

At Home/Chez Soi

Winnipeg Site

Later Implementation Evaluation Report – Key Messages



Report researched and prepared by:

Scott McCullough & Matthew Havens

Institute of Urban Studies, University of Winnipeg

with

Corinne Isaak & Tracy Deboer
Department of Psychiatry, University of Manitoba

August 13th, 2012

Key Messages:

This report is the second documenting the implementation of the Mental Health Commission of Canada's At Home/Chez Soi project in Winnipeg, covering the late 2010 to late 2011 period. It reports on the changes in program fidelity over this time, and reflects on continued and emerging strengths and challenges in the implementation of the project. The results demonstrate that, while there are challenges, there have been many positive results for participants.

Service teams have built on relationships with individual participants over the past year. Daily drop-in programs are particularly successful, providing participants with a consistent, normal social circle. Other improvements include better supports, increased advocacy, and participants learning to be independent. Increased knowledge in working with solvent users has made substantial improvements working with this group of participants.

Housing procurement remained the most significant challenge into the second year. There is a severe lack of affordable housing and this limited participant choice. Service teams have adapted by using some congregate housing, and increasing staff. Eviction prevention is recognized as more important now, as is providing diversity in housing types.

The challenge of delivering sufficient services to participants was identified in Fidelity Reports. Service arms created discussion groups over the last year, which were successful, and are being reimplemented. Staffing problems eased over the last year. All teams have made changes to staffing, and improved workplace culture. Caseloads have eased compared to the first year, and this has allowed teams to focus on long-term case-management solutions for participants. Improvements in communication across the Site have also helped, as have the adaptations of the site including the integration of Aboriginal culture.

Severe addictions, especially to solvents, were identified by the teams as a major barrier to housing stability; yet progress is being made. ACT has made significant inroads in working with this group, procuring appropriate housing and services. Connecting all participants to adequate external clinical services continues to be a challenge for all service teams.

Teams note the remarkable recovery that many participants have achieved including housing stability, and the seeking out of education, volunteering and employment opportunities. Family reunification has been especially rewarding for some participants.

Landlords had mixed experiences with the project. They typically liked the programs and services offered and felt that At Home is a positive program for participants. Landlords attributed success stories to good supports and service workers. However, for the failed tenancies, landlords cited insufficient supports for participants, lack of life-skills, and addictions as important contributing factors. Landlords interviewed were averse to working with solvent abusers. Landlords commented on unhelpful changes to the project since its inception, and the need for better communication.

As the project moves into its final year, questions about sustainability have become increasingly important for participants and staff alike. The project is working on continuation, but participants are worried that they will be on the street again. Planning for the

transition has begun with a push to get all participants on the waiting list for Manitoba Housing. Site leadership feels that the public is growing more aware about the prevalence of homelessness and attitudes are changing for the better. Lastly, we heard over and over again that harm reduction works, and that the At Home project is working.