 16, 2018).

### 2.2.4 The intervention team

The regular team of Maison de Sophia is made up of three interveners, one general director, and one administrative assistant, but its inclusive approach and its openness to the community means that the team also includes former residents, interns, volunteers, members of the community, and partners, who contribute to the accomplishment of the mission as well as to the atmosphere of the centre. All the interveners have the mandate to accompany the women. They are also assigned tasks relevant to the more specific but complementary role that they play within the team, and this based on their specific interests and know-how (writing, art, organization and logistics, supervision, etc.).

The intervener in charge of residential stability with support (SRA<sup>4</sup>), supports more particularly women experiencing chronic or episodic homelessness. She works in collaboration with the coordination committee of the SRA project in the region, which mobilizes interveners from four organizations in St-Jérôme: Fleur de Macadam, L'Écluse des Laurentides, Café de rue SOS, and Maison de Sophia. Finally, she participates in the Table d'itinérance des Laurentides. The intervener assigned to group life runs the group workshops (learning modules), sees to the smooth running of life at the house, and holds group meetings. The "community" intervener focuses instead on the community activities: she ensures a presence in the neighbourhood and she participates in the Table santé mentale des Laurentides. The role of the director of Maison de Sophia is to sustain the mission, the orientation and strategy of Maison de Sophia, to participate in the elaboration of the budget and its monitoring, as well as to supervise and clinically monitor the work team. As for the administrative assistant, she is responsible for administrative follow-up, the search for and

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<sup>4</sup> The SRA (residential stability with support) approach consists in providing permanent housing to individuals experiencing homelessness, be it chronic or episodic, without the requirement of having previously undergone a process to solve their persistent problems such as drug abuse or mental health problems. According to this approach, once residential stability is ensured, the individuals can concentrate on these problems. The approach draws on the availability of a team of interveners that will work closely with the persons admitted to the program and accompany them so that they can access the various services, in accordance with their needs: housing with support; clinical support, and complementary support services. In St-Jérôme, a group of four organizations (Fleur de Macadam, L'Écluse des Laurentides, Café de rue SOS, and Maison de Sophia) thus takes care of reaching out to people experiencing chronic or episodic homelessness in the region by offering a package of services within a framework that is coherent and integrated in the continuum of services in the region.

drawing up of subsidy applications, as well as for participating in the mission Maison de Sophia.

Volunteer hours (10 hours) are also included in the list of tasks of the members of the team, which involves volunteering in projects of their choice associated with Maison de Sophia (*Description de tâches*, 2016). Finally, the team is under the responsibility of an administrative board, made up of five members elected at the annual general meeting (AGM), with diverse qualities and experience, and the general director by right of office.

The Maison de Sophia team also welcomes individuals who are undergoing social reintegration, volunteers and interns (nursing, social work, etc.).

Maison de Sophia also takes part in the development of various collaborations, in addition to initiate sharing communities bringing together various partners from community, institutional, and school entities. This segment of intervention conducted in partnership fosters co-learning, awareness, and the sharing of tools and strategies to counter homelessness and the difficulties experienced by women in the region. Finally, it is through the involvement of one and all, bringing their colour and know-how to the resource, interveners, former residents, volunteers, interns, and partners, that the mission of Maison de Sophia is accomplished, and this commitment to cooperation is the underpinning of the work of intervention. Indeed, the rental of premises at a low cost by the Office municipal d'habitation to Maison de Sophia enables women in difficulty to access affordable housing through the medium-term resource, and more recently to emergency accommodation.

### 2.2.5 Support and shelter services

The services of Maison de Sophia comprise four segments of intervention: shelter, social support paired with group activities and co-intervention, follow-up in the community, and awareness raising.

From emergency shelter (maximum 30 days), to transitional lodging (maximum three months), to medium-term housing (two to three years), women can benefit from assistance and shelter services through a progressive path with Maison de Sophia. The social support provided to women includes the emergency intervention services, assessment of needs and services, weekly follow-ups, support with procedures, phone support, listening, assistance, and referrals (*Rapport d'activité*, 2017-2018).

Thanks to agreements with the PSL<sup>5</sup> (rent supplement) and SRA (residential stability with support) programs, Maison de Sophia also provides, to women who so desire, accompaniment and support toward residential stability through a component offering

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<sup>5</sup> The PSL (Québec rent supplement program) is administered by the Société d'habitation du Québec which entrusts its management to housing authorities (OH), housing cooperatives (COOP), or non-profit organizations (NPO), and enables low-income households to live in dwellings that are part of the private rental market or that belong to housing cooperatives (COOP) or non-profit organizations (NPO), while paying a rent similar to that of low-rent housing. The tenants who benefit from this program pay rent that corresponds to 25% of their income. Criteria such as the income serve to establish eligibility to the program, but certain individuals going through exceptional situations may be given priority on the waiting lists, such as victims of spousal abuse.

follow-up in the community. According to the SRA approach, the project developed at Maison de Sophia aims to help persons experiencing chronic or episodic homelessness to make the transition from the streets or emergency shelters to a permanent domicile or room as quickly as possible, and to have support mechanisms that are suited to their needs (*Portrait de la Maison de Sophia*, 2015).

In addition to residents, Maison de Sophia on occasion accommodates women in precarious situations or at risk of becoming homeless who ask for temporary support. These are often former residents who are in the process of reintegration in the community. However, it is not necessary to have lived at Maison de Sophia to receive this accompaniment. This type of intervention is seen as prevention for women in difficulty in the region, and an effective way to facilitate follow-up with former residents (*Portrait de la Maison de Sophia*, 2015). Any woman experiencing or at risk of experiencing homelessness in the territory of the MRC de La Rivière-du-Nord can therefore receive support and responsive accompaniment from the interveners and volunteers of Maison de Sophia relative to finding, moving into (installation), and remaining in housing with follow-up. Finally, added to the direct assistance provided to the women, there is the sensitizing of the whole community and social interveners to the specific needs of women who are homeless and in difficulty in the region. The intervention practice is consequently dynamic, in constant evolution, and it requires continuous adjustment. The pillars of intervention relative to the philosophy of the community organization approach and humanist approaches which are drawn together in intervention in the living environment to serve as a lever in the intervention work (Relais-femmes, 2009). They are determining in the orientation of the accompaniment provided to women is a perspective of co-construction.

The interveners act in complement with the women's network, they become central resources, facilitate connection with the local resources and organizations, with personal and institutional networks for women, and this within Maison de Sophia itself.

## CHAPTER 3

### Research methodology

The present chapter describes the methodological aspects necessary for the elaboration of the research work that made it possible to further the knowledge on the phenomenon of women's homelessness in urban and suburban areas, on the experience of women, as well as on the social and community practices aimed at supporting them. Firstly, we will present the research structure, including the approach applied, the type of research, the data-gathering method and its various stages. Secondly, we will address the modalities for the analysis of the results. Thirdly, and finally, we will describe the mechanism for monitoring the research relative to the participatory approach applied, the composition of the monitoring committee, the way the meetings were conducted, and the conditions governing its realization.

#### 3.1 A qualitative approach

This study aimed at understanding how homelessness among women plays out in urban and suburban areas and how the intervention practice of Maison de Sophia participates in preventing and reducing it in the territory of the MRC de La Rivière-du-Nord. In this sense, it comprised of two analysis components: the particularity of homelessness among women in semi-urban and rural areas, and the intervention practices of Maison de Sophia. To this effect, the qualitative method of research was given preference based on a case study. Qualitative research, for the purpose of understanding a social phenomenon, focuses more specifically on the analysis of social processes, on the meaning that people and communities give to the action, on everyday life, on the construction of the social reality (Deslauriers, 1991, p. 6). Indeed, the goal here was not to measure the rate of success of the residents of Maison de Sophia in getting out of a situation of homelessness, but rather to document the intervention practices applied by Maison de Sophia, their effects, and this by adopting an ethnographic position and making a multifaceted reading through the eyes of the residents.

#### 3.2 An evaluative and participatory case study

The object of this study, the intervention practices of Maison de Sophia, is complex, as it is influenced by an external context, namely economic, political and social, but also by an internal context specific to the vision of the people who work there and from which it is difficult to dissociate it (Yin, 2009). These factors therefore have an impact on the contribution and solutions that organizations for homeless women can bring in the territory of the MRC de La Rivière-du-Nord. For this reason, the case study approach is particularly appropriate as it makes it possible to examine complex entities such as an organization, a business or a community (Côté, 2014, p. 142). Researchers also use it within the scope of the evaluation of programs to measure their effectiveness and establish their limitations (Roy, 2009).

For the present research, the case study takes root in a participatory approach with an evaluative nature founded on the engagement of persons generally considered as "non evaluative" actors (director of Maison de Sophia, interveners, partner organizations, women-participants, members of the administrative board) in the evaluative process (Jacob &

Ouvrard, 2009). This research project stems from the desire of Maison de Sophia to examine its emerging social intervention practices and evaluate them in view of meeting the needs of women experiencing or at risk of experiencing homelessness as effectively as possible. In recent decades, in response to emerging social problems as well as to their complexity, interveners have strived to identify spaces of reflection on their practices (Doucet and Bourassa, 2016) with a view to their continuous improvement. By integrating the viewpoint of the persons directly concerned by an initiative, evaluative-participatory research pursues the two-fold purpose of the development of knowledge and the continuous improvement of the action, and this in the aim of supporting the empowerment of individuals and communities (Dufort, Le Bossé & Papineau, 2001). This methodological choice of the case study, making it possible to fully grasp the phenomenon through the triangulation of the data gathered according to viewpoints of the various actors involved (Walshe et al., 2004), is thus entirely appropriate.

Being conceptualized more so as a methodological approach or strategy rather than as a method (Dalh and Corbière, 2014; Roy, 2009), the case study rather calls upon several data-collection methods. The choice of data-collection and data-analysis techniques consequently depends on what will make it possible to best understand the phenomenon to the fullest, as well as achieve the objectives of the study. The intersection of the data obtained through various methods makes it possible, furthermore, to minimize the biases inherent to each method (Roy, 2009) as well as to further develop the information obtained to optimally chart the situation (Côté, 2014). Thus, the review of the literature, analysis of the documentation, participant observation, semi-structured individual interviews and group discussions made it possible to collect data in order to meet the objectives of the study.

### 3.3 The data collection tools

This section makes it possible to situate the specific contribution that each of the data-collection techniques made to the objectives pursued in this study.

#### 3.3.1 Study and analysis of the documentation

First, the study of the documentation based on a review of the literature on homelessness among women and the social and community assistance and shelter practices for homeless women made it possible to collect information relative to the topic under study and examine such information in light of the objectives pursued. This data first served to determine the scope of the issue of homelessness among women as well as of the social and community practice regarding homelessness among women, specifically in the territory of the MRC de La Rivière-du-Nord, making it possible to clearly identify the problem and target the gaps to be filled in the literature on the topic (Chapter 1 of the present report). This data then made it possible to elaborate a portrait of the social and economic situation in the Laurentides and to situate the object of the study (first part of Chapter 2 of the present report). This first phase was conducted on the basis of more than 100 resources (see Bibliography).

An analysis of the documents of Maison de Sophia was also performed. The great receptiveness of the organization to the research work conducted allowed privileged access to the archives, including various electronic files, that is, previous activity reports, applications for funding, the intervention manual, activity tables, as well as the letters patent. This phase of the collection of information from the archives is relevant because these

documents contain raw data. Given the objective of the study, the point of this step in the collection of data was to study the evolution of the organization, its mission and initial objectives, the organization of the services, the intervention philosophy, the financing, etc. Informal conversations with the intervention team as well as participant observation made it possible to describe the intervention practices (second part of Chapter 2 of the present report).

### 3.3.2 Participant observation

Within the scope of the present research, participant observation was necessary for the comprehension of the object of study, as it enabled the research coordinator to experience the reality of the practice of the organization and understand certain dynamics that are difficult to decode for an outside person. Two phases were applied. First, periods of unstructured observation took place between October and December 2017, through weekly visits to the organization. The appropriation of the context required that the research coordinator spend some time observing at Maison de Sophia; she met with the women-participants, the people in the neighbourhood during activities at MDS, the interveners and the director. This step made it possible to build a bond of trust with the women-participants and the MDS team. Next, observation periods conducted by the research coordinator took place between January and March 2018, the objective of which was a total immersion in the field to try to grasp all the subtleties of the environment (Bastien, 2007). For this stage of the collection of data, participant observation made it possible to become familiar with a variety of situations that take place within the organization (everyday life at a shelter, group activities, and team meetings) as well as outside with the various partners (administrative board meetings, meetings with partners during the *Table itinérance des Laurentides*, the MDS annual general assembly (AGA), the mixer event marking the official opening of the MDS emergency accommodation, during the Serres de Clara activity). These in-situ observations made it possible to identify the various realities experienced in residence by the women, as well as the diverse nature of the interventions conducted, be it in groups, one-on-one, or in the community.

To support this method of gathering information, a logbook was used in which were recorded reflections and observations using a participant observation checklist based on the classification of community intervention practices by René, Duval, Fournier and Garon (2001) (philosophy/orientations; operation; analysis of the needs of the community/clientele; funding; evaluation; external relations and actions/programming). This logbook also made it possible to record various elements of how the research was conducted. The observations log refers to the methodical activities of keeping a written record (Baribeau, 2005) and is understood as the research "RAM" (Savoie-Zajc, 2004). The logbook was an important tool not only for tracking the process put into place but also for analyzing the data of the survey.

### 3.3.3 Individual and group interviews

Finally, for the present study, the use of individual interviews and group discussion was appropriate, because the goal was to gather the viewpoints of the persons primarily concerned by the issue according to specific objectives and compare these various viewpoints for a better overview of the phenomenon under study. The choice of the sampling was made according to the research problem. At the core of this problematic, the



socially competent actors (Savoie-Zajc, 2009, p. 103) were designated as being women who have experienced or are at risk of experiencing homelessness, the MDS team, as well as various actors that gravitate around or work in collaboration with the organization.

### 3.4 Recruitment procedure for the individual and group interviews

#### 3.4.1 Individual in interviews with women

The goal of individual interviews is to develop an understanding based on the viewpoint and experience of the person who takes part in the interview (Van de Sande and Schwartz, 2017). As Gaudet and Robert specify (2018). Aside from factual information, about characteristics, routines, etc., interviews give access to individual and collective practices, to habits, trajectories, processes and dynamics, to reasonings, values, opinions and representations. (p. 95).

For reasons of ethics (confidentiality and consent to participate), but also to come into contact with women who are not residing at Maison de Sophia, resource persons (interveners or the director) established a first contact with these potential participants. They then provided us with their contact information. It must be noted that an invitation to a meeting presenting the research project was extended by the research coordinator at the beginning of March 2018. This meeting, attended by eight women including a former resident of Maison de Sophia, aimed to establish a more formal contact with the women-participants, and to present the research project to them, to answer their questions and, finally, to launch the recruitment. The principles of participatory research were presented and a discussion on the topic of homelessness among women in urban and suburban areas also made it possible to clarify the study topic.

The women-participants interviewed were informed before the start of the interview of what their participation represented for the study, of the risks associated with it as minimal as they may be, and of the possibility of withdrawing from the process at any time without it being held against them. They then signed a consent form on an informed basis (the consent form may be consulted in Appendix II). The audio-recorded interviews were conducted along a mixed interview approach, that is, developed using elements drawn from the review of the scientific literature and then enriched with elements that emerged from participant observation. The themes addressed with the women were primarily: their journey before, during and after their stay at Maison de Sophia; the difficulties experienced; the services they were or are still receiving; the effects of Maison de Sophia on their life. The interview guide may be consulted in Appendix III. The interviews were conducted at a location and time set at the convenience of the women-participants (either at Maison de Sophia or at their domicile).

Between March and June 2018, ten women-participants from Maison de Sophia as well as four members of the staff were thus met with during semi-structured individual interviews of 90 minutes each. The women-participants were selected to take part in an individual interview in accordance with their experience and their capacity to participate in this type of interview according to the resource person who referred them to us. As demonstrated by the data presented in Table I these women had ties with Maison de Sophia, be they residents of

MDS or settled into housing. These were women: 1) in transitional lodging (three); 2) in medium-term housing (one); 3) in an apartment and receiving support from an intervener from Maison de Sophia as needed (three); 4) in an apartment and receiving support from an intervener from Maison de Sophia in conformity with the PSL (rent supplement) and SRA (residential stability with support) programs (three). See Appendix 12 and 13 for further explanation of the various types of lodging and forms of support.

**Table 1**  
**Women-participants recruited**

Relationship with Maison de Sophia	Number
Transitional lodging	3
Medium-term housing	1
Apartment with support	3
Apartment with SRA support	3
<b>Total</b>	<b>10</b>

### 3.4.2 Individual interviews with the team of Maison de Sophia

Within the scope of the individual interviews, the members of the intervention team and the director were recruited by e-mail. The interviews were conducted at a location and time set at their respective convenience (at Maison de Sophia, either in the offices or in the yard area). In accordance with the research objectives, it was important to give consideration to the intervention experience at Maison de Sophia and to ask the interveners themselves about their practice, be it regarding the interventions they carry out with the women in difficulty, but also about the perception and evaluation of their practice. The interveners were also asked about: how they define homelessness, more particularly homelessness experienced by women and that experienced in regional areas; the needs of the women who make use of the services provided by Maison de Sophia; their perception of their role as interveners at Maison de Sophia; and finally, what characterizes their intervention approach. The guide and the consent form that was used for conducting individual interviews with the interveners can be consulted in Appendix IV and V.

### 3.4.3 Group interviews

According to Geoffrion (2009), group discussions facilitate the understanding of the behaviours and attitudes of a target group. In the context of the present study, particularly due to its evaluative character, this data-collection tool emerged as complementary to the methods of in-situ observation and semi-structured interviews, while making it possible to validate and further develop certain information collected. The group interviews were conducted with the various actors (see the group discussions table below) in the aim of

completing and validating the information harvested through participant observation as well as in the individual interviews conducted with the women-participants and members of the MDS team.

In keeping with the objectives of the study, information was thus collected through group interviews of approximately three hours. As demonstrated by the data presented in Table II the discussion groups were thus held between September 27, 2018, and October 12, 2018, with: 1) women-participants (nine participants); 2) members of the MDS team (eight participants); 3) members of the administrative board (six participants); 4) associates<sup>6</sup> and partners (six participants).

**Table II**  
**Participants To group Discussions By Category Of Actors**

Participants	Number of participants
Women-participants	9
Extended MDS team	8
Administrative board of MDS	6
Associates and partners of MDS	6
<b>Total</b>	<b>29</b>

### Group interviews with women-participants

For the recruitment of the women-participants of Maison de Sophia in the group interview, we had already announced, during the individual interviews, that a group interview would be held. The women who had already given their consent to participating in the individual interview received a phone call to inform them of the possibility of taking part in this group interview and to discuss the date on which it would be held. For the women who were living at Maison de Sophia, several had already met the research coordinator and knew about the research project. They were able to respond to an invitation to participate in the group interview.

The group interview conducted with the women-participants of Maison de Sophia (nine) aimed to validate as well as further develop the information harvested during the individual interviews conducted with them. After a presentation of the preliminary results of the individual interviews, the women were invited to provide feedback regarding these results. The group interview then addressed the effects of the practice of Maison de Sophia. The interview guide can be consulted in Appendix VI.

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<sup>6</sup> A distinction is made between partners and associates within the scope of this project. The partners work closely with MDS.

### Group interview with the extended team of Maison de Sophia

For the recruitment of the extended team of Maison de Sophia, e-mails were sent and phone calls were made. Volunteers and interns encountered in the field during the study and who showed an interest in participating in a group interview were invited to participate by e-mail or by phone. Other persons were also contacted through resource persons, who first obtained the consent of the individuals before transmitting their e-mail address or telephone number to invite them to participate in a group interview.

The group interview conducted with the extended MDS team was held in the kitchen of the emergency accommodations of Maison de Sophia. Its aim was to validate as well as further develop the information harvested during the individual interviews conducted with the members of the MDS team. The preliminary results were first presented and a discussion ensued further to the proposal to provide feedback regarding the content. The consent form and the interview guide can be consulted in Appendix VII and VIII.

### Group interview with the members of the administrative board of Maison de Sophia

Already informed of the possibility of taking part in the study, the members of the administrative board of Maison de Sophia were recruited through e-mails inviting them to participate in a group interview. This group interview included all of the members of the administrative board and was held at the home of one of the members at a time set at their convenience. The objectives of this group interview were to complete the information harvested on the practice of Maison de Sophia through participant observation and the individual interviews conducted with the women-participants and the MDS team. The questions covered their perception of women experiencing homelessness in the region of the MRC de La Rivière-du-Nord and the Laurentides, and their involvement at Maison de Sophia as well as their impressions regarding the practice of Maison de Sophia. The interview guide can be consulted in Appendix XI.

### Group interview with the partners of Maison de Sophia

The associates and partners of Maison de Sophia were recruited through e-mails and phone calls. A first contact had been established with some of them, during community activities, informing them of the project and letting them know they would be contacted, with their consent, for a group interview. This interview aimed at examining the benefits and effects in terms of the continuum of the services of Maison de Sophia. The questions addressed primarily their understanding of homelessness among women, their perception of homeless women in the region of the MRC de La Rivière-du-Nord and the Laurentides, as well as the role of the practice of Maison de Sophia relative to women's homelessness in the region. The consent form and the interview guide can be consulted at the appendix IX and X.

## 3.5 Processing and analysis of the data

During the processing and analysis phase, the data harvested during the individual interviews as well as the discussions that occurred during the four group interviews were recorded and transcribed. All of the research interviews were recorded with the consent of the participants. Furthermore, the notes produced during participant observation were transcribed, summarized, and analyzed. Inductive analysis was conducted on the basis of the

research question and objectives. According to Blais and Martineau (2006), inductive analysis implements three systematic procedures in qualitative research. These are: 1- Condense raw, varied and numerous data into summary form; 2- Establish links between the research objectives and the categories resulting from the raw data; 3- Develop a frame of reference or model based on new emerging categories (Blais and Martineau, 2006, p. 4). The work carried out thus made it possible to obtain a comprehensive view of the data and to begin the general identification of themes among the results obtained according to the various data collection modes. According to Blais and Martineau (2006), it is imperative to proceed to these phases in order to give meaning to a corpus of raw but complex data, in the aim of unearthing categories promoting the production of new research know-how (Blais, Martineau, 2006, p.2). Finally, this set of inductive analysis procedures leads to going from the specific to the general, the analyses being produced by generalization rather than by an attempt to demonstrate the proof.

### 3.6 Research monitoring committee

As stated earlier, the evaluative-participatory approach of this study was backed by the implementation of a monitoring committee that was responsible for supervising the entire process and that involved women-participants of Maison de Sophia. The committee was made up of professors from the Université du Québec en Outaouais, the Université Laval and one researcher from the *Centre de recherche sociale appliquée (CRSA)* (5), representatives of two partner organizations, women-participants from Maison de Sophia (3), the director of Maison de Sophia, and the research coordinator. It must be noted that the establishment of the monitoring committee was carried out after the grant application for the realization of this project, therefore after the elaboration of the research questions. The steps of the process to which the members of the committee participated concern validation during the development of the data collection tools (for example, after discussion with the women-participants, the use of certain terms rather than others in the interview checklist was favoured), analysis, elaboration of the research report and of the knowledge transfer strategies and, finally, their realization. The purpose of these various stages was to call upon the know-how of the various actors.

#### 3.6.1 Meetings of the research monitoring committee

The implementation of a participatory research project involves the creation of a mechanism or space to deliberate on the process, position, and conduct of the research which includes all the actors concerned in the problem under study (Bernier, 2014). During the research monitoring committee meetings, we thus called upon the capacity for reflection of people with various backgrounds and know-how, whose mandate was to evaluate and validate the content proposed at each stage of the research process and to ensure that the research objectives, the values of the participatory approach, and the responsibilities toward all the participants present were respected. It is in this sense that attention must be paid to promoting participation in decision making, to seeking the views and developing the concerns of every participant, and to ensuring the usefulness of the research for them.

More particularly, the director of Maison de Sophia had the mandate of facilitating the collection of data in the field, ensuring the responsibility toward the funding partner, and supervising the entire process with regard to the respect of the values and approach of Maison de Sophia. The persons from the partner organizations and associates (*L'Écluse des Laurentides* and *OMH St-Jérôme*), for their part, also made sure that the decisions made addressed the priorities of the community concerned by the study. In a similar sense, the women-participants of Maison de Sophia had the role of making sure that decision making during the various phases of the research corresponded to the priorities and realities of women in difficulty in the region. Finally, the scholars (professor-researchers, researcher, and student-researcher), ensured the integrity of the scientific process of the project and its consistency throughout the progress of the research project.

During the project, the research monitoring committee thus had the opportunity to share information on the progress of the research process and bring forward points of discussion, especially on the methodological decisions. The work of co-production of knowledge is effectively grounded on the debate of ideas, because discussion, exchanges are all ways to conduct research; the structuration itself of the development of knowledge is based on these debates (Paturel, 2014, p. 113). The members of the committee, whose participation may have varied slightly due to availability, met on 12 occasions. These meetings pursued the following objectives: 1) preparation for submitting the application for the certificate of ethics, including the establishment of the research monitoring committee and discussions about the drawing up of the research methodology, of the certificate of ethics as well as the elaboration of a timetable; 2) discussion of the analysis of the documentation; 3) validation of the data-collection tools; 4) preparation for data collection; 5) discussion of the preliminary results; 6) discussion of the analysis of the data and, finally; 7) discussion of the knowledge transmission strategy and dissemination plan. Various tools were put to use in this research project, which is based on collaboration within a research committee in order to promote its smooth conduct. This is what is discussed hereinafter.

### 3.6.2 Conditions governing realization

Running the research committee meetings, tracking everyone's tasks by email, and organizing the mechanisms for sharing knowledge between the various actors involved form part of the measures put into place to support the application of the participatory research approach. This exercise, requiring time and meticulous attention, involves providing a framework for the participation of all the members of the committee and making sure that they are all on the same wavelength and that they have up-to-date information throughout the research process so as to promote access to the forums of discussion (Bernier, 2014). It is rooted in consistency to ensure that the group reflection process and participatory dynamic of the meetings reflect the principles of participatory research (Olivier-D'Avignon, Gaudreau, Bernard, Fradet, Gélinau, Raymond and Dupéré, 2018, p. 124). Furthermore, it requires maintaining flexibility in the process to overcome obstacles to participation that may be inherent to the respective situations of the members of the monitoring committee, for example, lack of availability, and to offer support according to needs, for example transportation to get to the meetings. The establishment and maintenance of a relationship of trust between the various participants in the monitoring committee also emerges as an ethically methodological condition (Paturel, 2014, p. 117) of this type of study, which

incidentally fuels the research process and encourages its continuity. Detailed examination, with the members of the monitoring committee as with the participants and actors in the field, be it concerning the data-collection tools (the meaning of the terms used), the temporality of the research, and expectations shared, forms part of the process conducted (Marcillat, 2016).

To do this, the creation of a collaboration agreement or contract (see Appendix I) defining the terms and conditions governing participation in the monitoring committee; the orientation and accompaniment of certain participants, running of the meetings in a fair and friendly climate as well as follow-up between meetings to encourage reflection; the statement of the objectives and of the progress of the research made by everyone; the identification of points of disagreement; acknowledgment and recognition of everyone's participation in the monitoring committee; the development of means such as co-animation to encourage debate within the committee; surveillance relative to the problems encountered during the research process susceptible of calling into question the ethics of the project; the periodic evaluation of the operation of the monitoring committee; and finally, the evaluation of the achievement of the objectives set, form part of the tools put to use in order to support this bond of trust between the members who participate together in the development of the study (Bernier, 2014). Finally, the method of collaboration on which is founded the research monitoring committee involves regular reassessment and learnings that go beyond the sole validation of hypotheses or the furthering of knowledge. Paturel (2014) thus notes that collective and individual learning processes and major factors in participatory research; it is not always clear how they were built and come together, but they are there and they have an impact on the project. (p. 115).

Indeed, as early as the very first weeks in the environment of the study and further to discussions within the research monitoring committee, the idea of conducting individual semi-structured interviews not just with the women-participants of Maison de Sophia, but also with the intervention team (interveners and director), first-hand witnesses and key actors in the practice, proved necessary. The limits of participant observation to grasp the complexity of the practice of Maison de Sophia quickly became apparent. Indeed, in-situ observation alone did not allow to describe finely and analyse the practice under study through the prism of a multitude of eyes, according to the objectives of the research. The importance of collecting information in a formal and informal manner on the intervention expertise of the MDS team thus emerged on its own. The decision to conduct individual interviews, making it possible to identify indicators of the practice and develop a detailed portrait of it during the projected group interview with the MDS team, was therefore made by unanimous consent, although this method had not been anticipated at the time of the grant application. With the research monitoring committee, it was therefore agreed upon to proceed thus, that is, to add individual interviews with the members of the regular team of Maison de Sophia.

In addition, it was agreed upon not to elaborate a specific observation checklist, but rather to adopt an empirical and inductive theorization approach throughout the research, while keeping in mind the classification of community intervention practices of René et al. (2001). According to Paturel (2014), this type of immersion involves going back and forth between

the data collected and the field, the interactions between the actors and the step-by-step construction of the tools and of the conceptualization (p. 118). Another major decision was also made regarding the guide for the interviews with the women-participants, that is, to divide the interview into three segments (before, during, after the stay at Maison de Sophia) and to include in the interview guide questions relative to the life trajectory and difficulties encountered that lead the women to Maison de Sophia. The addition of socio-demographic questions was also agreed upon. Finally, midway through the research, the relevance of including in the research team a doctoral student for her coding know-how in order to perform this important step, as well as a master's student to carry out the verbatim transcription and synthesis of the interviews, emerged due to the heavy load of the task for the coordinator and the limited time to perform the work.

In conclusion, the keywords of such a research process are inclusion and flexibility, in both mind and method. Although there are various levels of cooperation between the researchers, intervention experts, and experience experts in the realization of participatory research (Tremblay and Demers, 2018), the engagement as well as the free expression all the actors brought together within the committee were encouraged in this research. This process involved for everyone an investment in time and energy, the "continuity of relationships" (Olivier-D'Avignon et al., 2018, p. 138) between monitoring committee meetings to support the bonds of trust, as well as commitment to and motivation about the common project, which surely contributed to the richness of the research process conducted.



## CHAPTER 4

### Homelessness among women in the MRC de La Rivière-du-Nord

This chapter presents the results that correspond to the two primary objectives specific to the study:

- Understanding and identifying the characteristics of suburban and rural homelessness among women in the territory of the MRC de La Rivière-du-Nord (Objective 1).
- Identifying the needs of women experiencing or at risk of experiencing homelessness in suburban and rural areas (Objective 2).

This section covers the understanding that the women<sup>7</sup> of the MDS have of homelessness among women, and their experience with homelessness in the territory of the MRC de La Rivière-du-Nord. The voice of the women constitutes the core of the results presented in this first part. Then, for the purpose of better documenting the reality of homelessness among women in the MRC, interviews were also conducted with members of the Maison de Sophia team and administrative board as well as with associates<sup>8</sup> from the MRC.

#### 4.1 Homelessness and homelessness among women

The interviews favoured the emergence of a rich understanding of the phenomenon of homelessness and in particular of homelessness among women, the experience of a diminished life (Namian, 2012). The interviews and the discussion group with the residents and former residents of Maison de Sophia made it possible to put forward the definitions they proposed for homelessness as well as its causes.

##### 4.1.1 Several forms of homelessness

The testimonials of the women interviewed reveals several forms of homelessness. First of all, homelessness is referred to as "people who outright live on the streets" (Céline). This reality of homelessness comes with a variety of challenges, including lack of food, access to personal hygiene and clean clothes.

Frequent moves, going from one place to another, situations of transience and great precarity<sup>9</sup> are experienced and reported by the women. Kathy specifies that the term

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<sup>7</sup> The term "women" here refers to the individual interviews and the discussion group with residents or former residents of MDS. To preserve their confidentiality and protect their anonymity, the ten residents or former residents met during the individual interviews have all been assigned pseudonyms. The table I (p.34) presents these names with the nature of their relationship with Maison de Sophia at the time the interview (for example "short term stay", residential stability with support "SRA", etc.). No information is disclosed that would make it possible to identify them. For the interveners met individually or for all the persons met during focus groups, no names are assigned. They are identified as an "intervener", a "member of the administrative board", a "partner", etc., always in view of protecting their anonymity and maintaining the confidentiality of their comments.

<sup>8</sup> The term "associates" refers to the individuals employed in organizations or resources having close ties with Maison de Sophia.

<sup>9</sup> Precarity is the absence of one or more securities, especially that of employment, enabling families to assume their professional, family and social obligations, and to enjoy their fundamental rights. The resulting insecurity

"homeless person" no longer refers only to men in dirty clothes sleeping on parc benches. Being homeless also consists of not having a fixed domicile, as one woman realized during a discussion group:

"Errr, yes, this homelessness thing really speaks to me, because at the beginning, I didn't know that I could be a homeless person, since I always had a place to live. But I was always moving." (Kathy)

Several women said they felt alone, isolated, with no one to turn to. H el ene said:

"In that respect, I could say that I feel homeless in the sense that I'm here in the middle of nowhere with strangers, but who took me in with open arms, you know? A little bit homeless, in that sense... (her voice breaks). Being alone in the world. For me that's a form of homelessness, in the sense that, okay, I'm not living outdoors, I'm not living outside, I don't sleep in a sleeping bag, I'm not sleeping in my car, but in a way, I'm homeless in the sense that I've lost everything, I have no more family, I have no children, I have no brothers, no sisters. I've lost my bearings. So when you lose your bearings, you end up... I ended up here with... in this community. That's not easy, either. So there's a part of homelessness probably that's part of me because of that."

Annabelle agreed, stating that she felt alone during her periods of homelessness. Her successive moves, and every time with new people, left a bitter taste in her mouth. She hoped to improve her situation but instead she felt disillusioned.

The women expressed a singular and unique understanding of homelessness in connection with their own experiences. Different specific cases are presented. As an example, Katie declared, in hindsight, having gone through a period of homelessness, but she says that she saw herself, when she was experiencing this situation, more like a person who "lives in the streets". For her, this expression had a "glamorous" appeal, the freedom of the streets, a marginalization that was more "chosen". On the other hand, Jessica said that she had never lived on the streets, but she had "slept in places for homeless people", having nowhere else to go. She added: "I never slept on the streets, I was lucky." Finally, Linda made connections with her reality and that of homeless people when she said that she also, like many other respondents, had experienced violence and lost a good part of her belongings.

For several of the women, the way they perceive homelessness has changed since they came to Maison de Sophia. Some of the women now have a broader, less restrictive vision than the act of "living on the streets". Thus, depending on the definition that the women give to homelessness, they will say they have or have not experienced it.

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may be more or less extensive and have consequences that are more or less severe and permanent. They lead to extreme poverty, when it affects several aspects of human life, becomes persistent, jeopardizes one's chances of reassuming one's responsibilities and reclaiming one's right by oneself in a foreseeable future. (Wresinski, 1987: 6).

#### 4.1.2 The particularities of homelessness among women

Several of the women interviewed do not, at first glance, see a distinction between the homelessness of men and that of women. They mentioned that it is the "same misery", and that once you are on the streets, regardless of your gender, you are prepared to do anything to survive (theft, prostitution, etc.). For others, homelessness is unique for every person. Certain women, interveners, associates and members of the administrative board nevertheless brought to light the particularities of homelessness among women as regards 1) its invisibility and 2) the risks of violence associated with the fact of living on the streets for women.

##### The invisibility of homelessness among women

The first particularity of homelessness among women would be invisibility, according to the various testimonials. This invisibility, according to one associate, would make it difficult to recognize the problem and its scope. Because it is invisible, it would get less talked about, according to Jessica. Two principal explanations are provided by members of the administrative board to understand the invisibility of homelessness among women. Firstly, women would be not so much "on the streets", but more in transition between different dwellings with friends, family members, or a spouse, that is, people on whom they consider themselves dependent. According to one member of the administrative board, this dependence would make it so that they can often be evicted from the dwelling and therefore have to move: "whether they are staying with family or friends, or living with a new spouse, women are often at the mercy of being thrown out by the person whose name is on the lease, the person whose home they in fact live in." (Member of the administrative board). One associate added that women who use shelters often have "household goods stored somewhere", that they eventually must recover. Men, on the other hand, experience homelessness in a more chronic fashion. Secondly, still according to a member of the administrative board, women would take better care of their appearance and would be much less visible than men, as they do not fit in with the common image of the homeless person:

"I think that homelessness among women is a lot more invisible than that of men, in that girls will tend to still comb their hair in the morning and want to look neat. Even when it's so hard on the streets, they can walk down the street and go totally unnoticed, totally, totally unnoticed." (Member of the administrative board)

##### The risks of violence associated with living on the streets

According to the testimonials of the women, being homeless comprises more risks of violence for women than for men, including the risk of sexual violence. To survive, some explained that they can resort to prostitution, just like men. Élise explained that women are more at risk to prostitute themselves, even though men can do it just as much, because on the streets, regardless of your gender, you are in survival mode.

The members of the administrative board and some associates agree with these observations. One member of the administrative board specified that Canada is a hub for human trafficking in the world and that women are therefore at risk. According to one associate, violence perpetrated by men would have a major impact on the physical health of women:

"Is the fact that women are more victimized, not just sexually but in all forms of abuse, during times when they're in lodgings or living at someone's house, or taken in by someone for a few weeks and then after that just thrown away like an old rag... I don't want to say it but I'm going to say it anyway: can that have an impact on physical health. I think it can so. (Associate)

Women experiencing homelessness would also be older than men, according to another associate:

"I noticed that the women I've seen who are really homeless, like in the sense of the term where don't have any more places where they can go, are often older, because I get the impression that girls, let's say, who are living on the streets at 30 or 35 or whatever, will easily, there might be a guy, or a woman even who'll say 'Hey, she's pretty, come to my place.' The women I see sometimes who are... who experienced maybe a lot of problems, violence, often look older than their age, but still when you reach the late 50s, it's not as easy to find a place where you can be taken in by people, like that, who want to have that person." (Associate)

This idea also points to the fact that the very strategies for getting off the street can lead to a social vulnerability and a great insecurity – material, social and emotional.

#### 4.1.3 A combination of multiple factors

The women interviewed also identified several possible causes for their homelessness. The list includes family problems (for example, abuse or lack of love in their childhood); romantic break-ups; "losses" of all types, which bring feelings of abandonment and loneliness; mental health problems or drug abuse. Financial problems in general, caused namely by loss of employment, trouble keeping to a budget, or limited access to low-cost housing, are also identified by the women. Limited access in the health network and lack of communication between the organizations were also reported by one participant. Indeed, several women reported not having the financial means to access the resources of the private sector and state that they are more negatively affected. In their view, this inequality makes them more vulnerable and increases their precarity. These various factors could lead to homelessness. The associates and the members of the MDS team and administrative board agree with this notion of a multitude of interrelated causes. According to one intervener, these causes often form part of a trajectory of disaffiliation.

In this research, all the women reported having experienced violence in their life. In fact, violence was reported by all of the participants in the study as a common determinant in their trajectory and as the underlying cause of homelessness. Furthermore, according to one member of the administrative board, women's dependence, especially economic, would constitute an inherent factor of homelessness. This dependence would lead to extreme precarity among women:

"At the same time you have all the... all of women's history behind all that. I mean, you were unhappy living with your parents, but to leave home you had to find a man. You didn't move out to an apartment on your own, to fend for yourself. So leaving and saying 'I'm going to manage on my own' just wasn't an option for women. You had to have someone to take care of you, and it feels like, today, homelessness has sort of kept that way of doing things, saying 'I'll stay with the guy, he beats me, it's a crack house, but this is his place'. We sort of kept this mentality through the years, of dependence, maybe. And yet, it's not because we're incapable. (Member of the administrative board)

Another member of the administrative board added that even though women now get out of abusive relationships more often than in the past, their economic dependence keeps them in financial insecurity and, consequently, promotes residential instability, successive moves, for lack of the financial means to pay for housing.

Next, one of the women stated that men can be homeless by choice, but not women. She explained that when women leave a domicile, it is because they have reached their tolerance threshold, knowing that there is a high risk of violence on the streets.

Finally, according to one member of the administrative board, the inadequate treatment of women further to abuses they suffered, combined with sometimes misdiagnosed mental illness, disadvantage women and could prove to be one of the causes of homelessness among women. This participant argues that the anger of women, caused especially by the abuses they experienced, can lead to unstable behaviours, which can sometimes be mistaken for mental health problems:

"We know that lots of women have been victims of sexual assault, or have experienced an act of sexual abuse in their life. If you stop to look at what an assault creates, be it physical or otherwise, the assault will often lead to outbursts of anger, ups and downs, periods of depression. We don't know why, the person's getting along, and then all of a sudden, bang! She becomes hyper emotional, she can have fits of anger, and we don't know why. I talked about anger before: 'Oh, that looks a lot like borderline personality disorder. Oh, that looks a lot like bipolar!' I would be curious to know, the women who are diagnosed as bipolar, or as BPD, I'd be very curious to know what's hidden behind that, if it isn't precisely a sexual assault they experienced and which would be connected to it. If you treat sexual assault, if you treat that, the person loses the diagnosis. (Member of the administrative board)

## 4.2 Living homelessness among women in suburban and rural areas of the MRC de La Rivière-du-Nord

The previous section describes homelessness among women as it is perceived by the various participants. This second section of Chapter 4 presents the particularities of homelessness in

suburban or rural areas, as well as the specific experiences encountered by the women interviewed.

#### 4.2.1 Differences expressed – homelessness "in cities/outside of the major urban OUTSIDE centres "

Like with the particularities of homelessness among women, few women make a distinction between homelessness in suburban or rural areas and homelessness in the major urban centres.

#### Greater invisibility of homeless women in the MRC

According to one intervener of MDS, homelessness among women is particularly invisible in the MRC. She explained that in St-Jérôme at least, the very great majority of the residents were not on the streets before they came to MDS. Instead, they were moving from place to place, often in dwellings that were "unfit for habitation". It is therefore difficult, in her view, to assess the full extent of the phenomenon of homelessness among women in the region. Certain women interviewed put forth another viewpoint on this subject. According to them, since there are fewer women on the streets, they are more visible, which would make the experience of homelessness more embarrassing, contrary to in the city where urban anonymity reigns.

#### St-Jérôme a city characterized by the services offered and by poverty/criminality?

Certain characteristics of the city of St-Jérôme would engender particularities in terms of homelessness among women. According to the participants interviewed, women would be more vulnerable due to the high rate of criminality in the city. One associate mentioned that "it's rough in this region". Another described the region as follows:

"Because you get... the more you have criminals, the more you have crimes, the more you have drug users, the more women end up close to that, and the more they're taken advantage of. And I think this is an important characteristic."

In addition, the fact that St-Jérôme is a centre of services (hospital, including psychiatric services, child protection, penitentiary, community organizations, etc.) constitutes an incentive for women to live close to such services. As an example, women can go there to be closer to their children:

"It can also be about where the children in the care of child protection services are located. The women will try to move closer to them. Often we'll ask why they came to St-Jérôme? 'My children are in St-Jérôme.' [...] These are things that are, like, self-evident. It's part of the services that are deployed in St-Jérôme, and for all of the population of the Laurentides, but there are still several public resources that are in the territory. It can also... often we hear women say 'I'm here, I'd like to settle down in St-Jérôme. I came for the services' but the presence of the children can bring the women here. (Associate)

One intervener added that women released from the psychiatric unit without adequate support are at risk of ending up in a situation of homelessness and social vulnerability.

### A vast territory to cover

The vastness of the territory was addressed by several of the participants. One intervener explained that very different realities exist side by side depending on the MRCs, but that the supply of services in the Laurentides is structured as though the region was a single and same continuum. She argues that there is thus a difference in the forms of homelessness, since most of the sectors of the MRC and the neighbouring communities are in majority residential. This reality limits the places where women can find refuge, such as businesses or other places frequented by other people. When you compare the reality of the MRC with that of Montréal, one intervener agrees with this and explains that since there are very few places that are open 24 hours a day in the region, it might be more frightening for women.

In addition to the difference according to the various sectors of the territory, its vastness results in certain particular difficulties or particular. First of all, the trajectories to accommodation can be characterized by lengthy travel from one city to another in the region. One associate recounted that the residents in his resource come from all over. They sometimes come from Montréal, go to Laval, then come to St-Jérôme. In addition, according to another associate, in moving over the vast territory of the Laurentides, the women lose their belongings or official documents as they move from place to place.

### Difficulties with transportation

The vastness of the territory raises the issue of accessibility to the various means of transportation. The interveners of MDS identified this specific difficulty on the territory of the MRC. According to them, the women cannot easily travel from one resource to the other or get to specific locations if they want to apply for services. For one intervener, the remote location of Maison de Sophia (not located in the city centre), complicates access to the various resources for women. Another specifies that difficulties in transportation can exacerbate the invisibility of homelessness in the Laurentides. As an example, a woman who wants to leave a domicile located in the back roads of a laurentian village and who, for lack of low-cost transportation such as a bus (as compared to a taxi), may remain longer in an inadequate environment.

### Lack of resources for women in difficulty

The last element identified by the women regarding the obstacles specific to the territory is the lack of resources for homeless women as compared to in the major urban centres. More specifically, Maison de Sophia is the only resource of its kind, whereas there are several resources in the city specifically for women who are victims of spousal abuse. According to one intervener, to have access to accommodation, the women have to lie about their situation in order to have access to the shelters for women who are victims of spousal abuse, or have to pull up roots and go to another region. This potential uprooting, for lack of sufficient resources in the Basses-Laurentides, is also addressed by one associate:

"Maybe also the issue, further north in the Laurentides, in terms of emergency shelter, where we aren't specialized for any particular services, but in terms of

emergency shelter, there's St-Jérôme, and then there's a big, big, big, big, empty space. So homeless women who haven't experienced spousal abuse, for example, well, sometimes they end up, well, they just don't have anywhere they can go, except to move far away. In Ste-Adèle, there's no emergency shelter 'at large', you know. So, 'do I go to Mont-Laurier or down to St-Jérôme, and there lose my bearings, my physical, geographical bearings of the place where I live, where I used to live.' So that issue necessarily of being uprooted also from your environment for lack of resources."

In addition, according to one intervener, interveners from the region may not necessarily know where to refer people experiencing homelessness when they ask for help. Katie, a participant, reported a similar situation:

"I remember calling 811 in that region, and here, it was completely different, the resources possible. I'd even say that here they didn't really know what to do with me. Aside from Fleur de Macadam." [Question] *"They're more limited in the options they have for you?"* [Answer] "Yeah."

The higher number of people experiencing homelessness in urban regions would also make it possible for these people to "follow each other" in the various resources and find new places where they can go. Mutual aid among people going through the same difficulties would be facilitated in urban areas. On the other hand, according to the women, homelessness in suburban or rural regions offers the advantage of having places to sleep outdoors that are "more beautiful".

Finally, with respect to the allocation of resources, according to one intervener, the problem of women's homelessness would be underestimated in the region. Certain actors would have difficulty acknowledging the specific nature of homelessness among women. According to the intervener, the visibility of the problem raises the existence of inequalities between men and women that still persist.

#### 4.2.2 What women experiencing or at high risk of experiencing homelessness go through

The individual interviews with the women addressed in particular the experiences they went through before they came to MDS. This section presents what the women went through while they experienced homelessness.

The women who had lived on the streets identified several difficulties encountered. They reported deficiencies in their basic needs, often not met: they were hungry, no place to tend to personal hygiene, no access to feminine hygiene products. Other difficulties identified were more related to the insecurity inherent to the streets, that is, being constantly under stress and on alert, and being forever on hold. Difficulties were also recognized with respect to relationship to self. The women said they have low self-esteem. One of them reported feeling "like a garbage pail". These negative feelings lead certain women to dissociate from what they feel, or to feel embarrassed to ask for help. Some women also mentioned having trouble doing all the work they will have to do to get off the streets, seeing as they have "sunk so low".



To manage to survive when they are on the streets, women develop certain strategies. To meet their basic needs, such as washing or eating, some go to public pools in the summer, or dumpster dive, ask passersby for their leftovers, or steal food. Some also use resources that give out coffee and clothing. Fraud or theft are sometimes used to get a bit of money. To ensure relative safety, women sleep in the day and walk around at night, or sleep in their car. Ties formed with women going through the same situation, or the absence of judgment from passersby, alleviate the hardship, if such is possible, of living on the streets.

Some of the women interviewed have always had a roof over their head, but they nevertheless mentioned several difficulties as to access to housing, or frequent moves. Although their basic needs were generally met, contrary to the women who had to live on the streets, these women reported an economic insecurity (financial insecurity or financial abuse) and psychological insecurity (loss of bearings when surrounded by strangers in a new resource or city, anxiety). Relationships with others are reported to be difficult, especially in abusive relationships, but also with family members. As an example, one woman who is taking care of her mother finds this responsibility very demanding, even if it also enables her to break out of isolation. To alleviate these difficulties, some women report having a girlfriend or an intervener they can confide in, or fall back on the presence of a child. The strategies deployed to improve their economic situation are varied, but sometimes not very effective given the high price of rents: sharing an apartment with another person, calculating and limiting spending, having access to low-rent housing, or making use of food banks.

Finally, the experiences of the women, whether or not they have lived on the streets before they came to MDS, have similar impacts. Many of the women spoke of the feeling of isolation, emptiness and loneliness associated with the fact of having lost everything and of no longer having their bearings, of low self-confidence and low self-esteem. Some women also mentioned shame, feelings of insecurity and constant stress, of abandonment and sadness. The experiences described lead to certain needs for the women.

#### 4.3 Needs of homeless women in the MRC de La Rivière-du-Nord

The women interviewed were asked about their needs before coming to MDS. This section is therefore closely related to the previous section, that is, the needs identified by the women while they were homeless or at high risk of being homeless.

First of all, the women who had lived on the streets identified the necessity to meet basic needs, such as sleeping soundly, housing, food, washing or even having access to feminine hygiene products. As an example, Marianne reports:

"My greatest needs, it's to have a place to live, clothing, feeling good in my apartment and all that. You know, food and all that."

Katie agrees:

"Because you go without sleep, you do drugs, you sleep in your car, your basic needs aren't even met. You can't wash, you don't eat your fill, you're not comfortable, you don't sleep well [...]. I don't have a drop of gas in the car, I

can't drive to get some, I'm exhausted, I'm hungry, I need everything, I'm dehydrated, I have no cigarettes, you know, not a damned penny, okay, and it's not there. [...] It was the basic, basic needs, there, washing, sleeping, eating. (Katie)

The women who had not lived "on the streets" bring up other kinds of needs, such as the development of certain skills relative to activities of domestic life – learning how to manage a budget, organizing the chores to do in your apartment – or also relationships, emotional needs or loneliness – moral support, friendship, a bond of affection.

In addition, whether or not they had lived on the streets, all of the women mentioned the need for emotional stability, "the stability of having a place where I feel good", as Jessica expressed. Beyond emotional stability, the women reported the need to refuel, regain their autonomy and acquire self-esteem. Thus, the needs identified by the women, regardless of their past experiences, are varied and go beyond the basic needs. This notion is in keeping with that of the interveners of MDS, who identified needs relative to emotional security and physical safety alike.

This first chapter presented the results relative to both the representation given by the women of homelessness among women and their experience of homelessness specific to the territory of the MRC de La Rivière-du-Nord. The needs of the women briefly identified in the previous section indicate the importance of intervention. The next chapter addresses the approach applied at MDS and how this approach meets the needs of the women.

## CHAPTER 5

### The intervention approach at Maison de Sophia and its evaluation

The previous chapter presents an outline of homelessness among women in the territory of the MRC de La Rivière-du-Nord and reports on the needs formulated by women experiencing homelessness. The present chapter addresses the results corresponding to the three other specific objectives of the study, that is:

- Describe the emerging practice of Maison de Sophia and determine its innovative character (Objective 3).
- Qualitatively evaluate the activities and services of Maison de Sophia by particularly involving the women-participants (Objective 4)
- Identify avenues for improving the strategies for intervention with women experiencing or at risk of experiencing homelessness (Objective 5).

The first section describes the specific intervention approach of MDS, the theoretical underpinning, the values and practices. The second part, primarily based on the testimonials of the women, presents their appreciation with regard to Maison de Sophia; the benefits to them, the strengths and limitations of the resource. In the last part, leads are exposed by the various participants for the improvement of the practices of MDS.

#### 5.1 The specific intervention approach of Maison de Sophia

The testimonials of the participants interviewed indicate a common vision of the intervention approach of MDS and of its unique character. The importance given to social ties, to mutuality and equality is also mentioned. All of the participants characterized MDS as being the only resource meeting the needs of homeless women in the Laurentides, regardless of their difficulties, and several deemed it central in the region.

This section addresses the theoretical underpinnings, as discussed by the intervention team of MDS, the values of the approach and how these are manifested in the practices.

##### 5.1.1 The theoretical underpinnings of the intervention according to the team at Maison de Sophia

The theoretical underpinnings recognized by the members of the team to describe their approach during the group interview relate especially to "empowerment", intervention based on shared experience and anchored in the strength of the group. The members of the team do not identify themselves as feminists, although some of them embrace values that they deem feminist. All of the interveners stated that their practice is more of a humanistic approach, centred on the person, her development and her multidimensionality.

##### 5.1.2 The intervention principles

Various principles constitute the heart of the approach. They are interrelated and complementary, and promote the integration of the women and ultimately their independence.

### The uniqueness of the women

According to the members of the team, the women are treated with the utmost consideration, in the present moment, with their current needs, and with their differences. This way to consider each woman in her entirety, without judgement, enables the MDS team to remain open to the residents, even when they do not necessarily behave according to the rules established at MDS. In these cases, they are not outright excluded, because MDS supports a dialogical approach to encourage understanding in situations of conflict.

### Establishing ties of equality, in a spirit of trust and genuineness

The non-judgemental treatment of the women and a humanistic, even conciliatory approach, speak to the values of equality advocated by MDS. The ties between the residents, but also between the women and the interveners, translate specifically into mutual respect, a feeling of sisterhood and a deep engagement.

The interveners therefore maintain relationships based on equality with each other, but also with the residents, while the strengths of each of them are put to good use. The team stressed the importance of egalitarian relationships and the fact that this perspective fosters feelings of safety among the residents. The development of these egalitarian relationships with the women requires an emotional involvement associated with closeness. By the same token, the interveners must be in touch with their own feelings, with the resonances that could emerge in the *relation d'être* with the women.

Developing egalitarian ties involves promoting a climate of trust and genuineness. The interveners remain transparent in their interventions and may, when necessary, repeat an intervention with a resident, if they feel that the intervention needs to be reframed for a better comprehension.

Finally, the interveners as well as the women expressed the idea that psychological safety is promoted by the genuineness of the ties, a central aspect of the approach. Feeling accepted, building confidence, promotes psychological safety and therefore physical security.

### Fostering independence and freedom

The trust granted to the women by the members of the MDS team in their process promotes independence and freedom of action. These values were specifically acknowledged by associates of MDS. The residents or former residents also argued that the rules at MDS are much less strict than elsewhere. All of these values combined (uniqueness of the women, egalitarian relations, trust, genuineness and independence) are manifested in the practices of MDS.

#### 5.1.3 From principles to practice

These key principles are manifested within the intervention practices of MDS, such as respecting the women's own pace, mutual support in the living environment and the importance of intervention follow-through between during and after the stay.

### Case-by-case intervention, at each woman's own pace

The practice of MDS is characterized by individualized intervention. The women decide their own objectives, and this as soon as they arrive. No pressure is put on them as to their progression. They thus have the time to "settle in" and refocus on their needs, which change throughout their stay at MDS. The interveners listen to the women without prescribing a direction or imposing objectives. They encourage the women to take charge of their life by drawing on their own resources and capacities.

According to the women, Maison de Sophia stands out from the other resources by the active listening it offers. While they feel that the interventions made in shelters for women who are victims of domestic violence focus more on the marital relationship and violence, they are of the opinion that, at MDS, they have the opportunity to deeply explore elements of their life journey.

### Mutual support in the living environment

The practice of MDS values mutual support in the living environment, where the women help each other and support each other. Furthermore, the group is sometimes utilized in intervention; the dynamic allows for beneficial impacts, such as the development of social ties or conflict management, and fosters among the women the feeling of belonging. Group intervention, over time, facilitates relationships in the living environment and eventually in other environments where the women will find themselves. This type of intervention allows the women to learn to communicate in a healthy manner, to assert themselves, and to develop self-confidence and trust in others.

Mutual support between the women is central, whether or not the interveners are present at MDS. When the interveners are not on site, the women must manage certain situations on their own. This practice affords the women a significant role. Namely, they are authorized to answer the phone, and they are invited to participate in the annual general assembly meeting and in various activities in the community. The engagement and contributions of the women are valued in the framework of the activities of MDS; they must get organized, mobilize, even pay the cost of the lodging.

Mutual support translates, in some cases, into the pairing of two women who are encouraged to rely on each other. According to the members of the team, the women are happy to help and be role models for another woman. Peer support in intervention benefits both parties, that is to say, it is rewarding for the peer-helper and comforting for the other. In this sense, the interveners consider their practices as complementarity of expertises. By the experience they have gone through, the women are able to help each other and build their strengths and skills. The interveners become more like resource persons. This importance afforded to mutual support and the practice of pairing can sometimes have pitfalls. Alliances sometimes form that can interfere with group life, or sometimes the women hastily decide to move to a domicile.

In group life, the women are encouraged to talk together, in order to manage conflicts and when they need help. The interveners can act as mediators to facilitate communication, a major issue according to the members of the team. When the women learn to talk to each

other, they manage to understand each other. One woman explained that she realized "the other isn't so bad after all".

### The importance of intervention follow-through between during and after the stay

At Maison de Sophia, both the practices that are developed and the living environment favour social ties. These ties develop during the more formal moments (meetings, structured activities, etc.) as well in informal moments, through the conversations that the women have, at any time. The women talked about relationships of mutual support, sometimes of friendships, even if they also talked about the problems that are inherent to living in a community, including the conflicts that sometimes arise. Some women hope to maintain these friendships when they leave MDS, and several do. For these women, the relationships they maintain with those who are still at MDS vary depending on their needs.

The practice of MDS is also characterized by maintaining ties and following through with the women after the stay. According to the members of the team, the objective of post-stay intervention is residential stability but, again it is up to the person to define the objectives of the support she receives according to her needs. The interveners support the women in their personal endeavours (for example, going back to school). MDS is always open to the women, and the interveners are prepared to meet with them when they need it. The women do not hesitate to come back to the resource or to maintain their ties with MDS, which bears witness to the trust that the women demonstrate in the organization. According to the persons interviewed, the women feel the need to stay in touch with MDS, so as not to lose the network of friends they have made there. The professionalism, respect of confidentiality, non-judgement and encouragement of the women in their personal projects found at MDS are indeed particularly appreciated.

The relationships with the interveners, even though they may also vary according to the needs of the individuals, were generally presented as based on trust, openness and equalitarian discussions. The women also mentioned a strong feeling of gratitude toward their intervener. As one woman declared: "Maison de Sophia, it's everyone." According to this philosophy, the people at MDS are not, strictly speaking, women in difficulty, interveners, a director, an assistant, but rather women. MDS, according to the director, "It's US, not them and us", and all the people involved with the organization, directly or indirectly, enrich it according to their capacities. In this perspective, several women referred to a tight-knit support network.

Finally, the women develop ties with members of the community during their stay at Maison de Sophia and when they have their own apartment. These ties were not discussed much by the women. They nonetheless said that they maintain good relations as a whole with the people around them, such as the immediate neighbourhood or people they encounter during the various group activities in the community.

The next section makes it possible to describe a little more concretely the experience of the women at MDS.

## 5.2 The intervention process

This section details the intervention process from the time that a woman asks for shelter at Maison de Sophia.

### 5.2.1 The progression of women with Maison de Sophia through various activities

Progression within MDS forms part of a continuum that takes them from emergency shelter to establishing a domicile. However, the intervention activities are not reserved solely to residents. In fact, former residents can take part in individual meetings and group meetings, and participate in activities in the community. This option is consistent with long-term intervention. This section describes the support offered to the women.

#### Introduction of the women to MDS

The procedure required, prior to admission, is a telephone conversation. This is followed by an appointment in person with an intervener during which the person has the opportunity to share her story. After this meeting, the intervener contacts the members of the team to decide whether or not the woman is to be admitted to MDS. This procedure requires about 24 hours before any decision is made.

If the woman is admitted, an orientation meeting takes place during which the intervener seeks to determine what the resident wishes to accomplish during the stay; this becomes the main objective of her intervention plan. Sometimes, depending on the person's condition, the discussion about the objectives pursued during the stay is postponed to a future meeting. A welcome gift basket (personal hygiene and beauty products) is also given to the person. These baskets are put together by the residents, on a volunteer basis. The intervener takes the time to listen, reassure, explain the rules of conduct (do her laundry upon arrival, what she is allowed to have as luggage in her room) and the obligations of group life (participation in the modules, that is, the group meetings, which will be addressed further on).

#### Individual meetings

Next, individual counseling is offered once a week according to the objectives set by the person (employment, income, going back to school, housing, recovery in mental health, etc.). For women with an intellectual disability, the approach is more structured. Otherwise, the objectives are determined by the person herself. Consistent with the intervention logic of MDS, the person may change her objectives as often as she wants; as long as she is committed to achieving them, the interveners will support her. As each woman arrives with her own particular needs, her progression within the resource is personalized. For some women who are in a very fragile state, three weeks may be necessary to "settle in" and find her equilibrium in the resource. To this effect, a certain flexibility with respect to the various activities of MDS or to the elaboration of an intervention plan is adopted by the intervention team. For others, individual meetings and support are multiplied as soon as they arrive and actions are taken in the very first few days in view of their transfer to their own domicile. Finally, some women who are more fragile, who are in emergency shelter, will be allowed to stay longer than the maximum stay of 30 days, with payment of the price of transitional

lodging, if it is deemed, for example, that spending some time alone may be more beneficial to them than group life.

The individual meetings are held at MDS or elsewhere, in a coffee shop or restaurant, at the convenience of the women. They can also take the form of going for a walk together. They are sometimes conducted more informally depending on the needs expressed by the women, according to the time available. An intervener is assigned to each woman but, when the intervener is not available, the meeting may be conducted with another intervener.

### The group activities

Although some group discussions can be more spontaneous, for example to settle a dispute or discuss the respect of certain rules, such as drug/alcohol consumption, other weekly group meetings focus on the logistics at MDS: distribution of household chores, grocery shopping, etc. During their stay, the strengths and skills of each woman will be developed through pairing with another woman, enabling them both to learn from each other (facility with manual work, cooking skills, organization skills and managing the grocery budget, health knowledge and sociability, etc.). Although a form of education occurs during these meetings by the interveners to encourage the women in the housekeeping of MDS, a certain amount of freedom is also afforded to the women in order to reproduce as much as possible independent life, so that they may mobilize as a group, communicate and develop a feeling of belonging in their living environment.

Group intervention is manifested within the framework of "learning modules" to which the women must participate every Thursday afternoon. The modules are times of discussion and sharing, usually animated by an intervener according to a non-directive approach. The themes are different every week, and some are chosen according to the interests and requests of the women. As an example, "Welcoming spring", a theme chosen by a resident, gave rise to a module where the intervener asked the women to think about and describe what spring symbolized to them. All these symbols on the theme of welcoming spring were compiled on a poster board, which was put on display in the kitchen for a few weeks. During a subsequent module, a former resident who is interested in art, having participated in the module about spring, animated a module in this vein and brought little flower pots for the women to paint and decorate, and in which they could even plant a seed. At a time when the atmosphere at MDS was particularly difficult, because a theft had been committed, the women asked for a module about respect to be held. SATI<sup>10</sup> cards were used to guide the discussion, and each woman shared her impression of the symbols presented.

Co-animation of the modules is done according to the knowledge and interests of the women, but also according to their needs. As an example, one woman in the process of mental health recovery decided, with the support of her intervener, to animate a module on borderline personality disorder, which she has. She developed in large part the content of her module according to her research and knowledge, which was validated with the intervener.

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<sup>10</sup> The SATI (Système d'Auto-Thérapie Intuitive) card system is an tool designed to promote independence and betterment for all, be it for personal development, a therapeutic relationship or intervention. Cards with drawings and questions are used as a game and a tool to foster group reflection and introspection. They are described as calling upon both intuition and intellect.



This module, requiring considerable preparation time, included anecdotes, quizzes and facts/statistics. This activity, beneficial for all, earned her recognition for her knowledge and experience.

The intervener responsible for the animation of the modules sees herself as an "agent of reflection", whose role consists in inviting the women to self-reflect. The animator makes sure that each woman has the space necessary to participate and proposes avenues to reflect upon. The intervener is then a guide, but the power behind these workshops belongs to the participants. It is therefore crucial to let them take ownership of the topic, allow them free reign to share experiences. According to one intervener, the value of this discussion group stems primarily from the rich discussions between the women.

For several of the women, the learning modules are a way to pass the time, an opportunity to meet other women and get out of their respective comfort zones. This is the case, for example, for a former resident currently established in a stable domicile and who sometimes drops in unannounced to take part in the module. Although not all the women enjoy the activities equally, the majority of them acknowledged the benefits of these moments shared together to converse, help each other and get to know each other.

In addition to the interventions and group workshops, there are activities in the community. However, these were not discussed much during the interviews. Nevertheless, the women mentioned the ties of MDS with various resources, such as Les Serres de Clara<sup>11</sup>, and their participation in various activities in the neighbourhood (to get to know each other, socialize). These activities aim to develop community life within the resource and are in keeping, in their complementarity and continuity, with the individual and group interventions. They aim, among other things, to develop and galvanize social ties, increase independence and discover one's potential.

According to the analysis of the archives of Maison de Sophia, several activities (interventions, workshop and outings) were conducted in the past year. The table below presents an outline of these.

**TABLE 3**  
**SUMMARY OF LAST YEAR ACTIVITIES**

Modules	The symbolism of spring, animated by a former resident The languages of love and love of self Parts of the self Strengths with the totem cards Preparation of the "drive in" evening "The real me", spontaneous writing and creation of symbolic stones
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<sup>11</sup> Les serres de Clara is a social reintegration organization. Through training and the gardening activities offered, Les Serres de Clara has the mission of facilitating the acquisition of horticultural skills that could help them increase their food autonomy in addition to respond to a major educational aspect. Furthermore, all of the harvests are distributed to the participating organizations in accordance with the hours gardened.

	a creative perspective
Workshops	<ul style="list-style-type: none"> <li>Cooking (in preparation for the sugar shack)</li> <li>Perceptions</li> <li>SATI cards, in conjunction with the disappearance of one woman from Maison de Sophia</li> <li>Creation of bookmarks</li> <li>Creative constraints</li> <li>Miniature paintings about "home"</li> <li>Introduction to full awareness and daily meditation</li> <li>Group creation</li> <li>Group creation: Inner winter and the renewal of spring</li> </ul>
Various outings:	<ul style="list-style-type: none"> <li>Sugar shack activity</li> <li>Event at the Place des Festivités within the scope of Mental Health Week</li> <li>Gardening at Les Serres de Clara</li> <li>Visit to Lachute, to see the deer</li> <li>Bellflower show</li> <li>Conference on women and mental health at the Centre de femmes les unes les autres</li> <li>Women's Day at Hôtel des Regions</li> </ul>
Other activities and involvement with MDS	<ul style="list-style-type: none"> <li>Participation in the annual general assembly meeting of Les Serres de Clara</li> <li>Community supper within the scope of the video of the Léger Foundation</li> <li>Animation and viewing of the documentary "<i>En quête de protection</i>" by Maison d'Ariane</li> <li>Coffee party for the departure of one of the residents</li> <li>Helping to prepare the mixer event with the partners to inaugurate the emergency shelter</li> <li>Sacred fire activity</li> <li>Living library organized by the Groupe Harfang des neiges</li> </ul>

### Post-stay intervention, with or without a subsidy program

To promote residential stability, MDS offers post-stay support. Certain women will move into their own domicile gradually, sleeping at Maison de Sophia several times a week and spending the weekend at their domicile. The time spent alone at their domicile will increase gradually. The women have an agreement to the effect that they can come back to spend the night anytime they need to.

Post-stay psychosocial support takes various forms and differs depending on the requests of the women, such as logistical support (referral to resources – such as food aid), help with finances (validate the budget), medical care (psychiatric services, groups at the CISSSL),

moral support (talk, share). Certain get support in their life projects (going back to school, for example), others get help in co-intervention (intervener in the network and intervener of Maison de Sophia). This follow-through very often represents a security and provides the women with a venue for discussion in the continuum of the services of MDS. It may involve meeting for coffee or talking on the phone, calling for news every week, then less frequently depending on the needs. Keeping regular contact with former residents, in person or on the phone, makes it possible to more closely observe their progression, and to inform them of upcoming activities and invite them to participate in them. Post-stay support can be provided within the framework of a subsidized program – SRA (residential stability with support) or PSL (rent supplement) – but also in the continuum of the support offered by MDS.

The intervention logics, practices and activities offered at MDS presented in this first part of Chapter 5 sum up the approach of MDS. The next section makes it possible to look at the evaluation that the participants in the research make of the practice of MDS.

### 5.3 The evaluation of the practice of Maison de Sophia

This section aims to document the evaluation of the practice of MDS made by the persons interviewed. The benefits of the stay at MDS for the women, as well as the strengths and limitations of the approach are presented.

#### 5.3.1 The benefits of the stay at Maison de Sophia for the women

According to the persons interviewed, the benefits for the women of a stay at MDS are numerous and varied. As the intervention approach of MDS is "personalized", "case-by-case", the benefits are necessarily different for each woman. As an example, one woman mentioned opening up more to other people, breaking out of her isolation, while another learned how to live on her own, to make time for herself. However, more general effects were identified by all the women and interveners. In the next section, these are grouped into four types of benefits: personal and relational; access to housing; economic; and community.

#### The personal and relational benefits identified by the women

The women all identified personal benefits that also had an impact on the relational level. The central benefit identified consists of greater self-esteem acquired by the women during their stay at MDS. All of the women mentioned this major benefit for them. Carmen and Jessica revealed that they now "feel useful and appreciated". Carmen added that she has regained the joy of living. Annabelle and Katie mentioned that they felt accepted as they are, that they now are able to assert themselves more. Marianne expressed the idea that she can now "rebuild" herself.

The comments of the women revealed that they also managed to achieve greater emotional stability. According to the interveners, this stability is maintained even after the stay at MDS. Since the women have developed a strong feeling of belonging at MDS, they also see in it an anchorage to which they often return later. This post-stay support offers the women a stability, even if only because of the routine that this may provide them.

The women learn many things throughout their stay at MDS: "respect your commitments" (Annabelle); "take responsibility for your actions and choices" (Hélène and Linda); "find solutions to your problems, be resourceful" (Katie); "better organize your daily life – cooking, laundry, shopping, and be more independent" (Marianne and Rose). Other women learned how to ask for help.

Finally, another aspect of the personal and relational benefits is associated with the strengthening of the social and mutual help network. The women explained that by living with other women, they developed certain abilities that improve their relations with others: mutual support, openness to others, communication, adaptation. In addition to noticing behavioural changes (less impulsiveness, increased appropriate reactions to others), they forged new friendships.

Trust in others, especially in the interveners, which emerges with a greater sense of security, was also mentioned by Jessica. Other women instead reported better mental health, among other things, through the help received at MDS in obtaining psychological counseling with another resource or cessation of drug/alcohol use. Céline specified behaving differently with some of her loved ones. For example, she avoids the people who took advantage of her, which helps her keep the domicile she managed to secure.

#### The benefits for the women regarding access to housing

In general, MDS makes it possible to "have a roof over your head", to meet a basic need, at the very least during the stay. Carmen explained it well:

"Without them, I don't know what would have become of me. Maybe I, too, would have become homeless. Because I really had nowhere left to go stay."

Hélène added:

"Well, me personally, it takes away some stress about what I'm going through because I need MDS. It takes away some stress knowing I'm not on the streets."

Aside access to accommodation during the stay, the interveners at MDS support the women in securing a domicile after the stay, and this in various ways. On the one hand, the work done on the individual level, in view of the independence of the women, prepares them to live in their own domicile. This is what Marianne explained:

"They worked at making us ready to move to our own apartment, you know, so that [...] Yeah, it worked because I went to the Maison on XX street, and I left there. I moved to a rooming house."

Interveners also help the women in the process of securing a place in low-rent housing (HLM) or another type of housing, such as a rooming house. Helping the women find furniture is also sometimes done to help them secure a domicile, be it by putting the women in touch with a resource that offers free or inexpensive furniture, or by posting an appeal on the MDS Facebook page asking if someone might not have this or that piece of furniture.

Two specific programs, the PSL<sup>12</sup> and the SRA<sup>13</sup>, are also integrated in the services offered at MDS with the goal of securing housing but also keeping a domicile. The support provided by the PSL (low portion of the income of the women goes to rent), according to some women, gave them some breathing room "financially", but also gave them a chance to "ease back into reality", by offering, for example, the possibility to gradually get back on their feet, at their own speed, before they start looking for work. For Céline and Annabelle, it was a way to "prove to yourself that you're able to live in your own apartment". According to the interveners, the support provided with the SRA program is especially helpful to the women because they thus can secure a domicile even when they do not have a good credit rating, and at low cost.

### The benefits for the women on the economic level

The benefits on the economic level mentioned by the women and interveners are three-fold. The fact of being housed at low cost, at MDS or with a program such as PSL, gives the women greater financial leeway. Some of the women told us they manage to put away some savings, and especially repay debts they had accumulated. For Rose, it is a breath of fresh air in her budget: "Everything is paid, I'm not late on anything. I make ends meet no problem." Lessons learned at MDS (budget management, tips on ways to save money, control of expenses for loved ones, etc.) enable the women to increase their buying power, although moderately given their low income. The economic effects can be felt through the applications carried out with the help of the interveners to obtain social assistance or to secure a supplement to the amounts received, as was the case for Linda and Céline. This effect is also associated with access to housing, since these women thus have more leeway to find a place to live.

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<sup>12</sup> PSL (rent supplement program): "The Rent Supplement Program helps low-income households to live in private-sector rental dwellings or dwellings belonging to housing cooperatives or non-profit organizations, and to pay a rent similar to that for low-rental housing, i.e. rent equal to 25% of their income. **Eligibility** A number of criteria, including income, are used to establish eligibility. However, some people, in exceptional circumstances, may be given priority over the waiting list. They include domestic violence victims and people whose homes have been accidentally destroyed."

[http://www.habitation.gouv.qc.ca/english/detail\\_du\\_programme\\_english/programme/rent\\_supplement.html](http://www.habitation.gouv.qc.ca/english/detail_du_programme_english/programme/rent_supplement.html)

<sup>13</sup> SRA (residential stability with support): The SRA or *Logement d'abord* approach aims specifically to offer individuals experiencing homelessness fixed housing as quickly as possible with a minimum of prerequisite conditions and individual support in accordance with their need. This approach is founded on the principle that it is easier to take one's life in hand when you have a place to live (Gaetz, 2013). These services are provided by intervention teams that include health and social service professional. According to Gaetz "the approach is centred on the recovery of individuals experiencing homelessness. Housing comes with services tailored to the needs of the individual and allow the woman the independence to make the decisions that concern her" (Projean et McGregor, 2017, <https://www.mmfim.ca/comprendre-lapproche-stabilite-residentielle-avec-accompagnement-sra/> ).

### The benefits on the community level and on the social level

The benefits on the community level and on the social level are less identified by the participants. The women however revealed that they are learning about the resources available to them, beyond MDS. One intervener explained that her interventions aimed to build bridges between the women and the various community resource services, such as the food resources. The other benefits have more to do with the women's improved knowledge and exercise of their rights. To this effect, the interveners reported having sometimes exercised, in support of the women, the defence of rights.

### The social reintegration mission

The mission of MDS includes the social reintegration of the women. The stories of the individuals interviewed relates their perceptions of the benefits of the intervention with respect to this specific aspect.

According to the women, social reintegration starts with being in tune with yourself and with others. The recognition received within MDS and the ties forged between the women promote the development of greater self-confidence and a sense of competence. These elements contribute to empowerment and social reintegration. The interveners interviewed concurred with this. According to them, the social reintegration of the women is achieved through establishing a routine in their living environment, a place to sleep, and long-term interpersonal relations. For one intervener, social reintegration involves helping the person develop her capacities, and showcase her strengths, so that she may recognize herself. It is also about helping her use her own resources and those of the community to achieve her objectives. According to another intervener, the experience at MDS gives hope, confidence arousing the desire to reintegrate society. The involvement of the neighbourhood, the opportunity to put capacities into practice, can make it possible to re-establish ties with society. For yet another intervener, it is a question of being a bridge between the resources of the community (especially with certain interveners in the health and social services networks) and the women. And with this relational trust, the women, if they ever end up back on the streets, know that they will again be welcome at Maison de Sophia and, if they wish it, will receive support to keep their domicile.

Social reintegration is defined other than by integration into employment, even though this can be part of it. Living independently, within a set framework and structure, would lead women to experience social reintegration. To this effect, one former resident points out one of the aspects of the special approach applied at MDS (according to each woman's needs, and at her own pace) that makes for a more "solid" social reintegration of the women:

"I think it plays a major role at Maison de Sophia, because as I said, for me it was more on the mental side that I was having trouble, but it was social reintegration, too, precisely because I was having mental health problems but, that's it, I wanted to pull myself out of it, so I was sort of reintegrated into society in a gradual way." (Annabelle)

Katie, another woman interviewed, summarized the social reintegration mission:

"I get the feeling that here, precisely, you take the time to do things the right way. From easing back into society, you know, slowly sometimes, you know sometimes women go from emergency housing to supported housing next door, like WOW, it's ... it's social reintegration at each our own speed, and to make sure... I wouldn't say, like, to make sure not to see those people again, but to make sure they don't ever end up back on the streets. So can we take the time to do things the right way, so that you don't end up one month later in the same precarious situation you were in before? [...] it's like you pull out of it yourself, basically. But you feel like you've got backing, like there's a safety net under you. That's what makes all the difference." (Katie)

According to the testimonials of the women, the approach of MDS promotes social reintegration. The environment and the approach adopted have multiple strong points.

### 5.3.2 Appreciation of the intervention approach of Maison de Sophia

Consistent with the benefits observed, numerous strong points were identified when it comes to appreciation of the intervention approach of MDS according to the various individuals interviewed.

First of all, the women were unanimous: the approach favoured at MDS do and have enabled them to reach their objectives, whatever these may be. The women stated a diversity of aspects that they appreciated in the approach of MDS: having a roof and food, the familial side of the environment and of the approach, the variety of intervention types in accordance with the needs (encouragement, taking charge of group activities, surpassing oneself, steps to undertake) and with as many individual and group activities, the fact of being only among women, the extensive knowledge that the interveners have of the community resources, the mutual trust and support between the women and the interveners, and feeling safe and secure. These elements correspond to the specific aspects of the approach of MDS presented earlier and are demonstrated by the great appreciation that the women have of the interveners and other members of the MDS team. As an example, some of the women mentioned that they owe a lot to one or the other of the interveners:

"Yeah, how she is, how [...] she accepts me, like, as I am. She did a lot for me, and I'll always be grateful, always, because as long as she helps me, I'm happy to have help, and it makes me feel good." (Rose)

The interveners agreed, stressing the flexibility of the approach, the respect of the women's own pace that makes it possible to modulate the duration of the stays, the strong bonds that are formed and that make it possible to forge ahead.

This collaboration is also identified by some associates as a strong point of MDS. According to the partners, strong ties are maintained between them. One of them referred to his special relationship with MDS which is explained by their common mission and the closeness of their action, namely with the partnership in the SRA project. The relationship that MDS has with a housing resource in the territory is also described as strong and, according to one of the partners, the resource has had a positive influence in the community. The associates, the

members of the administrative board and of the MDS team also pointed out the importance of the ties with the educational institutions that enable MDS to welcome numerous interns from various disciplines.

In addition, more generally, MDS would make it possible, according to one member of the administrative board, to inform the community, to further the transmission of knowledge, to raise awareness on the particular situation of the women, and the recognition, or if not, then the demystification of women's homelessness. According to one partner, MDS is also the link that enables the women in the region to stabilize their situation, after a crisis for example. It allows a transition period, sometimes after having been to other resources whose stay durations are more limited, thus avoiding the women becoming even more vulnerable.

Finally, some of the participants mentioned that the consolidation of the structure of MDS, which nonetheless does not prevent a certain flexibility in its approach, must also be considered. The budget of the resource has increased, allowing the expansion of the team by hiring interveners, when at one time the current director acted as the only intervener in the field. There is a great flexibility in the management structure, which encourages innovation. According to the members of the administrative board, the particularity of the organizational structure of MDS remains its capacity to adapt and its human character. The expertise of the interveners, free expression, respect of autonomy, and reflection work as a team (rather than in silos) favour development, renewal and innovation within the organization. As an example, the interest of one intervener in art, meditation and yoga led to the formal development of such a practice at Maison de Sophia, which enables the women to reduce their anxiety. The evaluation practice developed four years ago by the administrative board, the bi-annual coffee-meetings held between the women and members of the administrative board allowing the residents to have their voices heard as regards the practice of Maison de Sophia, is also grounded in the importance afforded to the opinions of the women and democratic life.

### 5.3.3 The limitations or constraints of the intervention approach of Maison de Sophia

The previous section presented the positive effects experienced by the women after a stay at MDS as well as the strong points of the approach promoted in the resource. However, limitations were identified as regards the intervention. All the individuals interviewed during the study addressed this aspect in view of proposing avenues of improvement that are presented in the present section.

The limitations or constraints experienced by MDS within the framework of intervention are many and very often interrelated. The individuals interviewed highlighted the challenges of intervening with individuals experiencing multiple and often very severe difficulties with very few means (under-funding of the resources, lack of staff, poor working conditions, turnover of personnel, exhaustion of the interveners, etc.). This observation leads to a reflection on the governmental priorities and its impacts of individuals in precarious situations and the intervention personnel.



### The major difficulties experienced by the women

The women as well as the interveners asserted that there are many challenges for the team to intervene with the women because the latter are experiencing complex problems: difficult life journey, physical and mental health problems.

One intervener corroborated this view:

"It always depends on the needs. Basically we try, I think, to start with the person, her needs, what she identifies, so the question is broad. It's because there are as many stories as there are people, as many needs as... problematics. [...] one will need accompaniment, another will need psychosocial counseling, treatment of physical health problems."

For the interveners, the often complex difficulties experienced by the women require knowledge in several domains.

### Lack of resources available within MDS

The lack of resources available to meet the needs of the women was addressed in the discussions. Lack of funding limits the possibility of hiring additional staff to intervene with the women. The few interveners present at MDS can therefore sometimes not have time to accompany each woman. It is in that sense that a resident, H el ene, related the following:

"Okay, I admit that at some point I asked questions. You know, I would have liked an intervener to come for a walk with me, I would have liked more help, even, in that respect, but I have to make do with the availability today. I think I may in some way have expectations in that respect. To get a little more help. But then again, it's like... maybe it's not... [...] No, it's not that it's not realistic, it's because at Maison de Sophia, well, you know, I'm not the only one here. There are other people who need help."

This lack of time of the interveners also translates, according to Carmen, by less availability for the women who are now in their own domicile. In addition, the overload of work of the interveners sometimes forces the women to see another intervener than the one preferred. Activities are sometimes cancelled. The interveners explained that they sometimes only have one hour a week to devote to a woman. They also expressed how hard it is for them to forge bonds with the women, as warrants the approach of MDS, when they have fewer affinities with some of them. The lack of resources was evoked with respect to this observation: if there were more interveners at MDS, this problem could be worked out.

### Lack of resources outside of MDS

According to the individuals interviewed, the lack of resources in the community network and in the health and social services systems is palpable. This shortage of resources can lead to a lack of collaboration between the specialists in the health network and the interveners of MDS, but the portrait seems nuanced. Although in some cases they see excellent follow-throughs in the network and the possibility of carrying out joint interventions, sometimes collaboration can be more difficult, namely due to the interruption of services. The more

difficult collaborations with certain professionals can also constitute limitations to the intervention.

The participants in the study stressed the difficulty of retaining personnel in the resources (precarious working conditions causing, among other things, exhaustion for the workers) as being a limitation to intervention. The high turnover rate, in both the community organizations and the health and social services networks, creates service interruptions for the person in need of help.

Finally, lack of funding leading to a shortage of places available for women in difficulty forces the organizations of the region to refuse some of them. According to some of the participants in the study, the resources cannot manage to meet the rise in requests from women experiencing or at risk of experiencing homelessness, because the money does not follow the growing needs:

"The various places we have for the women clearly, with the money, there isn't enough to make it. There's a... we're discovering even more needs in terms of homelessness be it among women or men, or we have an increase in the gap between poverty and wealth, therefore more and more poor people, and there's less and less money for the organizations." (Associate.)

The women are also faced with the application of admission criteria in certain resources. As an example, a woman cannot be admitted in a shelter for victims of domestic violence if she is not specifically a victim of domestic violence. Moreover, there is to this day no other shelter for women in difficulty over the vast territory of the Laurentides. This shortage of resources resulting from under-funding for the deployment of assistance and support for women in difficulty in the region, faced with complex social problems, constitutes a public health issue.

### Structural constraints

Certain structural constraints were identified in the study. The central element brought up is the lack of control that the interveners have on the high cost of rent and the low income of the women, namely with social assistance. No matter the approach or the programs put forward in intervention, this state of affairs can limit the reintegration of the women, especially on the long term, despite the very positive effects on the women on the personal level.

In terms of economic conditions, the interveners stated that welfare benefits keep women in very precarious conditions which puts them in an untenable dilemma, that is, having a place to live but little money to live with, or the contrary. PSL is a program that enables women, at least for a certain time, to have both (a little bit of money and housing). However, too few of the women have access to this program. As an example, only four spaces are allocated to MDS out of the 35 available in the region, which is very little. The SRA (residential stability with support) program can help keep the women in housing. This program supports women who do not have a good credit rating and who are refused housing. However, the poor

conditions of most of the dwellings that they can afford remains a constraint to securing and keeping housing for the women.

### Issues specific to MDS

Finally, a few issues were identified by the partners and members of the administrative board. Thus, although the recognition of MDS has grown over recent years in the community, the government still does not officially recognize the resource. MDS does not have access to the Programme de soutien aux organismes communautaires (PSOC), although it is regularly called upon by resources of the health and social services networks to provide shelter for women in difficulty. MDS is faced with a problem of recognition relative, among other things, to its ability to demonstrate the tangible benefits of the interventions and approach on the long term. This issue of recognition has a direct impact on the funding of MDS.

Partners of MDS also pointed out a few aspects of the operation of MDS as being limitations or constraints. The location of the resource, according to some respondents, may dissuade women from going to it for shelter as it is too far from the downtown area. In that sense, it was noted that it would be interesting to think about developing a more centralized service in St-Jérôme. In addition, the fact that the housing is not free can also limit access for several women to the service, given that the cost required for housing represents a considerable amount when the income is very low. Finally, due to lack of funding, MDS operates without the presence of an intervener overnight and on weekends. However, emergency calls are relayed to the person in charge. Still, this way of functioning may not be suited for some women in difficulty.

## 5.4 Avenues for improving the intervention strategies with women experiencing or at risk of experiencing homelessness

The avenues of improvement mentioned during data collection are associated with the limitations named in the previous section.

### 5.4.1 Reinforcement of certain aspects of the intervention approach

Although the practices at MDS promote adapting as much as possible the living environment to each woman, the residents can experience tensions or insecurities when one of them is given permission to not respect a given rule, contrary to the others. Furthermore, what sometimes surprises the women is that they organize their stay at their convenience, they decide for themselves of their objectives and, as long as they adhere to them, the interveners let them get on with their daily activities. For some, this sometimes gives them the impression that there is nothing to do at MDS.

The participants in the study formulated a series of recommendations for the internal organization of the resource and the role they can play in it. As examples: review certain structural rules to ensure a living environment that is flexible but conducive to the well-being of each woman; review certain activities, have a greater variety of activity themes, and increase the number of external activities. Finally, the participants would like to be able to participate more in the democratic instances of MDS by having the possibility of having a

seat on the administrative board of the organization, reserved to represent the viewpoint of the current or former residents.

#### 5.4.2 More and better organized resources

According to all of the participants, the issue of the limited resources, identified earlier in the constraints, remains an element of concern that must be improved. As an example, having a higher number of interveners would make it possible to ensure greater presence for the residents as well as for the women who have apartments.

Next, several participants mentioned that the health system must develop a narrower corridor of services between health and social services professionals to favour an adequate response to the needs of women in precarious situations, particularly in mental health. The waiting lists in this regard can exacerbate the difficulties encountered by the women, who do not have access to private services, as a wealthier person might, due to the precarity of their situation. The partners concurred, mentioning the immense need to improve the continuity of the services in the region. Some participants added that other resources similar to MDS should also be created, to meet more adequately and quickly the needs of women in the region. The women stressed to this effect that Maison de Sophia is present to meet the needs of the women on a daily basis, to welcome them wholeheartedly, accompany them in the steps necessary to find a doctor or other professional.

#### 5.4.3 Support of the partnerships

A greater presence of the interveners at the resource (on site) during the day would promote partnership ties. In addition, mixer events such as the one organized for the opening of the emergency shelter were seen as a concept to be repeated. They enable the partners to meet with the interveners and the women of MDS, to present their resource and to refer, in a more informed manner, the women who may need the services to Maison de Sophia. These mixer events also make it possible to facilitate contact between the beneficiaries of the other resources and MDS. For the women who may at some time call upon the services of MDS, this first contact may be reassuring.

The projects that concern the partners and MDS are, among other things, the continuation of the SRA cooperation project. One partner also pointed out that work on collaboration between the shelter resources must be implemented to facilitate accountability and show the effects of the SRA program on homelessness in the region. A system where housing would be shared between the various shelter resources would facilitate the procedures to allow women to become roommates, without being penalized with a reduction of their welfare benefits.

#### 5.4.4 Visibility of Maison de Sophia and development

According to the associates, MDS would benefit from publicizing its admissibility criteria among the resources and the community.

For some of the participants in the study, it is essential to work on the visibility of the organization. In the upcoming years, MDS would like to become the owner of its premises and reproduce the applied intervention model in other regions, while maintaining its

philosophy, values and initial approach. Finally, other projects were discussed, such as the development of various services to better meet the needs of the women, especially those with children.

This second chapter of the results highlights the specific and innovating intervention approach of MDS, how the women experience it, and a broader appreciation by the various participants in the study. This evaluation, identifying the strengths, limitations as well as avenues of improvement, shows the work accomplished by MDS with women experiencing or at risk of experiencing homelessness in the territory of the MRC de La Rivière-du-Nord. The next and last chapter presents a discussion of the results obtained within the scope of the research.

## CHAPTER 6

### Discussion of the results

The present chapter covers the discussion of the results. Firstly, we will present the question of the major dimensions that interfere in the trajectory of women which Maison de Sophia addresses, that is, poverty and extreme precarity, as well as violence. Secondly, this chapter will be an opportunity to specify how the emerging practice that developed at Maison de Sophia makes it possible to specifically take into account these dimensions. Thirdly, and finally, this chapter will close with the questions relative to the social reintegration of the residents of Maison de Sophia.

#### 6.1 The poverty and extreme precarity of the women of MDS

Despite the adoption in 2002 of the Act to Combat Poverty and Social Exclusion, in Québec, in 2016, more than 715,000 people were not able to adequately meet their basic needs (Observatoire de la pauvreté et des inégalités au Québec, 2018). Yet, poverty should be a temporary situation, but in many cases, it becomes permanent; a multidimensional reality directly linked to inequalities and often leading to various forms of social and economic exclusion (Gagnon-Poulin, 2018, p. 334). Furthermore, as Ulysse (2009) indicates, what is even more concerning that the rise of the poverty rate in contemporary societies is the accretion of difficulties and the chronicity of poverty (p. 5). According to the most recent situation report of the Centre d'étude sur la pauvreté et l'exclusion, poverty is decreasing globally, but the poor are poorer and are so in a more sustained manner (CÉPE 2018). Between 2002 and 2016, incomes for single individuals remained the same. The chronicity of poverty refers to the persistence of the situation (Wresinski, 1987, p. 6), it often stems from a precarity that establishes itself permanently and that gradually erodes social rights. In this perspective, Wresinski uses the term "precarity" (1987, p. 6) and defines it as the absence of one or more securities, especially that of employment, enabling families to assume their professional, family and social obligations, and to enjoy their fundamental rights. The resulting insecurity may be more or less extensive and have consequences that are more or less severe and permanent. It leads to extreme poverty, when it affects several aspects of human life, becomes persistent, jeopardizes one's chances of reassuming one's responsibilities and reclaiming one's right by oneself in a foreseeable future.

The Québec Act to Combat Poverty and Social Exclusion defines poverty as "the condition of a human being who is deprived of the resources, means, choices and power necessary to acquire and maintain economic self-sufficiency or to facilitate integration and participation in society." (Québec, chapter L7- 2002, c. 61, a. 2.).

This situation touches all of the women interviewed at MDS. All are in a situation of poverty and live in extreme precarity. Thus, as Wresinski argues (1987), it is the accretion of precariousities, that is, the lack of cultural, social and economic resources which leads to extreme poverty. Furthermore, as reported by Bresson (2007 cited by Pierret, 2013), precarity can also be associated with the erosion of social ties, and more broadly to the lack of social solidarity relative to interdependence. To this effect, it must be noted that (personal and institutional) networks are one of the nine indicators for measuring exclusion in Québec.

It encompasses all the processes that participate in exclusion from the resources, in difficulty of access to resources and participation in organizations and community life in general (CÉPE, 2018). This is also the reality of the women interviewed. In everyday life, social bonds offer protection and recognition (Paugam, 2014a) and are formed, among other things, around family, community, and institutional support networks that participate in strengthening a person's capacity to take action (CÉPE, 2018).

However, with the women of MDS, the ties with family, friends, work and society are weak and even sometimes non-existent, an observation that concurs with observations made in the research of other authors (Bellot et al., 2018; Cameron et al., 2016; Flynn, Damant and Lessard, 2015; Mayock et al., 2015). These authors highlight the whole process of the breaking down of social ties, the social exclusion and labelling that occurs in the lives of women. All of the women interviewed have trouble feeling like they belong, can feel marginalized, due to the cumulative disruptions of their social ties requiring the implementation of survival strategies (Paugam, 2014b), as they themselves reported.

People who are losing their bearings and with sometimes little attachment to the world are on a downward slope precipitating them "into an abyss" (Paugam, 2014b, p. 60). Nevertheless, in a context of often conflictual social ties or of estrangement (Couture, 2012), the psychosocial support offered by MDS provides social protection, among other things, through access to shelter during a crisis situation and through solidarity enabling the re-establishment of the social ties. This is also what Gilbert et al. (2017, p. 104) report. The network of services seems thus to remedy the absence of a singular and personal social network, non-existent since the women's childhood, who most often will have experienced major deficits in terms of family ties.

Furthermore, the participants in the research mentioned feeling socially isolated and experiencing social suffering relative to their circumstance. Stigmatization contributes to these feelings. The women are faced with a deficit relative to the established standards. Bellot and Rivard (2017) mention a threefold deficit, that is, loss of status, loss of dignity, and loss of security, deficits that intensify both marginality and marginalization of the women (p. 111). In short, over the course of their life, with the accumulation of multiple social breaks – losses – the women experience deficits of protection and denial of recognition of their social and citizen rights. Bellot and Rivard (2017, p. 103) make a similar observation.

During their trajectory, as they are faced with the accumulation of social estrangements – relational, materiel, institutional and symbolic, (Xiberras, 1993) – women experiencing homelessness suffer various forms of deficits of protection and denial of recognition, pushing them to the sidelines of social bonds. Marked upstream and downstream of the period of homelessness by a social invisibilization process that bit by bit erodes their security, dignity and integrity, reduced to the experience of a diminished life, women experiencing homelessness, all in all, receive little recognition in their quality as subjects (Namian, 2012), actors (Bellot, 2001; Flynn, 2015; MacDonald, 2014) and citizens (Bellot et al., 2013).

Thus, MDS facilitates access to social protection programs, such as health and social services, welfare, access to decent housing, mediation in various contexts, etc. The interventions of MDS thus enable the women to restore their social and citizen rights and regain social protection.

The trajectories of the women of Maison de Sophia combine these two realities that are poverty and exclusion. Social exclusion is the result of a set of economic, political, institutional and cultural processes, often interdependent and cumulative, that put people or groups on the sidelines of society (CÉPE, 2018, p. 74). A set of indicators makes it possible to assess the development of the situation. Among these we cite: material conditions (food insecurity, housing), health, work and employment, and the networks.

Thus, poverty does not refer solely to material criteria. It is multidimensional, therefore not only economic but also has social, cultural, identity, environmental, political, and health-related aspects, and these dimensions maintain dynamic links with each other. Consequently, poverty is a major risk factor in exclusion, and exclusion constitutes a considerable obstacle to exiting poverty. In other words, people experiencing poverty can at the same time have an employment trajectory that is non-linear, unstable and precarious, have poor housing conditions, be exposed to exploitation and violence. They can also be trapped in the labyrinth of insufficient public services that do not meet specific needs, can feel that they are not part of the dominant culture and be deprived of the social ties necessary for their integration (Roberge-Remigi, 2016).

This description matches the trajectory of the large majority of the women interviewed at MDS. They accumulate multiples precarities, combined with hardships of life: financial poverty, assaults and exploitations, substandard and unsafe housing, waiting on the services of the health and social networks. They live on a tight rope and in a state of extreme vulnerability. Some have not acquired or retained the basic skills for day-to-day life, others are socially isolated by the non-existence of significant social ties or even adequate support from the community through effective measures for a true social reintegration, that is, the restoration of their independence and power.

In recent decades, the increase of the permanent precarity of women and its extreme form, homelessness among women, as discussed in the previous chapters, stems from the combined effects of the profound social transformations that took place in the economic, sociopolitical, familial fields and in the representations of poverty (Laberge, Morin and Roy, 2000). Women, particularly elderly women without children, immigrants and young women, have apparently been particularly affected by the recent economic crisis and state austerity policies (Sikich, 2008; La rue de femmes, 2011; Couturier et Tremblay-Pepin, 2015). Thus, for women in a situation of extreme precarity, when a major stressor arises in their life (romantic breakup, loss of employment, illness), and they no longer have a structural link (early school leaving, move out of home, or youth centers) and they have no one to support them, the impasse looms. According to Gélinau, Dupéré, Bergeron-Leclerc et al. (2008), the stress generated, helplessness and low self-esteem put a strain on mental and physical health as well as on the emergence and complexification of substance abuse, compulsive gambling and health problems (p. 2). The stressors accrete and are in constant interaction (Gélinau, Dupéré, Bergeron-Leclerc et al., 2008; Cameron, Abrahams, Morgan et al.,



2016), can exacerbate their living conditions, and even drive them into homelessness. In fact, a recent study states that a significant number the women interviewed at MDS were diagnosed with mental health problems (Grenier, Thibault, Bourque and Grenier, in press).

Several factors contribute to the precarity of women; explanatory elements, reported by various authors, speak to this. The reconfigurations of marital and family structures that result from the increase in separations and divorces puts women in single-parent situations, which participates in their impoverishment. To this is added the issues relative to the affordability of housing (Gaetz, Gulliver and Richter, 2014; Plante, 2007) or difficult access to health and social services (Gélineau, Dupéré, Bergeron-Leclerc et al. 2008; Novac, Luba, Eberley et al., 2002; RAPSIM, 2012). Certain women having the responsibility of child care had part-time jobs and have contributed little or nothing to a pension plan; they live in extreme poverty.

These structural factors were reported by the women of MDS. In short, the extreme poverty of women stems from the social processes and structural changes, and results in their long-term precarity on several levels, namely health and social isolation (Laberge, Cousineau, Morin et al., 1995).

## 6.2 Individual and shared experiences of violence

To the factors of poverty and precarity relative to the specific experience of women experiencing homelessness is added the increased risk of being subjected or exposed to violence (Lee and Schreck, 2005). Sexual, physical, and psychological aggressions experienced in childhood is one of the risk factors identified in the studies documenting the background of women experiencing homelessness and of their children (Jasinski, 2010). A family history of violence is often the central storyline of the life journey of these women (Echenberg and Jensen, 2009; Huey, Fthenos and Hryniewicz, 2013; Novac, 2002). Moreover, it is one of the best documented aspects. Thus, according to Gélineau and her colleagues, violence would be closely linked to the spiral of women's homelessness (2015, p. 2). The women experiencing homelessness are in effect more likely to have suffered various types of violence and abuse over the course of their life, as well as other forms of traumatic stress before the period of homelessness, compared to the general population (Vaughn, 2017). Several studies hold that physical and sexual assaults, both before and during the period of homelessness, are often reported by the women (Yeater, Austin, Green, and Smith, 2010). For many of them, abuse and violence, be it marital or suffered within a community, is a common denominator that becomes recurrent throughout their life (Vaughn, 2017). Thus, individuals who have been subjected to bad treatment (physical and sexual violence) in childhood are more likely to have experienced a period of homelessness (Rodrigue, 2016).

In a study conducted in the United States with women veterans experiencing homelessness, the researchers identified that several of the respondents had been in foster care, had been placed with members of the extended family, or had simply been put in a youth centre.

These women also mentioned that these experiences had been for them "the seeds of homelessness" (Hamilton, Poza and Washington, 2011).

According to the *Street Health Report* of 2007 (2009), a study conducted in Toronto about the health of individuals experiencing homelessness, 21% of the women reported having been victims of sexual abuse over the past year. In addition, the study by Gaetz, O'Grady and Buccieri (2010) stresses that 38.2% of young women experiencing homelessness had been victims of rape. This same study states that young women experiencing homelessness reported being victims of violence by their romantic partner: more than 55% reported at least one incident of intimate partner violence, and of this proportion, 79.5% had been victims more than once. Emotional abuse was reported by 53% of young women experiencing homelessness, and 35% of them were also victims of physical violence. The main reason mentioned by the women for the use of a shelter was having been a victim of abuse, and this in 71% of cases (Burczycka and Cotter, 2011). For several, violence thus traces a path toward homelessness (Bassuk et al., 1998; Stein et al., 2002).

Thus, family violence remains the principal cause driving women from their domicile (La rue des femmes, 2011; Novac, 2007; Novac et al., 1996). All of this violence increases de facto the feeling of distress, which can disrupt self-esteem, and can sometimes exacerbate problems with substance abuse or addiction, mental health problems, isolation or social disaffiliation (La rue de femmes, 2011; Mimeault, Cassan and Cadotte-Dionne, 2011; MSSS, 2014 ; Novac, 2002; Racine, 1993). The trajectories of the women are marked with accounts of violence and abuse and are in line with the social, economic, family or relational precarity that reflects socioeconomic and gender inequalities. These trajectories are strewn with injustices and social suffering, and they travel on the margins of the established standards.

The poverty of women, violence, the invisibility of women experiencing homelessness, loss of social ties and social isolation constitute realities of women's homelessness. The recognition of these particularities warrants putting into place effective means, that is, concrete resources, to adequately meet the needs of the women so that they may settle down, heal, recapture their space of autonomy and restore their power to take action. And for it to be effective and to fully flourish, autonomy must be supported in a context of interdependence and solidarity. The approach of Maison de Sophia, and the values that underpin it, fall within this framework.

### 6.3 The values that are the foundations of the intervention

At Maison de Sophia, humanist values such as respect, love, genuineness and transparency, faith in the potential of each individual, respect of the pace of progression, collaboration and mutual trust are put forth by the team of interveners (*Portrait de la Maison de Sophia*, 2015).

This perspective echoes the statements of Gilbert et al. (2017, p. 157) regarding the relational approach of La rue des femmes; are reported respect of the pace of progression and of the humanity of each individual, the bond of trust, the recovery of the power to make

decisions as a human right, are the fundamental foundations of intervention with women experiencing homelessness.

Through its intervention, Maison de Sophia aims to accompany the women, to "be with them" in a house where they feel welcome as they are, despite their difficulties or the mistakes they made or make in their life journey. These concerns are consistent with those mentioned by the respondents of Bellot et al. (2016), who asserted that faced with these trajectories built around contempt, violence suffered, exclusion and stigmatization, aside from a response to the material needs, the women need a place where being heard, reconciliation with self and with others, recovery would be the pillars of the intervention (p. 22).

Hence, although certain rules are specified in the intervention manual (no violence, no sharing of medication, no use or possession of drugs, etc.), flexibility as to their enforcement is notable on a daily basis. Concretely, this means that although rules are set forth in the intervention manual, infringement of these rules does not automatically result in eviction from MDS. This way of functioning differs from that adopted by other resources and may be an avenue of solution to the problem with retention of the women encountered in several resources and identified by certain authors (RAIIQ et al., 2008, Bowpitt et al., 2011, *La rue des femmes*, 2011). Indeed, women apparently prematurely leave resources namely because of a rigid structure of the services, so that some of the women cannot find their place (Gélineau et al., 2015). Management of rules poses a dilemma in intervention. It puts a strain on the values embraced by the interveners and the management of the group, and then there is the need to support reintegration with a minimum of framework, which can prove to be structuring for some and restrictive for others. Despite all the hardships that living on the streets can bring, certain women reported the feeling of freedom that it can also provide, hence the tension around the issue of rules. The women are no longer accustomed to them. Thus, in the spirit of including the women in the functioning of MDS, decisions relative to community life at MDS are discussed at the group meetings, attended by residents, interveners and the director, and they have the power to update and adjust the rules of conduct as needed. This way of functioning, focusing on reflection and making decisions as a group, aims to offer the women a place for expression, engagement and taking responsibilities.

According to this humanist approach, the common point of intervention strategies applied at Maison de Sophia is, in this respect, faith in the responsibility of the individual and in her capacity to take charge of the steps of her reintegration process. The orientations given to intervention stem from values founded on the acknowledgment of the expertise of each individual at Maison de Sophia, peer support, pairing, and engagement in the resource on a daily basis, especially in terms of chores and the cost of lodging.

#### 6.4 The innovative intervention approach of Maison de Sophia

Since we have little knowledge of homelessness among women, works on the specific practices to adopt with them are almost non-existent (Bellot et al., 2016) and still not very

developed. Moreover, these same authors bring to light the fact that when adding resources for women experiencing homelessness is addressed by policies and government plans, rarely does it include the development of distinct and differentiated gender-based approaches (gender-based analysis). To this effect, the Réseau des femmes des Laurentides submitted, in 2012, at the time of the second Government Action Plan to Combat Poverty and Social Exclusion, a bulletin regarding taking into account gender-based analysis in the actions to fight against poverty and exclusion. This still remains relevant within the framework of the current implementation of the Alliances for Solidarity relative to the third government plan. Paths for the public policies are formulated in it as regards the issues exposed in this chapter (mental health, homelessness, violence, housing). The responses to the multiple and specific needs of the women warrant a response that makes it possible to take into account the globality of the experience of the women, in both their difficulties and their strengths (Desjardins, 2017; Grenier, 2019; Laberge et al., 2000; Parazelli and Colombo, 2004; Plante, 2007).

One of the objectives of this study seeks precisely to fill this gap in part by showcasing the innovative approach developed by Maison de Sophia. Thus, the analysis of the statements of the women and interveners made it possible to compare the specific approach developed at Maison de Sophia, to meet as adequately as possible the needs of the residents, and other interventions identified as using humanist, individual-centred and socio-community approaches. To these are added, according to the analysis of the researchers, elements associated with the capability-based<sup>14</sup> approach and the feminist approach.

The humanist approach is based on a positive vision of the human being (Laberge et al., 2000). It encourages individuals to draw on their innate tendency toward self-improvement and self-determination, specifically by recognizing their capacity to make their own choices, mobilize their inner resources and develop their full potential (Gélineau et al., 2008). As discussed further on, mutual trust between the women and the interveners as well as peer-pairing, on which is founded the intervention conducted in the living environment, adequately reflect these principles of intervention putting human beings at the heart of their process of seeking help. Here again, these elements are consistent with Gilbert et al. (2017, p. 157) in that the discourse of the interveners mostly emphasized the importance of humanity in the approach. A fundamental dimension when one considers that women are in a way deprived of or even excluded from human fellowship (Durif-Bruckert, 2008, p. 319).

In this respect, the approach adopted at MDS and mentioned by the interveners may bring to mind the humanist individual-centred approach. The latter is conceived more as an attitude toward the individuals, as opposed to an intervention technique, a way of being or a philosophy manifested among other things through the expression by the helper of feelings such as empathic understanding and sensitivity to the feelings of the client and what they mean to him or her personally, warm regard and acceptance of the client and the unconditional nature of the positive view. (Rogers, 1974, cited Devonshire, 2011, p. 31). It is based specifically on characteristics such as genuineness and belief in the responsibility of

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<sup>14</sup> Approach that proposes a vision of the people in question more as actors of change than as passive actors.

individuals in their therapeutic process and puts emphasis on the world such as the individual sees and experiences it.

The third approach that emerges from the practices of Maison de Sophia is akin to the sociocommunity approach. Its purpose is to strengthen social ties and neighbourhood solidarities by returning control over their immediate environment to the individuals (Bourque, 2012, p. 44). According to this approach, intervention aims to increase the capacity of the women to take charge of their development and support their participation in the improvement of their life conditions. It speaks, among other things, to an intervention strategy oriented on flexible intervention, democratic action, empowerment and human potential (Gélineau et al., 2008). The principles of appropriation of power as well as active listening techniques and interactive communication on which this approach is founded (Gélineau et al., 2008) makes extensive use of the engagement of the individuals in their process.

The interveners also adopt a global reading founded on understanding the difficulties encountered by the women (Internet site of Maison de Sophia, 2018). Thus, the women are accepted in the diverse dimensions of their life, in accordance with their background, environment, family ties, romantic relationships, friends, professionals, etc. Maison de Sophia, through its philosophy, which could be identified as capability-centred, offers these women this space where they can begin to actualize their aspirations. The capabilities refer to a theory of justice and rights (Sen, 2000, Nussbaum, 2012) often presented by the capability approach or the human development approach. This approach considers *each person as an end* and asks the question "*what is each person capable of doing and of being?*" in accordance with the real possibilities that are offered to him or her. (Nussbaum, 2012, p. 37). It is a matter of recognizing the capacity of individuals for self-determination – their capacity to make free choices in accordance with what they consider beneficial to their quality of life and accomplishment.

These approaches also form part of a willingness to care that could be associated with the concept of social recognition such as elaborated by Honneth (2000), who is of the opinion that only through mutual recognition is it possible to develop self-awareness, and in the case of these women, reconstruct oneself. Moreover, despite the fact that not all the interveners at Maison de Sophia consider their respective practice with the women as feminist, one cannot fail to observe that they share, with several resources that work specifically with women experiencing homelessness, strategies that are based on feminist principles of intervention, such as supporting and respecting the women in their process; respecting their choice, values and needs; promoting the empowerment of women or the taking control of their own life; encouraging them to make their own decisions or recognize their potential, skills and capacity to pull themselves out of their situation (Corbeil and Marchand, 2010).

These various dimensions of the multiple approach applied at Maison de Sophia are put into practice in the living environment and are completed by a certain number of parameters such as the space reserved for the women, safety and security, peer support and the duration of the stays. The space afforded to the women by the MDS team enables them to "settle in" and rediscover their potential. The intervention of the Maison de Sophia team, relying on mutual

help, enables the women to rediscover their strengths and put them into application with their peers. In addition, the women are encouraged at all times to take their place within MDS. The recognition of their potential by the team through, among other things, the participation of the women in certain decisions in their living environment, is a key element that is favourable to the women's acquisition of confidence and autonomy (Girouard, 2017; Lapalme, 2017; Plante, 2007). These gains are reinforced on a daily basis at MDS, but also post-stay. Thus, the participation of the women in certain decisions of MDS is possible thanks to the physical security offered (meeting basic needs with shelter and food, namely), but also thanks to the psychological security they find there.

The importance of physical and psychological security is also identified by Bellot et al. (2016), who state that the women interviewed often mentioned the importance they afford to finding both an objective experience of security and a strong subjective feeling of safety. (p. 20). This approach is perceived in the documentation as being an appropriate response to the needs of the women (Racine, 1991; Cambrini, 2017; Morin, 2017; Sévigny, 1999). A recent study conducted by Grenier and her colleagues (in press) clearly shows the need of women to find a safe place of their own where they can "feel good".

While offering a space that is safe, both physically and psychologically, is necessary to enable the women to regain their confidence, the duration of the intervention with women experiencing homelessness or at risk of becoming homeless is also central to adequately meet their needs. According to two studies conducted in Canada, the women often need several months, even years, to acquire and redeploy their self-confidence and independence (Tutty et al., 2014, CRSA, 2016). The study by Tutty and her colleagues (2014) is eloquent on this topic. The authors conclude that the limited number of weeks of accommodation in shelters is most of the time too short to enable the women to find a domicile. As Bellot et al. (2018) indicate in their research report, the modalities to come to the assistance of the women are most of the time part of short-term interventions and emergency measures. The duration of the stay does not correspond to the degree of exhaustion of the women and to the activation requirements requested.

The study by the CRSA (2016) reveals also that the marginalized groups that benefit from housing with support need several years to rebuild themselves and redevelop a social network (Forest et al., 2016). In this sense, the intervention approach of Maison de Sophia represents an undeniable benefit for the women. Centred on strong bonds of trust developed over time and at each woman's pace, the intervention has an indefinite duration that, without pressure to recover quickly, promotes the acquisition of the autonomy necessary for securing and retaining a domicile. And so, the women come back to Maison de Sophia, even when they no longer have to maintain the ties. The fact that they know they will be welcomed without judgement also means that they probably do not wait as long before they ask for help if they are experiencing a difficult situation. In addition, this gradual return to autonomy and living in a domicile could make it possible to increase the chances of success.

Despite the positive aspects reported by the participants relative to the specific approach developed by MDS, especially as concerns the unconditional welcome and the autonomy of the women, it also must be pointed out that they include little or no elements stemming from

an analysis of the political dimension of the phenomenon of women's homelessness. More so focused on individual and group intervention, the practice of MDS is especially different from the more critical or anti-oppressive perspectives (Bourgon and Gusew, 2007; Corbeil and Marchand, 2006; Moreau, 1987) that characterize intervention with homeless women in other resources (Roy and Morin, 2007; Gilbert, Émard, Lavoie and Lussier, 2017). Thus, as reported by Pullen-Sansfaçon (2013, p. 353), a distinctive characteristic of anti-oppressive practice, regardless of its theoretical foundation, is that it aims to contest and change the forms and structures of oppression and domination in a perspective of social justice (Campbell, 2003; VanWomer 2010). The anti-oppressive approach makes it possible to act on the structural causes of poverty and exclusion and more specifically on the issues of homelessness among women.

Anti-oppressive approaches not only make it possible to take a broader look at the objective living conditions of women experiencing homelessness and the factors that drive them to it, but they also promote the inclusion of the actions of the interveners and those of the women in a logic of social change (Moreau, 1987; Lapierre and Lévesque, 2013). For example, individual anti-oppressive intervention, such as Pullen-Sansfaçon conceives it (2013, p. 263), is a perspective of social justice (Campbell, 2003; Van Wormer, 2010), a perspective of work that, once integrated, influences both the choice of intervention and the methods used. The values promoted at MDS are directly linked to this approach. The intervention could therefore take up the challenge, as proposed by Boucher and Grenier (2017, p. 1, cited in Bourque, 2017) to develop alliances necessary for teamwork in view of constructing a common understanding of the problems experienced by the people of a same community and intervene together, in a complementary perspective. The work of reflection initiated could thus orient the intervention toward an integrated and continuous approach aimed at both individual and collective change, as the work of redeveloping ties and reconnecting to a community "is a critical stage in exiting homelessness" (Pullio and Edmond, 2003, 103-4) involving the development of the power to take action. Connecting with the community (community movement, women's movement and other social movements) leads to collective action that makes it possible to deploy the process of developing the power to take action through a progression from individual awareness to the sociopolitical awareness (Deslaurier, 2007, Foisy, 2017, Ninacs, 2008) necessary to effect structural changes. Likewise, the group work currently offered to the residents also relates in part to what certain authors propose, specifically as regards the sharing of power, the recognition of the expertise of each individual that offers the women a sense of contribution (Cohen and Mullander, 2003). Considering a more political analysis of the experience of the women in group practice would in short carry the potential to reinterpret "the negative stereotype as a positive action against oppression, both for the victim and for the observing (and frequently hostile) outside community." (Pullio and Edmond, 2003, 102)

Although the statements of certain interveners collected within the framework of this research acknowledge the inequalities faced by the women who frequent MDS, the notions of oppression, be they relative to gender, economic class, sexual orientation or other, remain to be explored and integrated in the practices (Mullaly, 2010).

## 6.5 Having a place of one's own

Although the women refer to the need to "settle in" when they arrive at the shelter, several also mention wanting to have a "safe place of their own":

"I'd like to have a home, and once again know what it's like to be safe, and not be afraid anymore. I'd like to experience that (laughter). [...] have the experience of having a home, coming home and not being afraid." (Jasmine cited in Grenier et al., 2019, accepted). The meanings of "home" are many and would primarily stem from the concept of ontological security (Morin et al., 2009). The concept of ontological security, developed by Giddens (1994 cited by Dorvil and Boucher Guèvremont, 2013, p. 26), concerns "being" or, phenomenologically speaking, "being-in-the-world" (Giddens, 1994, p. 98). Because, as reported by Dorvil and Boucher-Guèvremont (2013, p. 39), to be in the world, human beings need to feel trust in the world, to feel the safety of being. According to these authors, in reference to Giddens, ontological security belongs primarily to the realm of emotions, and would be manifested by a deep psychological need relative to the faith of most human beings in the continuity of their own identity and in the constancy of the social and material action environments. The sense of the reliability of persons and things, so essential to the notion of confidence, is the foundation of the feeling of ontological security (Giddens, 1994, p. 98).

Morin et al. (2009, ix) define home as "a place of privacy, safety, control, freedom, creativity and expression. Such a process then makes it possible to transform "a house into a home", and this in a day-to-day framework where a sense of assurance is established and where the individual is in control and safe.

According to Serfaty-Garzon (2003 cited by Dorvil and Boucher Guèvremont, 2013, p. 15), home would be enshrined as the basis of the modern notion of the domicile, promoting values such as privacy, private space, protection. Moreover, regarding studies on homelessness, Moore (2007, p. 144) mentions, referring to housing for persons experiencing homelessness, the gradual movement in the debate from absence of a roof to absence of a home. "In this way, the debate on homelessness has moved slowly from rooflessness to homelessness (cf. Hutson and Liddiard, 1994; Neale, 1997), less a lack of physical shelter and more as a loss of home (Moore, et al., 1995; Rivlin, 1990; Somerville, 1992)." Laberge and Roy (2001) also make similar reflections and stress the fact that the problem of homelessness is not just about the absence of a roof but about the absence of domiciliation, of a home and a private space. Having access to a "home" remains a priority for the women. However, the issue of financial precarity constitutes a major obstacle to securing safe, adequate, affordable and available housing in a region where there is not an abundance of decent housing.

The Québec policy to combat homelessness sets forth various issues relative to home (2014, p. 29).

Aside from the domicile, the physical place, the feeling of having a "home" is at the heart of the human experience. It represents a lever for well-being, for citizenship, for the relationship of individuals with their own identity and social environment. The purposes of



this capacity to live somewhere and to retain this domicile are fourfold. This capacity is first of all relative to identity, as it makes it possible to be yourself and to be somebody; then it has to do with safety, since it makes it possible to control your personal space in correlation with the need for protection and stability. The occupation of a domicile also plays a role in terms of integration by making it possible to be part of a shared world and by fostering the consolidation of personal, family and professional networks. Finally, having a home promotes the exercise of autonomy, appropriation of the power to take action, which in turn supports the exercise of social roles.

Women who live in extreme precarity often have little means to cover the cost of decent and affordable housing. Their minimal needs are not always met, as mentioned by Catherine: "Just having a place where you can sleep and feel good. [...] it doesn't smell of mold, you know! I'm okay." (Édith): "My home is a one and half, a two and half, err... that I can manage to pay, you know, so I can have a minimum." (cited in Grenier et al., accepted).

In short, access to a home is part of a fundamental issue in the recognition of homelessness among women. To come out of invisibilization, as Bellot (2017, p. 112) indicates, it is important to propose a new perspective of homelessness, other than being on the streets, and turn our attention to the "poor housing" of women, that is, a living environment that is unsafe, not affordable, substandard and inadequate. Furthermore, as this author mentions, the strategies in this respect do not seem anchored in real avenues of practices for women experiencing homelessness. A Québec policy to combat homelessness among women matters of the right to housing has yet to be established. Thus, as several authors state, the definition assigned to homelessness is of utmost importance because, depending on the definition adopted – exclusively on the streets and/or "poorly housed" – the number of individuals identified as experiencing homelessness will vary in accordance, and consequently so will the resources dedicated to the issue (Laberge, Cousineau, Morin and Roy, 1995). The proposal of Bellot to introduce the perspective of "poorly housed" is an avenue for addressing the problem of women's homelessness. It is expressed in the more global fight for the right to housing inscribed since 1976 with the ratification of the International Covenant on Economic, Social and Cultural Rights, in which Canada and Québec made the commitment to recognize the "right to adequate housing" for all men and women (FRAPPRU, 2018).

Indeed, a large proportion of renters devote more than 30% of their expenses to housing in the MRC de La Rivière-du-Nord (RFT, 2019, p. 5). As indicated by the Réseau des femmes des Laurentides (RFL), the economic power of women is a major issue for their independence and freedom. Their economic inadequacy puts them in a situation of dependence on a spouse or family member. This situation is also an issue in the event of a separation, as pointed out by the RFL (2019). When the women find themselves in a precarious situation, all of the aspects of their life are directly affected, and they are often thus more likely to be subjected to various forms of violence and abuse (RFL, 2019). This research demonstrates this. The women interviewed were all struggling with extreme precarity and, faced with hurdles, are without resources, except for the drive demonstrated by several of them to pull themselves out of it and ask for help. It then becomes more and more difficult for them to pull out of precarity for lack of the means to take action against it.

Economic inequalities still persist between men and women. This inequality has direct consequences on their living conditions and their well-being. To take up the argument of Bellot (2017), access to affordable and safe housing is determinant and constitutes an avenue to take back control on one's life (RFL, 2019, p. 6). The development of social and community housing for the region of the Laurentides would make it possible to meet the needs of women in extreme precarity and, beyond that, reduce the social inequalities within the community (RFL, 2019).

Thus supporting women in re-establishing a domicile takes time and effort, because moving out of a shelter resource and into an independent domicile can be perilous, since the shortage of affordable and adequate housing is still a reality in the region of the Laurentides (RFL, 2019). In these conditions, the ties maintained over time between the former residents and the interveners of Maison de Sophia is not insignificant. It aims to preserve the gains of the women and to contribute to their residential stability in an independent domicile, and it makes it possible to offer the women to register with the PSL (rent supplement) program. The team of interveners however noted that this program is not always readily taken advantage of by the women, even though it means that the connection with MDS can be maintained for three years. Two reasons may explain this situation. First of all, the women, having acquired the independence necessary to move into their own apartment, do not necessarily want to maintain a "mandatory" connection with Maison de Sophia and live under conditions that are as strict as those during their stay (mandatory participation in a weekly individual meeting with an intervener, not allowed to have overnight guests or to use drugs or alcohol in the apartment, etc.). It appears that the code of conduct inherent to PSL may be an impediment to the willingness of the women to use it. Next, certain women, at the end of their stay, are fearful of moving into a domicile alone and prefer sharing, which is not possible with PSL. This desire of the women to share a domicile is not unrelated to their experience of exclusion, and this consideration must be taken into account in the avenues for solutions: the domicile must be more akin to a space of belonging and reinforcement of the networks and ties, and social and community housing promotes meeting this need, hence the importance of adapting the PSL program failing the development of real social and community housing. These women may also need even more time in a shelter resource to feel ready to live on their own. The extended time of the intervention mentioned earlier is therefore crucial. Furthermore, a study conducted in 2014-2016 by the CRSA on social and community housing also demonstrates that the fact of having access to safe, quality housing helps with psychological well-being. This access becomes a positive factor in the development of the power to take action, especially when it is within a type of community dwelling such as Maison de Sophia. This may also explain the reluctance of the women to move out on their own. The social and community aspect of housing is a tutor of resilience and a positive factor in the development of the power to take action because of the sense of safety and security – having a community type "home" contributes to the constitution of one's own community (Forest et al, 2016).

## 6.6 The social reintegration mission: reintegration to what and in what context?

The social reintegration of the women is part of the mission of Maison de Sophia. The present research does not allow the documentation of the social reintegration of the women after their stay at Maison de Sophia as regards exiting poverty and access to employment. In this respect, it is difficult to discuss the longer-term benefits for the women after their stay. However, the interviews with the women enable us to understand that various events, the violence experienced, precarious employment conditions have contributed to the fragilization of their situations. As elaborated earlier, the emerging practice developed at Maison de Sophia makes it possible to determine major dimensions that, according to the testimonials of the women, the team and the associates, can make a difference to restore their dignity and redress their situations. This involves considering the time necessary to restore self-confidence and trust in others but also to renew their perception of their worth, on the one hand within the group of residents, and on the other hand within the community. In fact, the testimonials of the women interviewed betray an emotional stability and confidence refund. According to the women, these changes opened new horizons to them and enabled them to forge new bonds with people. In this respect, the women evoked a form of social reintegration, or at the very least the beginning of social reintegration. It is thus that the benefits they identified are much more consistent with the individual and personal effects than with the economic effects or those related to access to housing. Considering their situation when they came to Maison de Sophia, the gains they made at MDS are perceived as a having come a long way and made major transformations. They stress that Maison de Sophia changed their life.

However, the social reintegration of the women is reliant on the integration conditions that present themselves to them. As Fontan (1990) demonstrates, integrating oneself takes more than just wanting to but also being able to, which is also reliant on the community, and more broadly on society. Social reintegration leads to taking account of collective actions beyond "working on oneself". Working on oneself (personal, individual development) is but a first step, as it also depends on the capacity of the community to include. In fact, these are two processes that reinforce each other. Integration translates the inclusion into a group (network), a field of action (employment, training, volunteer work) and a space (geographical community). It results in a learning process, a progression. Integration is defined by full participation in society and the exercise of one's social rights, but these rights still need to be asserted.

In this quality, even though the women do not make a direct connection between the structural constraints and the impacts on their social reintegration, they have a structural reading of the public services, including access, the availability of the services, etc. They identified the resources that do not adequately meet their needs, especially in the health and social services networks: waiting lists, inaccessibility of private resources due to cost, lack of funding of the community organizations, lack of shelter resources for women, etc. These observations were shared by the other people interviewed within the framework of the research, that is, the members of the team and of the administrative committee of Maison de Sophia as well as the partners. These comments are also consistent with those available in the literature on the Laurentides region mentioned above. The comment by Bellot et al.

(2016, p. 22) is eloquent on this point and stresses the issues with respect to access. The authors state that the resources on which these women can rely are essentially community resources, institutions that are still particularly closed when it comes to meeting the needs of these women in a human perspective, be it in terms of health, social services, psychological therapy, support of victims of criminal acts such as sexual assault, or support of mothers experiencing poverty.

It appears that the number of assistance and shelter resources for women experiencing homelessness in the region is insufficient and that the size of the territory leads to issues relative to access to transportation to get to the resources. (CRDSL, 2016). These issues, which result more from the political context, must be considered by MDS. It would then be possible to join forces with other organizations in the territory to raise and put forth these considerations that fall within a sociopolitical perspective which makes up the theoretical foundations of the empowerment approached advocated by the actors of MDS.

Thus, the present research made it possible to bring to light the essential and significant place afforded by Maison de Sophia to the vision and experience-based expertise of the women to propose viable avenues of solutions, for group life, within Maison de Sophia. But how is the expertise of the women put to use within the community? Several examples relate that various opportunities are seized upon to invite the women to participate in initiatives within the community (for example, community garden, artistic and recreational groups, volunteer work). Likewise, the organization of events or the participation of Maison de Sophia in gatherings with other organizations, where the women are often invited to participate, makes it possible to publicize the existence and mission of these organizations and to share issues related to residential precarity and homelessness among women in the region. However, to what extent is the propensity to invite the women formalized when it comes to having community and social issues recognized? In addition, how do the women perceive their involvement in these community initiatives? As Lee (2017) evokes, a socially just society is one in which individuals are both independent (able to fully develop their capacities) and interdependent (capable of interacting democratically with others). (Lee, 2017, p. 11). In this respect, examples of interesting initiatives made it possible to relate how, at Maison de Sophia, the viewpoint of the residents is systematically integrated (for example, certain problems encountered in community life are discussed in the group meetings, rather than the team deciding what to propose). Note here once again how the life-experience and potential of the women is relied upon (mutual help, pairing, work as a group). The equalitarian relations maintained speak to the process of recognition that is developed at Maison de Sophia.

However, as the question of the social reintegration of women who have experienced homelessness is not much documented, taking a closer look at their own definitions of this issue and at their aspirations in this respect would be a relevant avenue of research. Certain studies address interesting initiatives in which the women have taken up socioeconomic issues, social and health care issues, and political issues, engaging actively in education and awareness raising activities (Bellot and Rivard, 2017; Carr, 2004). These actions concerned, for example, structural violence, the recognition of their rights to live in dignity, in which they take a stand and consider themselves as full-fledged citizens who can "educate" various

actors to the realities they are experiencing. They thus propose concrete avenues for improving their conditions as well as collectivize the issues at play (Bellot and Rivard, 2017; Carr, 2004). These examples illustrate how the fact of being able to dedicate oneself to an issue that is close to one's heart and redefine one's social role can contribute to participating in the development of greater power to take action on one's reality (Chamberland and Le Bossé, 2014). The practices at Maison de Sophia demonstrate that each opportunity is taken to enable the women to participate in them and, in so doing, renew the perception of their situation and of the possibility of integrating into the community. Although promising, this way of proceeding does not always seem formalized in the eyes of the women, who may not always explicitly identify the worth of their contribution. In contrast, the majority of the women stressed that the bonds forged with the other women and with the volunteers and intervention team contributed directly to making them feel acknowledged as human beings with dignity and rights. This may be a promising lead to seize, in another way, this opportunity to take a few small steps more, as Breton (2012) invites us to do, and go beyond the group to create opportunities of social transformation by building on the concrete realities experienced by the members. As Bélanger (2015) argues, the voluntary participation of individuals and their personal analysis of their issues are the conditions of effective, individual and collective action. The solidarity built then surpasses simple adherence to a principle (Bélanger, 2015, p. 21).

## Conclusion

The main objective of the study was to understand how the emerging practice of Maison de Sophia contributes to the prevention and reduction of homelessness among women (marked by various forms of socioeconomic, physical, psychological and institutional violence) in the territory of the MRC de La Rivière-du-Nord through evaluative-participatory research. In a first phase, for the purpose of better understanding the phenomenon of homelessness among women and more specifically in the semi-urban and rural environment, a review of literature was conducted and presented in Chapter 1. Then, since the study focuses primarily on the practices of MDS, Chapter 2 outlines the resource while situating the issues and challenges in matters of homelessness among women in the region of the Laurentides. Chapter 3 presents the research process in the context of evaluative-participatory research. The process is explained while highlighting the challenges posed by this type of research by bringing together two separate organizations and actors from various horizons. Understanding the various roles in this research project, the demands of the research process, planned in a tight timeframe, the movement of several actors involved in this process, presented real challenges. Aside from this aspect, commitment to meeting the initial objective was the driving element that made it possible to maintain the momentum of the project as expeditiously as possible given the hurdles encountered. Chapter 4 presents the results of the research, that is, the testimonials of the residents and former residents of MDS. The statements of the women are consistent with the specific characteristics identified by the literature on homelessness among women: the invisible nature of homelessness that is characterized by hidden homelessness, marked with frequent moves. Women thus avoid the streets, considering the potential dangers for them. Violence remains a common determinant with women. In fact, the large majority of the women interviewed had experienced various forms of violence over the course of their life. Furthermore, the use of assistance services remains an issue due to the difficult access to transportation and the vast territory of the Laurentides. Aside from the problems with access, the lack of resources was also identified as a central issue. The needs identified by the women interviewed proved to be many. Thus, the intervention approach of Maison de Sophia is in general assessed very positively by the women and by the various participants interviewed. The concern of MDS to acknowledge the capacities and aspirations of the women, the promotion of equalitarian relationships between them all and of the independence of each woman, the respect of the pace of the intervention process, mutual support in the living environment, and the importance afforded to the relationship of trust were identified to the approach. Various activities are offered to the women throughout their progression – from arrival to retention of a domicile. These activities embody the values of the organization founded on the capacities of the women as masters of their own transformation. According to the testimonials, the positive effects for

the women are particularly interesting in terms of retaking control of their lives, restoring emotional stability and rebuilding confidence. Nonetheless, certain limitations were mentioned in the reintegration process, such as the shortage of resources for the women within Maison de Sophia in the various organizations of the territory. Access to services in the health and social services network and structural constraints (high cost of rents, low social assistance benefits, access to decent dwellings, etc.) also constitute limitations to reintegration. These elements are major impediments to providing a response that is suited to and adequate for the complexity of the needs reported by the various participants in the research. The precarity – social, economic, health (physical and mental) – of women remains a tangible issue.

Women thus often end up in a situation of dependence on their loved ones, third parties and community resources. Lacking protection, the women, with the support offered by MDS, have access to various community services and resources, they see their social rights and as citizen acknowledged; they restore their independence and take power over their own life. The assistance provided by MDS promotes social ties and engagement as citizens (Bourque et al., accepted) through coexistence in a living environment but also through social reintegration in a community by supporting the re-establishment of a domicile. Beyond these contributions of MDS, certain avenues were however identified by the participants to improve certain elements regarding the practices of MDS, the resources and the partnership of the community. To this effect, with respect to the various opinions expressed by the participants, Chapter 5 and Chapter 6, based on the analysis of the discourse, address certain reflections and avenues of reflection, certain serious sociopolitical, economic and territorial issues concerning women experiencing homelessness. One of these elements is access to affordable and decent housing, deemed as a basic service and a determining element of the quality of vie of each citizen (Société d'habitation du Québec, 1997) and the fight against poverty. Housing is recognized as a social determinant of health and well-being, and constitutes a place of intervention (Morin & Baillergeau, 2008). Moreover, the various programs for integration to housing demonstrate that housing proves to be a vector of social integration (Dorvil and Boucher-Guèvremont, 2013, p. 15). However, according to Dorvil and Boucher-Guèvremont (2013, p. 15), it seems that aside from the material aspect of housing, other social problems are at play; accompaniment and support become essential components of a true social integration in the long term.

The authors report that the material forms of housing are not enough to support true long-term social integration. They add that the acquisition of a domicile is a starting point toward integration, but that other factors, such as the neighbourhood, landlords, the social network, adaptation to a new environment, transition toward a new lifestyle, stigmatization, daily routine, illness, budget, drug abuse are determinants for the achievement of social integration (Kloos, Shah, 2009, Yanos et al., 2007; Pearson, Montgomery, Locke, 2009; Farrell, 2010; Levitt, 2011; Nicholls, Atherton, 2011; Padgett, Henwood 2012).

Recently, a first National Housing Strategy of the Government of Canada was put into place. The goal is for all Canadians to have access to affordable housing that meets their needs. To this end, the Strategy will target in priority the most vulnerable Canadians. This plan

therefore aims, among other things, to reduce chronic homelessness and enable more individuals throughout the country to have a home. (<https://www.newswire.ca/fr/news-releases/le-gouvernement-federal-lance-le-fonds-national-de-co-investissement-de-plusieurs-milliards-de-dollars-681514681.html>). This bill, as reports Stephan Corriveau, Director General of the Réseau québécois des OSBL d'habitation, is in itself good news for the poorly housed and for people who care about the right to housing (RQOH, 2019). However, the new act does not impose the right to housing, but calls for the development and maintenance of a strategy by the minister responsible for housing to ensure the gradual realization of the right to sufficient housing, as set forth by the International Covenant on Economic, Social and Cultural Rights, of which Canada is a signatory. For this implementation, the strategy must aim to improve the situation for people with the most salient needs (RQOH, 2019). One of the issues will be to demonstrate that a considerable number of women who avoid the streets and end up in shelter structures must be considered as having priority housing needs. For, as Bellot and Rivard indicate (2017, p.110-113), By avoiding the streets, they also avoid being made visible, that is, being part of the street lifestyle per se, on which is built the notion of homelessness. Consequently, these women put themselves unwittingly outside of the scope of the services and intervention structures which, incidentally, are more and more positioned on the streets. Coming out of invisibilization is moreover admitting that the exclusion of these women not only puts their status as mothers but also their children in jeopardy.

However, for want of sufficient income to house themselves adequately, the difficult access to health and social services, the limited duration of the stay in shelter resources are obstacles to their well-being and to true long-term reintegration. Without intervention on the systemic and structural causes, women remain at risk of ending up back on the streets in light of the poverty, the labour market, the violence experienced which, by an accumulation effect, drive women into experiencing situations of vulnerability that put them under constant strain, close to the streets, at risk of homelessness (Bellot and Rivard, 2017, p.113). Thus, the provision of shelter is sometimes a first step toward getting out of homelessness.

Initially, Maison de Sophia was established to meet the needs of women in difficulty who had had a complex life journey and whose needs could not be met by mixed shelter services. At the time, the organization aimed to provide shelter and daycare for women in difficulty with or without children. This project has been postponed. Nevertheless, the offer of services evolved with various types of lodging: emergency shelter, transitional lodging, medium-term accommodation for an indefinite duration – and post-stay support services, when women live in their own domicile, regardless of the programs (PSL and SRA or not). The eventual opening of lodging with daycare for women with children targeted. In addition, the development of an intervention component supporting the work experience of the women with participation in workforce integration activities through work projects, throughout the progression toward housing, is a project on the horizon. The employment aspect remains an avenue to be considered to improve the women's living and life conditions, use their skills and help them rebuild self-confidence.



This research on homelessness among women demonstrates that the emerging practices of MDS are levers for the social reintegration and well-being of the women. However, it is important to go beyond the individual rationale to anchor the issues in a collective framework (Bellot and Rivard, 2017). For, despite Act 112 (the Act to combat poverty and social exclusion), the precarity of women is still concerning and constitutes a major public health issue. This Act founds its principles in the Quebec Charter of Human Rights and Freedoms by putting at its core respect for the dignity of human beings, equality of women and men, and recognition of their rights and freedoms (Act 112). The Act recognizes that poverty and social exclusion can prove to be constraints for the protection and respect of this human dignity. One of the strategies put forth in the Act is "facilitating the availability of decent and affordable housing through housing assistance measures or the development of social housing for the socially disadvantaged, including the homeless, and strengthening community support for those persons." (Act 112, 2002, c. 61, a. 9.). Currently, the responsibility for the fight against poverty and exclusion is relegated to the communities around the paradigm of concerted action. However, the intervention strategies are often directed toward "working on individual development". However, women's homelessness stems from broader social issues, including social inequalities and various forms of oppression and violence experienced. Women are lacking rights and there is not much collective action addressing the question of rights. Calling for public policies and laws to recognize the rights of women constitutes a lever to concretely improve their life conditions – and many organizations already do this: right to decent standards of living (poor housing, precarity), right to physical and psychological safety and security (fight against all forms of oppression and violence), right to health and social services (absence of service due difficulties in accessing), right to decent incomes, right to decent and affordable housing, right to social equality, right to the realization of their aspirations.

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# ANNEXES

## Appendix 1: confidentiality agreement form

**CONFIDENTIALITY AGREEMENT FORM  
(MEMBERS OF THE RESEARCH MONITORING COMMITTEE)**

This study<sup>15</sup> is under the responsibility of Maison de Sophia, in collaboration with professors of the Université du Québec en Outaouais, Université Laval, and a researcher with the Centre de Recherche Sociale Appliquée. The Research Monitoring Committee mobilizes academic experts on the practice and experience of individuals concerned by the issue of homelessness among women in the territory of the MRC de La Rivière-du-Nord and the Laurentides. This committee is made up of seven university researchers (J. Grenier, M. Bourque, M. Chamberland, J. Chénard, L. St-Germain and S. Thibault), one research assistant (M. Champagne), two female participants from Maison de Sophia, three collaborators in practice environments (Office municipale d'habitation de Saint-Jérôme, Maison de Sophia, and L'Écluse des Laurentides), and it was explained to me that:

By signing this agreement form, the members of the Research Monitoring Committee make a commitment to the participants to ensure the confidentiality of the data gathered. This form specifies that only the researchers and research assistants shall have access to the full transcript of the interviews. Anonymized and aggregated data shall be shared with the members of the Research Monitoring Committee and the partner members for analysis and discussion.

As a member of the Research Monitoring Committee, I understand the nature of the data to which I will have access within the framework of the project. I undertake to refrain from disclosing the data that will be transmitted to me before its publication/distribution in accordance with the terms that shall have been decided by the team.

If I have any questions about the study, I can contact Josée Grenier, Professor of Social Work with the Université du Québec en Outaouais at (450) 530-7616, Ext. 4029 (e-mail: [josee.grenier@uqo.ca](mailto:josee.grenier@uqo.ca)).

I, the undersigned, \_\_\_\_\_, agree to ensure the confidentiality of the data to which I shall have access.

\_\_\_\_\_ Date : \_\_\_\_\_  
Member of the Research Monitoring Committee

\_\_\_\_\_ Date : \_\_\_\_\_  
Researcher

<sup>15</sup> This project has been approved by the Research Ethics Board of the Université du Québec en Outaouais: No. 2823.

## Appendix II : Consent form for the participating women Individual interview



**CONSENT FORM FOR THE PARTICIPATING WOMEN**  
**INDIVIDUAL INTERVIEW**

We are seeking your collaboration to participate in a study<sup>16</sup> that would enable us to better understand the role played by Maison de Sophia in the life of women who are experiencing or have experienced difficulties relative to housing in the region of St-Jérôme.

**Objective of the study:** Our aim with this project is: to better understand your experience relative to difficulties obtaining housing in the region of St-Jérôme and what led you to being in this situation; to better understand your relationship with the resources in the region and/or with Maison de Sophia; to understand your needs relative to your difficulties obtaining housing in the region of St-Jérôme; to identify with you how Maison de Sophia helped you in your process and how it met your needs; to identify with you what Maison de Sophia could improve to better assist women in your situation.

**Your participation:** By consenting, you accept to participate in an individual interview of an expected duration of approximately *90 minutes*. Your participation in the individual interview involves answering a series of questions about difficulties obtaining housing in the region of St-Jérôme, as well as about the assistance you received at Maison de Sophia relative to these difficulties. The duration of the interview may exceed the time expected. In such a case, we could adjourn the interview to allow you to take breaks or stagger the questions over more than one meeting.

**Confidentiality:** All of the information that you will share with us during this interview will be recorded, transcribed in the form of a verbatim transcript, and anonymized. Only the members of the research team may consult the information. Your anonymity will be ensured throughout the study by a codification that will protect your identity.

The recording and its transcription will be kept on a hard drive protected by a password in a secure location to which only the coordinator, the research assistant, and the researchers will

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<sup>16</sup> This project has been approved by the Research Ethics Board of the Université du Québec en Outaouais: No. 2823.

have access in all the phases of the study. *As recommended by the Research Ethics Boards of the Université du Québec en Outaouais*, the data will be kept for five (5) years and then destroyed<sup>17</sup>.

Your participation in this study is on a voluntary basis. *Your decision to participate or not in this study cannot in any way be held against you and will have no consequence on the services that you receive.* No amount of money will be given to you for this participation.

**Inconveniences and advantages:** We believe that there is not very much risk associated with your participation, *despite the possible presence of psychological and social risks*, and the research team undertakes to do everything possible to reduce such risks as much as possible. The main inconvenience in participating in this study is the time spent taking part in the project, that is *60 to 90 minutes for the individual interview*. *However, we are calling upon you on the basis of your expertise. Through your participation, you will contribute directly in the development of knowledge relative to difficulties women have in obtaining housing in suburban regions. Your participation will contribute to a better understanding of the difficulties in obtaining housing in the region of St-Jérôme and how resources like Maison de Sophia were able to contribute to provide support in this regard or any other aspect that seemed significant to you.*

**Right of withdrawal:** You are completely free to participate or not and to withdraw at any time without having to provide justification. If you decide to withdraw from the study, all the information that you will have shared will be destroyed. If you have questions regarding this study project, you can contact the researcher whose name and number are indicated at the end of this document. If you have questions regarding the ethics aspects of this project, you can contact Mr. André Durivage, at 819-595-3900, Ext. 1781, President of the Research Ethics Board of the Université du Québec en Outaouais.

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<sup>17</sup> *For the purposes of control and verification, your study data may be consulted by the authorized personnel of UQO, in conformity with the Règlement relatif à l'utilisation des ressources informatiques et des télécommunications [regulation relative to the use of computer and telecommunications resources].*

Your signature confirms that you have clearly understood the information regarding your participation in the research project, and indicates that you accept to participate in it. It does not mean that you accept to waive your rights and release the researchers or their supervisors from their legal or professional responsibilities. As your participation is to be as informed as your initial decision to participate in the project, you should know all the consequences throughout the study. Consequently, you should never hesitate to ask questions or request additional information throughout the project.

- I accept that the interview be recorded.
- I prefer that the interviewer take notes and not record the interview.

After having taken cognizance of the information regarding my participation in this research project, I sign this document, which means that I freely accept to participate in it since I was provided with answers to any questions I may have had. The form is signed in duplicate; one for the researchers; and one for myself.

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#### **SIGNATURES**

Name of the participant: \_\_\_\_\_

Signature of the participant: \_\_\_\_\_ Date: \_\_\_\_\_

Name of the researcher: \_\_\_\_\_

Signature of the researcher: \_\_\_\_\_ Date: \_\_\_\_\_

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Contact information of the researcher:

Josée Grenier

[josee.grenier@uqo.ca](mailto:josee.grenier@uqo.ca)

(450) 530-7616 Ext. 4029

Research Ethics Board:

André Durivage

[andre.durivage@uqo.ca](mailto:andre.durivage@uqo.ca)

(819) 595-3900, Ext. 1781

### Appendix III Guide for the individual interview - participating women at MS

## GUIDE FOR THE INDIVIDUAL INTERVIEW WITH THE PARTICIPATING WOMEN AT MAISON DE SOPHIA

1. What brought you to Maison de Sophia?
  - a. What difficulties were you facing?
  - b. What are the circumstances that lead you into these difficulties?
  - c. Where have you stayed before you came to Maison de Sophia?
  
2. We hear more and more about homelessness. What does homelessness mean, for you?
  - a. How do you define homelessness?
  - b. What is your understanding of the causes of homelessness?
  - c. What difference do you think there is between your situation and that of a homeless person?
  - d. What difference do you think there is between homelessness among women and homelessness among men?
  - e. What differences do you see between homelessness in the Laurentides region and what is experienced in a big city like Montreal?
  
3. What does it mean for a woman to have difficulties obtaining housing in the region?
  - a. What is it like?
  - b. What do you do (activities, how you spend your time)?
  - c. How are your relationships with others (peers, organizations in the community)?
  - d. How does it feel?
  - e. What is the most difficult?
  - f. What is the most helpful?
  - g. What are your needs?
  - h. How do you meet your needs?
  
4. Tell me about a typical day as a resident at Maison de Sophia.  
Tell me about a typical day in independent housing with the support of an intervener of the Maison de Sophia.
  - a. What do you do (activities, how you spend your time)?
  - b. With whom?
  - c. Give me examples of what you do.
    - i. With the residents?
    - ii. With the interveners?
  
  - d. During the individual meetings:

- i. What issues were addressed in individual interventions?
    - ii. What did individual intervention bring you?
    - iii. What were your expectations relative to individual intervention?
    - iv. To what extent were your expectations met?
  - e. During the group activities:
    - i. What issues were addressed in group interventions?
    - ii. What did group intervention bring you?
    - iii. What were your expectations relative to group intervention?
    - iv. To what extent were your expectations met?
  - f. During the activities with the community held outside of Maison de Sophia:
    - i. What issues were addressed with the community?
    - ii. What did the activities with the community bring you?
    - iii. What were your expectations relative to the activities outside of Maison de Sophia?
    - iv. To what extent were your expectations met?
  - g. Tell me about your relationship with others (ex.: the women, the interveners, the people in the community).
  - h. What do you like about Maison de Sophia?
  - i. What should be done differently?
- 5. What did Maison de Sophia bring you:
  - a. On a personal or psychological level?
  - b. In terms of your financial situation?
  - c. In terms of access to housing?
  - d. In terms of the community (access to resources, social rights, etc.)?
- 6. What, in your view, are the conditions and factors that make it possible for Maison de Sophia to help you?
- 7. What, in your view, are the obstacles that Maison de Sophia encounters in helping you or helping you even better?
- 8. To what extent is its mission of social reintegration relevant?
  - a. Why?
- 9. What is the difference between the help provided by Maison de Sophia and other types of assistance you have received?
  - a. Why?

10. What were your expectations relative to the assistance that Maison de Sophia could provide?
- a. How did Maison de Sophia meets these expectations?
  - b. What are the expectations or needs that Maison de Sophia cannot meet?
  - c. Why, in your view?
  - d. In your view, what does the future hold?

Appendix IV Consent form for the interveners of Maison de Sophia Individual  
interview



## **CONSENT FORM FOR THE INTERVENERS OF MAISON DE SOPHIA INDIVIDUAL INTERVIEW**

We hereby seek your participation in the study<sup>18</sup> cited, which aims to better understand how the practices of Maison de Sophia contribute to preventing and reducing homelessness among women (marked by various forms of socio-economic, physical, psychological, and institutional violence) in rural and suburban environments through an evaluative and participatory study. To achieve this, we will look into what characterizes homelessness among women in the rural and suburban environments of the territory of the MRC de La Rivière-du-Nord and the Laurentides, on the needs of women in the region who are homeless or at risk of becoming homeless, as well as on the emerging practice of Maison de Sophia.

Your participation in this research project consists in taking part in an individual interview about your practice at Maison de Sophia and its contribution in meeting the needs of women in the region who are homeless or at risk of becoming homeless. This individual interview will have a duration of approximately ninety (90) minutes and will take place on the premises of Maison de Sophia, **or in another location at your convenience**, according to a time that suits you.

**Confidentiality:** All of the information that you will share with us during this interview will be recorded, transcribed in the form of a verbatim transcript, and anonymized. Only the members of the research team may consult the information. Your anonymity will be ensured throughout the study by a codification that will protect your identity.

The recording and its transcription will be kept on a hard drive protected by a password in a secure location to which only the coordinator, the research assistant and the researchers will have access in all the phases of the study. As recommended by the Research Ethics Boards of the Université du Québec en Outaouais, the data will be kept for five (5) years and then destroyed<sup>19</sup>.

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<sup>18</sup> This project has been approved by the Research Ethics Board of the Université du Québec en Outaouais: No. 2823.

<sup>19</sup> **For the purposes of control and verification, your study data may be consulted by the authorized personnel of UQO, in conformity with the Règlement relatif à l'utilisation des ressources informatiques et des télécommunications [regulation relative to the use of computer and telecommunications resources].**

Your participation in this study is done on a voluntary basis, but we seek your participation, because it will be greatly useful to us to understand the contribution of Maison de Sophia in meeting the needs of women who are homeless or at risk of becoming homeless in the region of St-Jérôme. You may choose to abstain from answering certain questions without having to provide justification. You may also, once the interview is finished, ask that the answers provided to one or more questions be erased from the recording. At any time, you may also withdraw from the study without providing any justification, and your information will automatically be deleted. Participation in this study poses no risk. No compensation is allocated further to the participation in this study.

**Right of withdrawal:** You are completely free to participate or not and to withdraw at any time without having to provide justification. If you decide to withdraw from the study, all the information you will have shared will be destroyed. If you have questions regarding this study project, you can contact the researcher whose name and number are indicated at the end of this document. If you have questions regarding the ethics aspects of this project, you can contact Mr. André Durivage, President of the Research Ethics Board of the Université du Québec en Outaouais, at 819-595-3900, Ext. 1781, [andre.durivage@uqo.ca](mailto:andre.durivage@uqo.ca).

Your signature confirms that you have clearly understood the information regarding your participation in the research project, and indicates that you accept to participate in it. It does not mean that you accept to waive your rights and release the researchers or their supervisors from their legal or professional responsibilities. As your participation is to be as informed as your initial decision to participate in the project, you should know all the consequences throughout the study. Therefore, you should never hesitate to ask questions or request additional information during the project.

- I accept that the interview be recorded.
  
- I prefer that the interviewer take notes and not record the interview.

After having taken cognizance of the information regarding my participation in this research project, I affix my signature signifying that I freely accept to participate in it since I was provided with answers to any questions I may have had. The form is signed in duplicate, and I retain one copy.

## SIGNATURES

Name of the participant: \_\_\_\_\_

Signature of the participant: \_\_\_\_\_ Date: \_\_\_\_\_

Name of the researcher: \_\_\_\_\_

Signature of the researcher: \_\_\_\_\_ Date : \_\_\_\_\_

---

Contact information of the researcher:

Josée Grenier

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Research Ethics Board:

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## Appendix V Guide for the individual interview - interveners at Maison de Sophia

## **GUIDE FOR THE INDIVIDUAL INTERVIEW WITH THE INTERVENERS AT MAISON DE SOPHIA**

### **1. INTERVENTION PROCESS AND DEFINITION OF HOMELESSNESS<sup>20</sup>.**

#### **Tell me about yourself.**

- What is your role at Maison de Sophia?
- How long have you been part of the team at MDS?
- What was your intervention experience before you joined the MDS team?

#### **Tell me what your understanding of homelessness is.**

- How do you define homelessness?
- What is your understanding of the causes of homelessness?
- In your view, are there differences between homelessness among women and homelessness among men? If yes, what are they?

### **2. HOMELESSNESS AMONG WOMEN IN THE TERRITORY OF THE MRC DE LA RIVIÈRE-DU-NORD.**

#### **Tell me about the women who experience a situation of homelessness in the region of the Laurentides.**

- What is your understanding of homelessness in the territory of the MRC de La Rivière-du-Nord, and of homelessness among women more specifically?
- What is your understanding of the causes of homelessness in the region?
- What are the issues surrounding homelessness among women in the region?
- What is your understanding of the needs of the homeless women in the region?
- How can these needs be met?

### **3. INTERVENTION PRACTICE AT MAISON DE SOPHIA.**

#### **Tell me about what you do at Maison de Sophia.**

- How do you perceive your role as a social worker in general?
- How do you perceive your role as an intervener at Maison de Sophia with the homeless women in the region of the Laurentides?
- What place does Maison de Sophia occupy relative to homelessness among women in the region?

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<sup>20</sup> This project has been approved by the Research Ethics Board of the Université du Québec en Outaouais: No. 2823.

- In your view, what are the aspects of your intervention that still need to be strengthened?

**Describe a typical intervention with a woman who comes to Maison de Sophia.**

- In your view, what characterizes your intervention approach?
- What support is offered to women in general?
  - In terms of individual intervention.
  - In terms of group intervention.
  - In terms of intervention with the community.
- What are the criteria used to determine this support?
- In what way are the needs of the women taken into account in the support?
- What do you do upon arrival of a woman?
- What do you do once a woman is settled into housing?
- How is the conclusion of the process projected or prepared?
- What evaluation criteria are used to rule on the transition to PSL (Rent Supplement Program)?
- In your view, what are the strong points of your intervention approach?
- In your view, what is the added value of the work of MDS relative to the other resources in the region?
- What limitations do you encounter in the action relative to your intervention approach?

**Tell me about your relationship with the women.**

- How important is it for you to form ties with the women?
- How do you establish a bond with the women?
- How is this relationship developed with the women?
- How do you build on and maintain the bond over time?

**Tell me about an intervention that you qualify as positive at Maison de Sophia.**

- How did it unfold?
- What is your understanding of the intervention that you carried out?
- How was this intervention addressed within the team?
- What are the issues that this approach raises for the intervention? What do they reflect?

**Tell me about an intervention that was more difficult.**

- How did it unfold?
- What is your understanding of the intervention that you carried out?
- How was this intervention addressed within the team?
- What are the issues that this approach raises for the intervention? What do they reflect?

**Tell me about the effects of your intervention with homeless women.**

- In your view, what are the effects of your action with the women?
  - On the personal level.
  - In terms of their financial situation.
  - In terms of housing.
  - In terms of the community (access to resources, social rights, etc.)
- In your view, what are the conditions and factors that help you accomplish your mission of social reintegration?
- What are the obstacles that may hamper the accomplishment of your mission of social reintegration?

## Appendix VI Guide for the group interview - participating women of MS



## **GUIDE FOR THE GROUP INTERVIEW WITH THE PARTICIPATING WOMEN OF MAISON DE SOPHIA**

11. What were your primary needs when you arrived at Maison de Sophia?
  - a. How did Maison de Sophia meet these?
  
12. In what way did Maison de Sophia make it possible to prevent or reduce homelessness in the region?
  - a. How does Maison de Sophia help you?
  - b. How can Maison de Sophia help to break the cycle of homelessness?
  - c. What do you think of the help provided to you by Maison de Sophia?
  
13. What did you need most when you left Maison de Sophia?
  - a. How would you describe your daily life?
  - b. How did you feel?
  - c. How is it different from staying at Maison de Sophia?
  - d. How did Maison de Sophia meet your needs?
  
14. What did you like at Maison de Sophia?
  - a. What was the most difficult?
  - b. What did Maison de Sophia bring you?
  - c. How is it different from the other housing resources?
  
15. In your view, how can we prevent women from ending up without a home?
  - a. What could be possible solutions to come to their assistance?

## Appendix VII : Consent form for group interview with the interveners

## **CONSENT FORM FOR GROUP INTERVIEW WITH THE INTERVENERS**

We hereby seek your participation in the study<sup>21</sup> cited, which aims to better understand how the practices of Maison de Sophia contribute to preventing and reducing homelessness among women (marked by various forms of socio-economic, physical, psychological, and institutional violence) in rural and suburban environments through an evaluative and participatory study. To achieve this, we will look into what characterizes homelessness among women in the rural and suburban environments of the territory of the MRC de La Rivière-du-Nord and the Laurentides, on the needs of women in the region who are homeless or at risk of becoming homeless, as well as on the emerging practice of Maison de Sophia. This research project was the object of ethics approval by the Research Ethics Board of the Université du Québec en Outaouais.

Your participation in this research project consists in taking part in a group interview about your representation of the practice of Maison de Sophia and its contribution in the prevention and reduction of homelessness among women in the region. This group interview will have a duration of approximately three (3) hours and will take place on the premises of Maison de Sophia according to a time that suits you. The interviews will be recorded to facilitate transcription. We will ask you a few questions to help you in your reflection while remaining open to your point of view, your autonomy and your freedom in your responses.

The data gathered in this study will be confidential, that is to say that under no circumstance will the names of the individuals who share information will be identified. The results of the study will be codified and published in a study report and in scientific papers.

The data gathered will be stored in a computer and will be protected by a password, to which only the research coordinator will have access, before it is destroyed five (5) years after the end of the study. However, the analyses that result from this data may be used for other studies, articles, and publications, if you consent to this.

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<sup>21</sup> This project has been approved by the Research Ethics Board of the Université du Québec en Outaouais: No. 2823.

Your participation in this study is done on a voluntary basis, but we seek your participation, because it will be greatly useful to us to understand the contribution of Maison de Sophia in meeting the needs of women who are homeless or at risk of becoming homeless in the region of St-Jérôme. You may choose to abstain from answering certain questions without it having an incidence on your participation. You may also, once the interview is finished, ask that the answers provided to one or more questions be erased from the recording. At any time, you may also withdraw from the study without it being held against you, and your information will automatically be deleted. Participation in this study poses no risk. No compensation is allocated further to the participation in this study.

For any questions regarding the current study, you can contact Josée Grenier, main researcher at (450) 530-7616, Ext. 4029, [josee.grenier@uqo.ca](mailto:josee.grenier@uqo.ca) . For any information regarding the ethical aspect of this study, please contact Mr. André Durivage, President of the Research Ethics Board of the Université du Québec à Outaouais at 1-819-595-3900, Ext. 1781, [andre.durivage@uqo.ca](mailto:andre.durivage@uqo.ca) .

Your signature attests that you have clearly understood what your participation in the research project involves, and indicates that you freely accept to participate in it. It does not mean that you accept to alienate your rights and release the researchers or their supervisors from their legal or professional responsibilities. Consequently, you should never hesitate to ask for clarification or additional information during the project.

To protect your personal information and your identity, the data will be anonymized. The data will be destroyed five (5) years after the end of this project.

- I accept that the interview be recorded.
  
- I prefer that the interviewer take notes and not record the interview.

- I accept that the information I provide be used for later studies, articles, and publications.

After having taken cognizance of the information regarding my participation in this research project, I affix my signature signifying that I freely accept to participate in it. The form is signed in duplicate, and I retain one copy.

_____	_____	_____
Name of the participant	Signature of the participant	Date
_____	_____	_____
Name of the researcher or her representative	Signature of the researcher	Date

Appendix VIII Guide for the group interview with the team of Maison de Sophia

## **GUIDE FOR THE GROUP INTERVIEW WITH THE TEAM OF MAISON DE SOPHIA**

1. In what ways is homelessness among women an issue?
  - a. For what reasons?
  - b. How has this issue changed over the years?
  
2. How does Maison de Sophia meet the needs of homeless women?
  
3. What importance is given to developing ties between the women in the practice?
  - a. How do you help them solidify these ties during their stay?
  - b. How do you help them maintain these ties after their stay?
  - c. What is the potential of the type of intervention that you conduct?
  - d. What are its limitations?
  
4. What assistance is made available to women after their stay?
  - a. What are the objectives of this intervention?
  
5. Tell us about the intervention that you conduct at Maison de Sophia.
  - a. What are the theoretical underpinnings of the intervention that you conduct?
  - b. How has the intervention practice developed over the years?
  - c. Why?
  - d. What is done through the intervention to encourage a social transformation (equalitarian relationships, violence against women, poverty, etc.)?
  
6. What are the effects of Maison de Sophia on homelessness among women in the region?

## Appendix IX Consent form for the collaborators



## CONSENT FORM FOR THE COLLABORATORS

We hereby seek your participation in the study<sup>22</sup> cited, which aims to better understand how the practices of Maison de Sophia contribute to preventing and reducing homelessness among women (marked by various forms of socio-economic, physical, psychological, and institutional violence) in rural and suburban environments through an evaluative and participatory study. To achieve this, we will look into what characterizes homelessness among women in the rural and suburban environments of the territory of the MRC de La Rivière-du-Nord and the Laurentides, on the needs of women in the region who are homeless or at risk of becoming homeless, as well as on the emerging practice of Maison de Sophia. This research project was the object of ethics approval by the Research Ethics Board of the Université du Québec en Outaouais.

Your participation in this research project consists in taking part in a group interview about your representation of the practice of Maison de Sophia and its contribution in the prevention and reduction of homelessness among women in the region. This group interview will have a duration of approximately three (3) hours and will take place on the premises of Maison de Sophia according to a time that suits you. The interviews will be recorded to facilitate transcription. We will ask you a few questions to help you in your reflection while remaining open to your point of view, your autonomy and your freedom in your responses.

The data gathered in this study will be confidential, that is to say that under no circumstance will the names of the individuals who share information will be identified. The results of the study will be codified and published in a study report and in scientific papers.

The data gathered will be stored in a computer and will be protected by a password, to which only the research coordinator will have access, before it is destroyed five (5) years after the end of the study. However, the analyses that result from this data may be used for other studies, articles, and publications, if you consent to this.

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<sup>22</sup> This project has been approved by the Research Ethics Board of the Université du Québec en Outaouais: No. 2823.

Your participation in this study is done on a voluntary basis, but we seek your participation, because it will be greatly useful to us to understand the contribution of Maison de Sophia in meeting the needs of women who are homeless or at risk of becoming homeless in the region of St-Jérôme. You may choose to abstain from answering certain questions without it having an incidence on your participation. You may also, once the interview is finished, ask that the answers provided to one or more questions be erased from the recording. At any time, you may also withdraw from the study without it being held against you, and your information will automatically be deleted. Participation in this study poses no risk. No compensation is allocated further to the participation in this study.

For any questions regarding the current study, you can contact Josée Grenier, main researcher at (450) 530-7616, Ext. 4029, [josee.grenier@uqo.ca](mailto:josee.grenier@uqo.ca) . For any information regarding the ethical aspect of this study, please contact Mr. André Durivage, President of the Research Ethics Board of the Université du Québec à Outaouais, at 1-819-595-3900, Ext. 1781, [andre.durivage@uqo.ca](mailto:andre.durivage@uqo.ca) .

Your signature attests that you have clearly understood what your participation in the research project involves, and indicates that you freely accept to participate in it. It does not mean that you accept to alienate your rights and release the researchers or their supervisors from their legal or professional responsibilities. Consequently, you should never hesitate to ask for clarification or additional information during the project.

To protect your personal information and your identity, the data will be anonymized. The data will be destroyed five (5) years after the end of this project.

- I accept that the interview be recorded.
  
- I prefer that the interviewer take notes and not record the interview.

- I accept that the information I provide be used for later studies, articles, and publications.

After having taken cognizance of the information regarding my participation in this research project, I affix my signature signifying that I freely accept to participate in it. The form is signed in duplicate, and I retain one copy.

_____	_____	_____
Name of the participant	Signature of the participant	Date

_____	_____	_____
Name of the researcher or her representative	Signature of the researcher	Date

Annexe x : Guide for the group interview with the partners and collaborators of  
Maison de Sophia

**GUIDE FOR THE GROUP INTERVIEW WITH THE PARTNERS AND COLLABORATORS OF  
MAISON DE SOPHIA**

- 1. What characterizes homelessness among women in the region<sup>23</sup>?**
  - a) How do you explain this situation?
  
- 2. What characterizes the intervention with women in the region who are homeless or at risk of becoming homeless?**
  - a) Are there challenges? If yes, what are they?
  - b) What measures have you implemented to address them?
  
- 3. Tell me about the intervention practice of Maison de Sophia.**
  - a) What do you know about the organization?
  - b) What are the values that drive the interveners at Maison de Sophia?
  - c) Tell me about their intervention.
  
- 4. What is the contribution of Maison de Sophia relative to homelessness among women in the region?**
  - a) How do you explain these effects of the practice of Maison de Sophia on homelessness among women in the region?
  
- 5. What are your partnership ties with Maison de Sophia?**
  - a) Tell me about your collaboration projects?
  - b) What means could be put forward to develop or strengthen this collaboration work?

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<sup>23</sup> This project has been approved by the Research Ethics Board of the Université du Québec en Outaouais: No. 2823.

Appendix XI : Guide for the group interview - members of the supervisory board  
of Maison de Sophia

## **GUIDE FOR THE GROUP INTERVIEW WITH THE MEMBERS OF THE SUPERVISORY BOARD OF MAISON DE SOPHIA**

1. In what ways is homelessness among women an issue?
2. How has the face of homelessness among women changed over the years?
3. What assistance was made available to women who were homeless or at risk of becoming homeless in the region before Maison de Sophia was established?
4. Tell me about the practice of Maison de Sophia.
  - a. What is your action as regards homelessness among women?
  - b. How has the practice of Maison de Sophia developed?
  - c. Why, in your view?
  - d. What has changed in your organization?
  - e. Why?
  - f. How is this a good thing?
5. How does Maison de Sophia make it possible to reduce or prevent homelessness among women on the territory of the MRC de la Rivière-du-Nord?
  - a. Why, in your view?
6. What has Maison de Sophia brought to the region that is new?
7. In your view, what does the future hold?

## Annexe xii : types of accomodation



## Types of accommodation

Maison de Sophia is based on a model that fosters autonomy and encourages the involvement of the residents. In this quality, the presence of interveners is not 24/7 at MDS. Overnight and weekend accommodation functions thanks to the residents. The organization was put into place with the collaboration and support of the Office municipal d'habitation de Saint-Jérôme. MDS has 13 spaces in a town house (HLM), that is, four emergency shelter spaces dedicated for women, six transitional lodging spaces for variable stays of up to three months as well as three medium-term housing spaces for an indefinite stay. (<http://new.maisondesophia.com/offre-de-services/>).

The duration of the stay may exceed the periods indicated according to the needs of the women.

<p><b>Emergency shelter</b></p>	<p>Emergency shelter offers temporary accommodation in a crisis situation.</p> <ul style="list-style-type: none"> <li>• Accommodation 24/7.</li> <li>• Period varying between 0 and 30 days.</li> <li>• Maximum four residents.</li> <li>• Free of charge (accommodation, food).</li> </ul>
<p><b>Transitional lodging</b></p>	<p>Period of transition between two stages of life where it becomes necessary to call upon a residential service with support.</p> <ul style="list-style-type: none"> <li>• Accommodation 24/7.</li> <li>• Period of three months.</li> <li>• Support from interveners.</li> <li>• Maximum six residents.</li> <li>• Cost \$12/ day (accommodation, food).</li> </ul>
<p><b>Medium-term housing</b></p>	<p>A service offered in continuity with transitional lodging. Take responsibilities relative to housing in view of developing residential stability.</p> <ul style="list-style-type: none"> <li>• Accommodation 24/7.</li> <li>• Indefinite period.</li> <li>• Support from interveners.</li> <li>• Maximum three residents.</li> <li>• Cost \$12/day (accommodation).</li> </ul>

## Annexe xiii : Assistance et support

## Assistance and support

Be it during or after the stay, the residents have access to assistance, counseling and referral services in accordance with their needs. (<http://new.maisondesophia.com/offre-de-services/>).

<b>One-on-one counselling:</b>	The interveners share moments of daily life. They offer support tailored to the residents (and former residents who want it).
<b>Group workshops</b>	Every week, a group workshop (training module) is run by an intervener and/or in collaboration with a resident on various themes. The topics addressed are broad and may be relative to information about various issues, strategies for betterment (full awareness, creativity, perceptions, horticulture, etc.), functional autonomy, or services offered by the partner organization.
<b>Support toward the achievement of residential stability; one-going support post-stay</b>	When the person is in a domicile, support toward residential stability is a service in continuity with transitional lodging or to medium-term housing. The support takes the form desired by the person – helping alliance, support in the accomplishment of an objective, education – depending on the goal (budget, cooking, household tasks, relations with landlord and neighbours, etc.).

From a document produced by MDS "*Prendre racine. Programme de soutien à la réinsertion sociale*".

