



What
**Housing
First**

Means for
People

**RESULTS OF STREETS TO HOMES
2007 POST-OCCUPANCY RESEARCH**

ACKNOWLEDGEMENTS

We would like to acknowledge Streets to Homes' partner agencies for their assistance with this project, as well as all the front-line follow-up workers who facilitated the participation of their clients in the survey.

We would especially like to thank the Streets to Homes clients who agreed to participate, and spent time sharing their experiences and feedback.

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EXECUTIVE SUMMARY

This report presents findings from a survey of 88 formerly homeless individuals housed through the City of Toronto's Streets to Homes program and contributes to a small but growing literature on the impacts of a Housing First approach to ending homelessness. The findings provide detailed evidence that homeless individuals housed directly from the street can maintain their housing with the appropriate supports in place, and also provides client perspectives on the housing process, the supports they receive, and changes in a variety of quality of life indicators. The findings demonstrate that the vast majority are satisfied with their housing and have seen improvements in nearly all quality of life indicators. The study also shows that while individuals face challenges in making the transition from the streets to housing, the follow-up supports offered by Streets to Homes are helping people to keep their housing.

Key findings:

- People are happy with their housing. A large majority, 88%, said they were mostly or very satisfied with their housing. Most people spoke about the improved stability, sense of security and privacy and an overall improved mental outlook since they moved into housing.
- As well, 79% said they were mostly or very satisfied with their neighbourhood. Those in all areas of the city report high levels of satisfaction with their neighbourhood.
- Housing changes lives. Overall, 91% said their life had improved since moving into housing
- Quality of life improves. Individuals reported improvements in nearly all quality of life indicators: 70% said their health had improved, 72% reported improved personal security, 69% said sleeping had improved, 60% said their level of stress had improved, and 57% said their mental health had improved.
- Long-term homeless (those homeless longer than two years or with multiple episodes of homelessness) are more likely to report improvements in the amount of food they ate (68% vs. 57%) and are more likely to report improvements in mental health (63% vs. 44%). However, they are less likely to report improvements in general health (71% vs. 87%) and less likely to report improvements in sleeping habits (62% vs. 83%)
- Alcohol and other drug use was reduced once in housing. Of those who use alcohol, 17% said they had quit drinking since moving into housing, while 32% said they were drinking less. Of those who said they used drugs, 31% said they had quit using drugs completely, and 42% had decreased their use
- People used fewer emergency health resources once in housing. There was a 38% reduction in ambulance use, 40% decrease in emergency room use, and 25% reduction in individuals requiring a hospital stay. However, individuals were

making use of routine medical services more frequently once in housing, including a 32% increase in use of family doctors and 71% increase in use of psychiatrists.

- The number of emergency services individuals used also decreased dramatically once in housing, including a 75% decrease in the number of individuals using police detox ('drunk tank'), a 56% decrease in the number of individuals arrested, and a 68% reduction in those using jail detention.
- 85% said they felt their housing situation was secure and they were not currently at risk of losing their housing.
- 39% said they had thought about leaving their housing to return to the streets at some point, particularly in the first few months after moving in. The main reason people said they had thought about leaving was that it was difficult to adjust to being indoors.
- Once in housing, the most commonly used service was food banks, at 81%. People were also more likely to use education programs, job training, drug and alcohol treatment and mental health programs once in housing. However, there was a significant reduction in the use of other services, including a 38% decrease in individuals using drop-in centres and a 67% reduction in those using Out of the Cold Meal programs. This reduction in service use occurred for individuals housed in all areas of the city.
- Those who felt they had the most choice in type of housing were more likely to report the highest satisfaction with their housing, while those who said they felt they had no choice were more likely to report being unhappy with their housing.
- Those living in independent units were more likely to be very happy or mostly satisfied than those in shared accommodations.
- Those in shared accommodation are less likely to feel secure about their housing, are far more likely to move, and need more help from their follow-up workers to re-locate. People in shared accommodation frequently reported issues with roommates/housemates that made it difficult to keep their housing. Most quality of life indicators also showed less improvement for people in shared accommodation.
- When asked what service provided by their follow-up worker they found most valuable, people most frequently said that their worker helped them to discuss options and make decisions. Other common responses included providing information about other services and resources, advocating with social services or landlords, help with appointments and transportation, help finding new housing and help completing paperwork.
- When asked how they felt about the amount of money they had left after paying rent, 68% said it was not enough to live on.
- While 65% reported the amount of food they eat had increased compared to when they were homeless, many also expressed frustration with the difficulties of securing nutritious sources of food, and 66% said they ran out of money for basic needs such as food every month.

- The number of people reporting income from panhandling decreased dramatically once in housing, by 56%. Only 9 % of those who reported panhandling while homeless said they continued to panhandle the same amount once in housing.
- Housing makes the future look better. 82% said their outlook about their future was more positive. Many people spoke about having a higher self-esteem, that they were able to set goals for themselves, look for a volunteer position, and begin planning to go back to school or work.

CONTEXT AND METHODOLOGY

Background

The City of Toronto's Streets to Homes program, which focuses on solving rather than managing street homelessness, has been operating for more than two years and has housed over 1,500 homeless people directly from the street. The Streets to Homes program is based on the idea that moving people directly into permanent housing is the best way to end homelessness. This approach, often known as 'Housing First,' is being implemented in cities across North America, and is based on the idea that other barriers such as lack of employment skills, addictions, and poor mental and physical health, can best be addressed once a person has stable housing (see Appendix 1 for an overview of the Streets to Homes program).

This study contributes to a small but growing literature on the impacts of a Housing First approach to ending homelessness,¹ and the findings provide detailed evidence that homeless individuals housed directly from the street can maintain their housing with the appropriate supports in place. The study also provides client perspectives on the housing process, the supports they receive, and changes in a variety of quality of life indicators.

Purpose

While the fact that nearly 90% of those housed through Streets to Homes remain in their housing points to the success of the program, there was a need for further evidence to determine exactly what it was about the program that was working and where there may be areas for improvement. For that reason, between November 2006 and April 2007, 88 formerly homeless individuals housed through the Streets to Homes program were interviewed about their experiences with the program.

There were two main purposes for the survey. The first was to better understand the effectiveness of the Streets to Homes model in housing homeless individuals. The survey was designed to give clients an opportunity to provide feedback on what they thought of the process to find their housing, how they feel about the follow-up services offered, and where there may be opportunities for improvements to services in either of these areas.

The second goal of the survey was to assess the impact of housing on clients' quality of life, housing stability and use of other services. Survey participants were asked to reflect on a variety of quality of life indicators such as physical and mental health, eating patterns, personal security, sleeping habits, and substance use. They were also asked

¹ See, for example: Martha Burt. (2003) Chronic Homelessness: Emergence of a Public Policy. *Fordham Urban Law Journal*. 30(2):1268-1279; Sam Tsemberis, Leyla Gulcur and Maria Nakae (2004) "Housing First, Consumer Choice, and Harm Reduction for Homeless Individuals with a Dual Diagnosis." *American Journal of Public Health* 94 (4): 651-656

questions related to housing security, interactions with their landlord, and what they felt was needed to help them to maintain their housing. Changes in use of medical, emergency and social services were also recorded to assess how housing impacts the use of other community resources for individuals who often have substantial medical, mental health and substance use issues.

Methods

The survey tool was developed based on extensive consultation and research (a copy of the survey is attached as Appendix 2). An initial focus group with Streets to Homes supervisors and management staff was held to discuss methodology and establish priorities for the kinds of information to be collected. A review of similar surveys of formerly homeless individuals in other jurisdictions was conducted to look at methodology and design of survey tools. Follow-up workers participated in mock-interviews with the draft survey tool and offered feedback, in particular on accessibility and understandability for their clients. The survey was also reviewed by the Street Outreach Steering Committee, a group of representatives from organizations and City divisions involved with people who are homeless. Pre-testing of the survey tool was conducted with a small group of clients prior to full implementation.

The research was conducted between November 2006 and April 2007. Any client housed through Streets to Homes, including its non-profit street outreach partners, who was currently receiving follow-up services and who had been housed for three months or more was eligible to participate in the survey. Follow-up workers were instructed to notify all eligible clients about the survey and a letter inviting clients to participate was provided to follow-up workers to distribute. All clients that volunteered were included in the survey, and were provided with a \$25 food voucher for participating.

Interviews to complete the survey were conducted in person with clients in a location of their choosing: in their homes, at a nearby coffee shop or drop-in centre, or at the Streets to Homes office. Follow-up workers were present to introduce clients to the interviewers; however in all but a few cases the survey was conducted without the follow-up worker present to ensure clients felt comfortable providing honest feedback on the services they received. Clients were provided with public transit tickets if they needed to travel to the meeting location.

Interviews were conducted orally, and interviews lasted between 45 minutes and an hour on average. The survey and associated prompts were scripted. The survey was reviewed and approved by Corporate Access and Privacy with the City of Toronto prior to implementation. All individuals were informed of confidentiality provisions and provided informed consent to be included in the study. Survey participants were informed of their right to skip questions or conclude the interview if they so chose, though the response rate for all questions was nearly 100% and no survey participant prematurely ended the survey. All survey results were confidential and responses were recorded anonymously using a number coding system.

The interviews were conducted by two Shelter, Support and Housing Administration research staff. An internal research approach was selected because internal program assessment for the purpose of continuous improvement and research on client outcomes has many advantages, including protection of client confidentiality, greater understanding of organizational context, higher level of trust and sensitivity to client needs, greater contribution to organizational learning and program improvement, and the ability to ensure continuity in any future follow-up research.² The internal research staff who conducted the research have no involvement in front-line work to assist clients to find and maintain housing, and also have no involvement in funding decisions for external agencies. Only the researchers have full knowledge of all the clients included in the survey.

Sample Size

A total of 88 individuals meeting the eligibility criteria were surveyed. The sample reflects a diversity of housing locations and types, and is also generally representative of the demographic composition of Streets to Homes clients (see Appendix 3 for further information on representation). This sample size gives results that are accurate 19 times out of 20, within 10 percentage points.

Limitations

A convenience sampling method was used because of the voluntary nature of the survey, although individuals who were eligible self-selected for participation. Participants were motivated to take part by the idea that they would get to provide feedback on the services they received and share their experiences, as well as the \$25 food voucher. While not intentionally designed to be so, the sample was generally representative of the composition of the larger group of Streets to Homes clients in terms of age, gender, and housing location.

Some clients may have been less likely to participate because they would not have the time or the inclination if they were in a crisis situation. However, for those who were in crisis because of their financial situation, the offer of a food voucher provided some incentive to participate. Although clients were notified in person, where possible, by their follow-up workers of the opportunity to participate and surveys were conducted through oral interviews, the idea of a 45 minute survey may have prevented some clients from wanting to participate.

² See, for example: Darcy Granello et al. (1999) "Measuring Treatment Outcomes and Client Satisfaction in a Partial Hospitalization Program." *The Journal of Behavioral Health Services and Research* 26:1; Eleanor Lyon (1989) "In-House Research: a Consideration of Roles and Advantages." *Evaluation and Program Planning* 12: 241-296; Carolyn Pepler et al. (2006) "Strategies to Increase Research-based Practice: Interplay With Unit Culture" *Clinical Nurse Specialist* 20(1): 23-31; "Surveying Clients about outcomes." (2003) *The Urban Institute*; Ann Minnett (1999) "Internal evaluation in a self-reflective organization: one non-profit agency's model." *Evaluation and Program Planning* 22:353-362

As well, the survey relied on self-reporting from clients regarding their history of homelessness and service use, as well as changes in behaviours such as alcohol and other drug use. While some clients may have forgotten some information, either intentionally or unintentionally, other research has found that homeless individuals generally have a high level of self-reporting accuracy of a wide range of variables.³ Further, most of the survey questions are intended to capture clients' perspectives on aspects of the services they have received and how their life has changed, rather than asking them to recall detailed information using specific measures.

³ A. Cheung, C. Dewa, D. Wasylenki (2003) Validity of Client Self-Report of Service Utilization and the Impact on Cost Estimates. *Abstr Academy Health Meet.* 20: 589; R.J. Calsyn, G. Allen, G.A. Morse, R. Smith, & B. Tempelhoff (1993) Can you trust self-report data provided by homeless mentally ill individuals? *Evaluation Review*, 17, 353-366; Lillian Gelberg and Neil Siecke (1997) "Accuracy of Homeless Adults' Self-Reports." *Medical Care* 35(3): 287-290.

FINDINGS

Demographics

Of those surveyed, 82% were male and 18% were female. In terms of age, 13% were under 25, 57% were between 25 and 49 years of age, 27% were 50 to 64, and 3% were 65 or older.

	Male	Female
<25	11%	19%
25-49	57%	56%
50-64	28%	25%
65+	4%	0%

Figure 1: Age and Gender

Twenty-six percent of those surveyed identified themselves as Aboriginal, either First Nations or Metis.

The sample was also representative of the demographic composition of homeless people encountered outdoors during the Street Needs Assessment in April 2006. This indicates that the clients being housed through Streets to Homes are reflective of the composition of the outdoor homeless population. For example, the Street Needs Assessment found that 82% of the outdoor population was male, 60% were between the ages of 26 and 49, 26% were Aboriginal and 57% had been homeless more than two years (for more on demographic representation, see Appendix 3).

Homelessness History

67% said they had been homeless for more than two years or had experienced multiple episodes of homelessness in that period
A total of 19% said they never used shelters or Out of the Cold programs, meaning they only slept outdoors

Length of Homelessness

When asked how long it had been since they had permanent housing, there were a range of responses from just a few days to 18 years. Fifty-one percent said that it had been more than two years since they last had permanent housing.

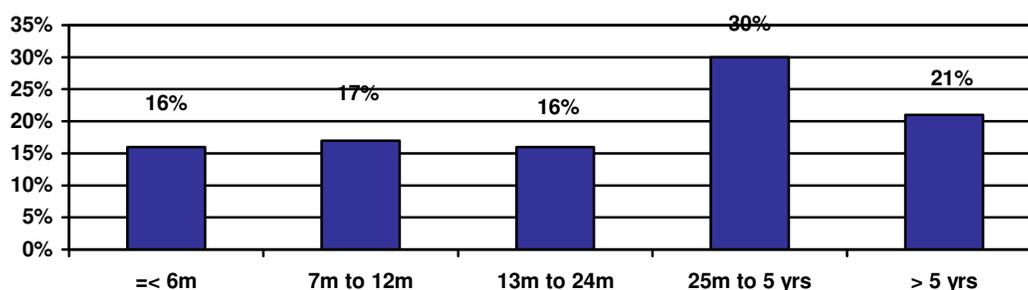


Figure 2: Length of Homelessness

Individuals were also asked whether they had been homeless at other times in the past, to which 49% said yes. Many people had difficulty recalling the last time they had permanent housing or determining what would be considered permanent housing, because many indicated that they had been in and out of temporary accommodations for many years. Some people (28%) indicated that they had been homeless for a period at some point in the past, but had been housed for at least several years before becoming homeless again. However, 26% said they had been homeless off and on for a longer period than indicated in their response to the first question. When these answers are included with the responses to the initial question, the number of individuals homeless for more than two years or having multiple episodes of homeless in that period increases to 67%. Several individuals indicated they had been homeless off and on for decades, since they had first left home at a young age.

Men were more likely to have been homeless longer; 72% of males had been homeless longer than two years or had multiple episodes of homelessness, compared to 50% of females.

Those surveyed who identified as Aboriginal had also been homeless longer; 30% said they had been homeless for longer than five years, compared to 17% of non-Aboriginals. Seventy-eight percent of Aboriginals had been homeless longer than two years or experienced multiple episodes of homelessness in the past two years, compared to 63% of non-Aboriginals.

Reasons for Homelessness

When asked about the main reason they became homeless, 23% said problems with drugs and/or alcohol and 22% said it was because of some kind of personal trauma, such as a break up of a relationship or death of a family member. This includes 5% who said it was because of domestic violence and 6% who said it was because of problems with their parents. Ten percent said it was caused by job loss, while 9% said it was because of the specific circumstances leading to the loss of housing (eviction, building being sold, etc.), and 11% said it was because of a lack of financial resources and availability of affordable housing more generally. The remaining reasons (19%) cited included moving to Toronto,

release from prison, mental illness or physical illness. Only 5% said it was by choice or by their own fault.

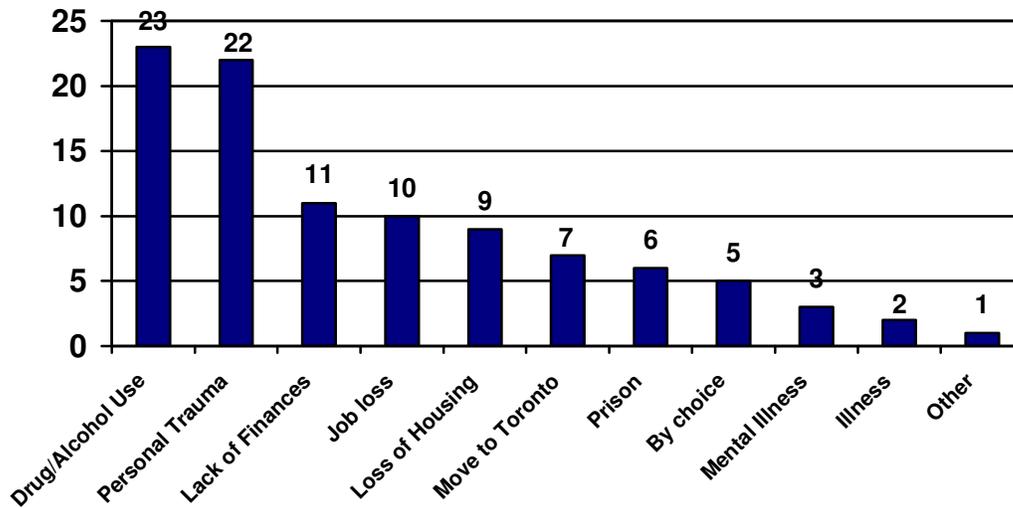


Figure 3: Reasons for Homelessness

Some of the responses:

“I became a crack addict 20 years ago. My housing continuously downgraded once I started using drugs and eventually I became homeless.”

“Basically I had a fight with my wife, and she kicked me out. I spent three months in jail and lost my house when I got out.”

“I couldn't find a place to move. The landlady was selling the house and she gave me notice but I couldn't find a place fast enough or have enough support.”

Long term homeless (those homeless longer than two years or with multiple episodes of homelessness) were more likely to say the reason for their homelessness was drugs and/or alcohol use (29% compared to 15%).

Aboriginal people were more likely to say that the main reason they became homeless was drug and/or alcohol use (27% compared to 22%) and because of moving to Toronto (14% compared to 5%).

Location Outdoors

Individuals were most likely to report having slept in parks or other green spaces (33%), followed by Nathan Phillips Square⁴ (16%) and under bridges (13%).

Park or green space	33%
Nathan Phillips Square	16%
Under a bridge	12%
Unknown	8%
Sidewalk/Grate/Doorway	7%
Stairwell	6%
Laneway/Alley	5%
Car/truck/van	5%
Other	4%
Shelters	3%
Coffee shop	1%

Figure 4: Where did you sleep most often outside?

As with non-Aboriginals, Aboriginals most commonly said they slept in parks (35%), but were much more likely to say they most often slept under a bridge (26% compared to 8%).

Those with mental health issues (defined as those who had used a mental health service or had a disclosed mental illness) were far less likely to report sleeping in a park most often (18% compared to 42%) but were more likely to report sleeping on a sidewalk or grate (15% compared to 2%), stairwell (9% compared to 4%), laneway (9% compared to 2%), or in a vehicle (9% compared to 2%).

Some of the responses:

“I would stay in a stairwell near a friend's place and that way if anything bad happened I could run to my friend's place and she would let me in.”

“In a tent. I would panhandle cars everyday on the same corner, seven days a week. I slept just a few feet away from my spot.”

“In parks, under bridges. Sometimes I didn't even sleep, I'd stay up for 6 or 7 days on drugs.”

⁴ Nathan Phillips Square is a large public square and park located in front of Toronto City Hall.

Shelter Use

In total, 31% of individuals said they never used shelters. Another 40% said they had used shelters, but did so very rarely. These are individuals who said they stayed in shelter less than a few days each month, or another common response, ‘only when I had to,’ or ‘only when it was very cold.’ The other 29% stayed in shelters more frequently i.e. they stayed for several nights a week, or would stay for several months at a time off and on.

Fifty-three percent of people said they had used an Out of the Cold bed,⁵ which were distinguished as different from shelters in the survey. Of those who said they never used shelters, 37% had used an Out of the Cold bed. This means that 19% of everyone surveyed had never used shelters or Out of the Cold beds.

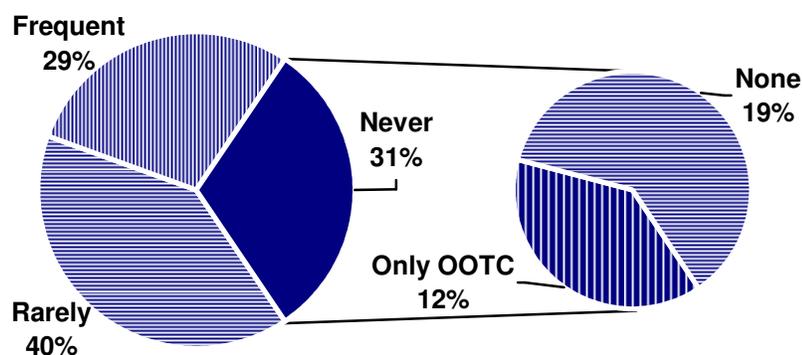


Figure 5: Shelter Use

When asked why they didn't stay in shelters more often, people tended to cite several interrelated reasons. The most common responses in descending order of frequency were:

- lack of security (28%)
- bedbugs or lice (28%)
- rules (particularly curfew) and getting along with staff (19%)
- getting along with other shelter users (16%)
- diseases (such as TB or Hepatitis C) (16%)
- because of pride or a need for independence and privacy (13%)
- feeling overcrowded or claustrophobic (13%)
- because it was incompatible with drug use (9%)
- too much noise (9%)
- too much drug or alcohol use present (6%)

⁵ Out of the Cold is a faith-based volunteer program which provides meals and shelter at locations throughout the city during the winter months.

Some of the responses:

“Some people stay there all the time and they know each other. So if you go there and you're alone....”

“I had difficulty getting along with the staff and the rules. I got thrown out of several shelters.”

“Because I was smoking, I'd be up all day and night. I'd stay for a night and get kicked out for two weeks or a month.”

Those with mental health issues were more likely to report not using any shelters or Out of the Cold beds (24% compared to 19%).

Housing Outcomes

Of those surveyed, 50% had been housed under the Streets to Homes program for more than a year.

3 months	5%
4-6 months	22%
7-12 months	24%
13-18 months	33%
19-24 months	17%

Figure 6: Length of Housing

Fifty-two percent of those surveyed had been housed directly by Streets to Homes staff, while 48% were housed by one of the nine outreach agencies funded by the City through the Streets to Homes program.

In terms of location, 57% of those surveyed were housed in Toronto-East York (the area of the former City of Toronto), while the rest were in Etobicoke (15%), North York (16%), and Scarborough (13%) (see Appendix 4 for a map of these Community Council Districts).

The largest number of those surveyed were in private market housing, 40% in total. Thirty-five percent were in social housing and 25% were in alternative/supportive housing. Alternative/supportive housing was considered to be housing run by a non-profit organization; usually these buildings had some form of on-site staff support and were often rent-geared-to-income units. Examples include Ecuhome, CRC Self-Help, Fred Victor Centre, and St. Clare's Multifaith Housing.

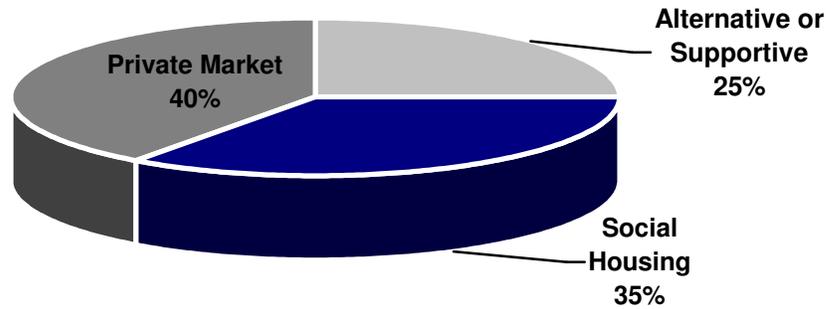


Figure 7: Type of Housing

A majority of those surveyed, 54%, were living on their own, with 30% in bachelors and 24% in one bedroom units. Eight percent had their own two bedroom unit that they lived in as a couple or with family members. A further 39% were living in some form of shared accommodation. Shared accommodation includes individuals sharing a 2 or 3 bedroom private market apartment with non-related roommates (8%), group shared accommodations in alternative/supportive housing (generally these are individual rooms with shared common areas such as kitchens and washrooms) (26%), or a rooming house (5%).

Housing Process

Friendliness and persistence of outreach workers was key to accepting service

71% said they had a choice in the type of housing they got

Those in shared accommodation were most likely to say they had no choice in the type of housing

Initial Contact

When asked how they had first heard about Streets to Homes, 53% said that staff had approached them on the street. Another 11% said they had met staff at an agency, such as an income support program office or a drop-in centre. Nineteen percent said they had been referred by another agency, such as a hospital or bail program, and 16% said they had heard about the program through word of mouth.

Those who were long-term homeless were more likely to have been approached by outreach than any other method of contact, 63% compared to 34% of those homeless for less time. Youth (under 25) were more likely to have been referred by word of mouth (45% compared to 12%).

What worked

When asked to identify the main aspect of Streets to Homes services that had worked for them or that they found most helpful, the most common responses were that Streets to Homes had better connections or was able to find the right kind of housing, and that it was easy because all the details were taken care of for them. Others attributed it to their housing worker. For example they said it was because their worker was caring and friendly, or that their worker was reliable or persistent and would not give up. Others said that housing was obtained quickly, or that housing services were offered to them directly on the street or were offered repeatedly. A small number said it was because it was the right timing or lucky circumstances.

Connections/ Housing results	22%
Easy/No blind referrals	20%
Caring/Friendly	14%
Persistent/Reliable	14%
Fast	13%
Outreach	12%
Right timing	4%

Figure 8: Most Helpful Aspect of Streets to Homes Services

Some of the responses:

“I’d probably be dead by now if not for them. They have a lot of connections. I don’t know how they work it out, but they just make it happen.”

“They didn’t just put us on a waiting list for subsidized housing. They went and talked to landlords with us.”

“The willingness and friendliness of staff. I didn’t feel uncomfortable calling or asking for help. That makes a big difference.”

“We were living in a park and they came in their van. If we had to go to them, it never would have happened. They talked to the building management for us, represented us. We didn’t have to call them, or find the place, they just took us there. To call landlords and ask if they take people on welfare is very hard for me, to hear that over and over. If they call and ask, it’s not a waste of our time. We looked at four places, and got a place within two days. Other people let it slide, they just showed us a list of apartments.”

Thirty-nine percent of all individuals said they had used another housing service in the past. Many of these people commented that they had had many housing workers over the years, at different shelters or through outreach agencies. Some said that this had been many years ago or in a different city. However, the most common comment was that

other housing services could not provide housing quickly, put them on waiting lists but told them it would take months or years to get housing, or gave a list of available housing but no other supports (i.e. blind referrals).

Those who were long-term homeless were much more likely to say that the reason Streets to Homes worked for them was that their worker was persistent and reliable (20% compared to 4%). Common comments from these individuals included that their worker knew how to do their job well, didn't give up, and was true to their word. Those homeless longer were also more likely to say that a caring and friendly attitude that made them feel comfortable was important (18% compared to 8%).

Those with mental health issues were also more likely to say that their worker being caring and friendly was what made Streets to Homes different (21% compared to 11%), as well as that they were approached by outreach directly on the street (17% compared to 9%), and that their worker made it easy for them by setting up appointments and going with them to look at apartments (24% compared to 17%).

Aboriginal people were more likely to say that the reason Streets to Homes worked for them was that they had good connections or housing results (28% compared to 21%), it was fast (22% compared to 10%) and that they were caring or friendly (22% compared to 12%).

When asked to identify which services offered by Streets to Homes had helped them find their housing, the most common responses were help searching for an apartment, help securing housing (such as negotiating with the landlord or filling out paperwork), and having easily accessible services.

Help searching for an apartment	94%
Help securing housing	88%
Services were easily accessible (offered outdoors)	87%
Help in filling out housing applications	85%
Setting up pay direct for rent	84%
Short wait time to get into housing	80%
TTC and Transportation	77%
Help with OW or ODSP	77%
Help with CSUB	64%
Help getting ID	40%
Finding interim shelter	20%
Reconnecting with family	5%
Other	6%

Figure 9: Help Finding Housing

Those who were long-term homeless were more likely to report a short wait time to get into housing (84% compared to 76%) and to have received help with Ontario Works (OW) or Ontario Disability Support Program (ODSP)⁶ (88% compared to 59%).

Those with mental health issues were more likely to report having help filling out housing applications (90% compared to 83%), help with OW (74% compared to 57%) and help getting Community Start-up Benefit (CSUB)⁷ (71% compared to 61%). However they were less likely to report having a short wait time to get into housing (77% compared to 83%).

Difficulties and Improvements

When asked what they found most difficult about finding housing, many people were unable to come up with a response. Over half, 54% said nothing was difficult or they had found it very easy. Of those who did come up with a response, the answers included waiting for housing to be available (33%), finding a decent place in the right location or within their budget (33%), finding a landlord willing to take someone on OW (14%), staying in shelter while waiting for housing (8%), getting in touch with their worker (8%), and being willing to accept help (3%).

People who identified as Aboriginal were more likely to say that the most difficult thing about finding housing was finding an affordable or suitable place (25% compared to 12%).

When asked what else could have been offered that would have helped them to find housing, again, people had difficulty identifying anything. Most said that it had been easy so they couldn't think of anything. Only 22% of the total surveys had a response to this question. Of those who did respond, the most common answers were help from other workers (such as OW or ODSP) (21%), having access to transportation or a phone (21%), having more money or a job (21%), more appropriate housing choices being available (16%), having more affordable housing (11%), and housing being available more quickly (11%).

Choice

The Housing First approach implemented by Streets to Homes aims to provide individuals living outdoors with practical, actionable housing options. The client can then determine which housing option is best for them. The housing options available are

⁶ Ontario Works (OW) is a welfare program which provides income and employment assistance for people who are in temporary financial need. The Ontario Disability Support Program (ODSP) provides financial assistance and other benefits to eligible people with disabilities and their families.

⁷ Community Start-up Benefit (CSUB) is a benefit available to OW and ODSP recipients to help pay for first and last months rent, moving costs, or to purchase furniture and household goods.

informed by the general location in the City the client wishes to live, their income and their presenting issues such as health, mental health and addictions. Within this framework, the emphasis in the housing process is on choice, not placement, with a view that when clients have an active voice in the decision-making process regarding their housing it results in better long-term housing outcomes.⁸ Many clients, especially those with a longer history of homelessness and living outdoors, as well as those with complex needs, have an understanding that the first housing secured may be a stepping stone towards a more preferred housing option in the future.

When asked if they felt they had a choice in the type of housing they ended up with, 49% said yes and 22% said somewhat. Many said they had looked at other places before accepting their apartment. Although some people said they took the first place they were offered, they still felt they could have turned it down if they wanted to.

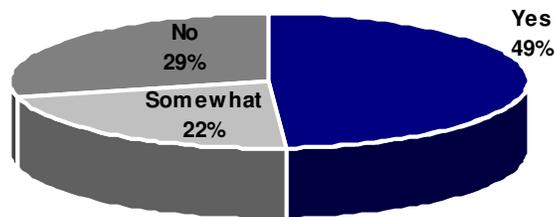


Figure 10: Choice in Type of Housing

Some of the responses:

“I looked at 2 or 3 apartments and picked the third one, I really liked it. I didn't get too picky though.”

“She showed me a couple of places. There was a lot of choice.”

“I had a chance to do a good look, though I found this place in two days.”

Those in social housing were most likely to say they had a choice in type of housing, with 80% saying they had at least somewhat of a choice, followed by those in private market housing at 74%, and those in alternative/supportive housing at 55%.

In addition to type of housing, clients were also asked about whether they felt they had a choice in the location of their housing. Fifty-two percent of everyone surveyed said they felt they had a choice and 17% said they felt they had somewhat of a choice. The remaining 31% said they did not feel they had a choice in location.

⁸ Previous studies have shown that increasing housing choice has positive impacts on housing outcomes and quality of life. See for example, Geoffrey Nelson, et al. (2006) “Housing Quality and Control over Professional Support as Contributors to Subjective Quality of Life and Community Adaptation” *Administration and Policy in Mental Health and Mental Health Services Research* 34(2):89-100; And D. Srebnik et al (1995) “Housing choice and community success.” *Community Mental Health Journal* 31:139

Those in Etobicoke were most likely to feel they had at least somewhat of a choice in the location of their housing, at 83%, followed by those in Toronto-East York (70%), North York (64%), and Scarborough (60%) (see Appendix 4 for a map of these Community Council Districts).

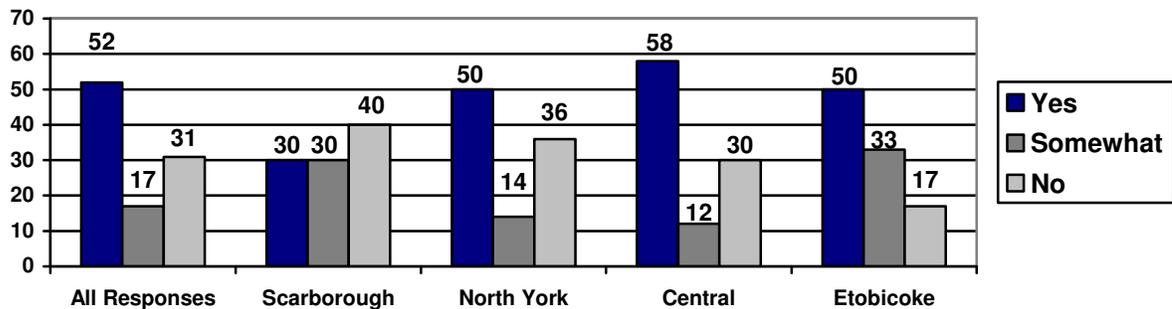


Figure 11: Choice in Location

Those who felt they had less choice in type of housing mainly commented that they were constrained by income and availability, or emergency circumstance and wanting to get off the street immediately.

Some of the responses:

“I took what I could grab. It was wintertime.”

“It was the only place I could go at the time.”

“It was the first option. I took it because it was a roof over my head.”

Those who were in shared accommodations were more likely to say they had no choice in the type of housing they were in, 45% compared to 19% of those in some kind of independent unit (bachelor, 1 bedroom or 2 bedroom, including those sharing with family or couples). This is especially true in supportive or social housing settings with shared accommodations where 50% said they felt they had no choice in type of housing. Those that were sharing private market units, and were therefore more likely to have selected their roommates themselves, reported having a high level of choice (85% said they had at least somewhat of a choice).

Those housed in the downtown Toronto-East York Community Council District were more likely than those in other areas to say they had no choice in the type of housing they got (32%). Many commented that they took what was available because it was the only alternative to being on the street or that the type of housing they ended up with was all they could afford.

Aboriginal people were less likely to feel they had a choice in both type of housing (39% felt they had no choice compared to 24% of non-Aboriginals) and location (43% felt they had no choice compared to 25% of non-Aboriginals).

Current Housing

88% are satisfied with their current housing

79% are satisfied with their neighbourhood and those in all areas of the city report high levels of satisfaction with their neighbourhood

Those who felt they had the most choice in type of housing were most likely to report the highest satisfaction with their housing

Neighbourhood Satisfaction

Seventy-nine percent of everyone surveyed said they were mostly or very satisfied with their neighbourhood. Only 5% said they were very unhappy with their neighbourhood.

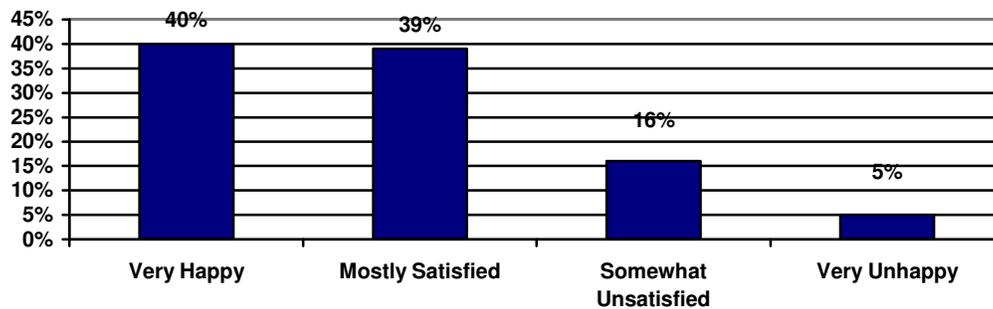


Figure 12: Neighbourhood Satisfaction

Eighty percent gave a reason for how they felt about their neighbourhood. The top two reasons people liked their neighbourhood were that it was quiet or a residential neighbourhood (21%), and that it was convenient or had good amenities (21%)

In declining order of frequency, other positive responses included that they had adjusted or gotten used to it (14%), that they had made friends or liked their neighbours (10%), that it was an area they had already been familiar with (10%), that they enjoyed the privacy or the fact that neighbours were not 'nosy' (9%), and that it was away from street activity (1%).

Some of the responses:

“It's quiet, residential neighbourhood. People seem to keep to themselves.”

“It's a little out of our norm, but we're adjusting not too bad. For convenience, you've got everything right here, all in walking distance.”

“I was looking for that area, I'd been there a lot of times before when I was first living on the streets.”

“It's a bad neighbourhood, but we got used to it. We got to know people.”

The most common things people mentioned that they didn't like about their neighbourhood, in declining order of frequency, were problems with neighbours (11%), unhappiness with street activity such as drug use and prostitution (11%), that it was boring or had no resources (particularly for groceries) (10%), that they felt it was dangerous (9%), that they were too close to people using alcohol or other drugs (7%), and that it was too noisy or busy (3%).

Some of the responses:

“There are always people hanging out in the doorway at night, I don't feel that I can go outside. People doing drug deals on the corners, there's always police everywhere.”

“I initially thought it was good, then, it's no excuse, it's my own fault, I tend to be attracted to shady characters and that's a lot of shady characters in the neighbourhood and my old habits bring me to those people.”

Those who reported feeling they had a choice in housing location were also more likely to be very happy or satisfied with their neighbourhood.

	Yes	Somewhat	No
Very happy	55%	40%	15%
Mostly satisfied	32%	33%	54%
Somewhat unsatisfied	11%	27%	19%
Very unhappy	2%	0%	12%

Figure 13: Choice and Neighbourhood Satisfaction

Despite indicating they felt they had the least choice in the location of their housing, those in Scarborough reported being the most satisfied with their neighbourhood, with 91% saying they were mostly or very satisfied. This was followed by those in Etobicoke (83%), Toronto-East York (78%) and North York (71%).

Although satisfaction with neighbourhood was generally high for all groups, those in alternative/supportive housing were most likely to be very happy or mostly satisfied with their neighbourhood, followed by those in social housing. Those in private market housing were somewhat more likely to be unsatisfied or very unhappy with the neighbourhood (27%).

	Alternative	Private	Social
Very happy	27%	44%	45%
Mostly satisfied	59%	29%	35%
Somewhat unsatisfied	5%	21%	19%
Very unhappy	9%	6%	0%

Figure 14: Neighbourhood Satisfaction and Type of Housing

Satisfaction with Housing

When asked how satisfied they were with their housing, 88% said they were mostly or very satisfied. Only 5% said they were very unhappy.

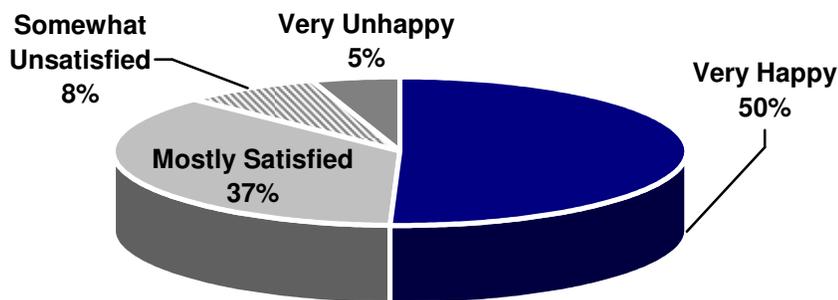


Figure 15: Satisfaction with Housing

When asked what they like the most about their place, the most frequently mentioned things were, in declining order:

- the size or a specific amenity like a balcony or air conditioning;
- the privacy;
- the fact that it was off the street or a roof over their heads;
- the location;
- that the building was well-maintained or clean;
- that it was quiet;
- that they liked their neighbours or roommates;
- that they were able to use facilities like the kitchen or bathroom (compared to when they were living on the street);
- that their unit was not shared;
- that services or utilities were included (particularly for supportive housing);
- that it was a safe place;
- that they had independence;
- that they could now visit family; and
- that it was affordable.

Some of the responses:

“What do I like the most? Security. Knowing that I have a place to sleep every night. I got all the amenities that I need. I can cook, I can bathe and shower, I can do whatever I want. Stability I guess you would say.”

“It's a roof over my head instead of going under a cardboard box or a plastic tarp and waking up half frozen.”

“Privacy. I'm away from the drugs, I'm away from the drinking. I have my own place now, I can close the door.”

“No complaints. Couldn't have imagined a dream place any better on my income.”

The top things that people liked the least about their place included having problems with the neighbours or that the building was too busy, that the unit was too small or lacked some amenity, that there were problems with the landlord or that repairs were not done, that there were problems with roommates, dissatisfaction with the location, having to abide by rules (for example about guests), and proximity to alcohol and other drug use.

Some of the responses:

“The people upstairs. They complain about us all the time.”

“If I had my choice I'd be living by myself.”

“It takes months to do repairs.”

“Having to share with people who use drugs and alcohol.”

Housing Type, Satisfaction and Choice

There is a relationship between perception of choice, type of housing, and housing satisfaction which may have important implications for how the kinds of housing choices offered ultimately affects housing satisfaction and stability.

Those who felt they had the most choice in type of housing were most likely to report the highest satisfaction with their housing, while those who said they felt they had no choice were most likely to report being unhappy with their housing.

Choice	Yes	Somewhat	No
Very happy	63%	42%	32%
Mostly satisfied	34%	26%	52%
Somewhat unsatisfied	2%	26%	4%
Very unhappy	0%	5%	12%

Figure 16: Choice and Housing Satisfaction

As well, those who were in independent units (e.g. bachelors or one-bedrooms) were more likely to be very happy or mostly satisfied than those in shared accommodations (including rooming houses).

	Independent	Shared
Very happy	60%	35%
Mostly satisfied	34%	41%
Somewhat unsatisfied	6%	12%
Very unhappy	0%	12%

Figure 17: Housing Satisfaction and Housing Type

These two factors together are the greatest predictors of housing satisfaction – choice and type of unit.⁹ Those who had a choice in their housing were more likely to be happy, regardless of type. Even when individuals said they had no choice in their housing, 100% of those in independent units still said they were mostly satisfied or very happy. However, those in shared accommodation or rooming houses who said they had no choice had the lowest satisfaction with their housing (20% very unhappy).

	Yes		Somewhat		No	
	Independent	Shared	Independent	Shared	Independent	Shared
Very happy	67%	55%	50%	29%	50%	20%
Mostly satisfied	30%	45%	33%	14%	50%	53%
Somewhat unsatisfied	3%	0%	17%	43%	0%	7%
Very unhappy	0%	0%	0%	14%	0%	20%

Figure 18: Housing Satisfaction, Choice and Housing Type

The number of individuals in shared alternative/supportive housing generally seems to decrease the longer a person is housed: only 7% of those housed for more than 18 months were in shared, supportive housing, compared to 26% of those housed for 6 months or less.

Those housed more than a year were more satisfied with their housing: 60% said they were very happy compared to 41% of those housed less than a year.

Follow-up Services

Assistance with decision making is the most valuable support clients receive from their follow-up worker

Since being housed, 33% report a decrease in the frequency of follow-up, 51% said it stayed the same, 16% said it had increased

When asked to identify from a list what services their follow up worker had provided to them, the most common responses were listening to concerns, dealing with OW or

⁹ This is supported by other research. See for example, Geoffrey Nelson et al. (2007) “Housing Choice and Control, Housing Quality, and Control over Professional Support as Contributors to the Subjective Quality of Life and Community Adaptation of People with Severe Mental Illness.” *Administration and Policy in Mental Health and Mental Health Services Research* 34(2): 89-100; Carole Siegel et al. (2006) “Tenant Outcomes in Supported Housing and Community Residences in New York City.” *Psychiatric Services* 57 (7): 982-991

ODSP, finding furniture, connecting to services in the neighbourhood and dealing with the landlord.

Listening to concerns	91%
Dealing with OW or ODSP	73%
Finding furniture	72%
Connecting to help or services in the neighbourhood	66%
Dealing with the landlord	65%
Grocery shopping	52%
Transportation or TTC	51%
Accessing health services	49%
Getting clothing	45%
Finding volunteer opportunities	36%
Preparing for or finding employment	31%
Planning for education	27%
Budgeting	25%
Connecting to mental health services	22%
Accessing addictions treatment	22%
Connecting with family	8%
Other	2%

Figure 19: Follow-up Services Used By Clients

When asked what service provided by their follow-up worker they found most valuable, people most frequently said that their worker helped them to discuss options and make decisions, or that they provided friendship and made them feel better.

Discussion/Decision Making	34%
General support/ Makes me feel better	20%
Information/Referrals	13%
Advocacy (e.g. with OW or landlords)	11%
Help with appointments/ transportation	9%
Finding new housing	5%
Help completing paperwork	4%
Finding housewares	4%
Managing Money	1%

Figure 20: Most Valuable Follow-up Support

Some of the responses:

“...just the sense that they're there for support. She often suggests things and gives feedback. It's good to know you can call and see what's up and you can be open-minded and you don't have to worry about saying certain things. It's a comfortable situation where you can express yourself openly.”

“The information. She knows about stuff we've never heard of. Or she can look it up on that computer pretty quickly and relay the information to us.”

“I have a hard time communicating with people like social services on the phone. If she phones them they don't give her any run around. I guess she knows all the rights and stuff.”

“Help in filling out paperwork. I can build anything if you give me a blueprint, but I'm not so good at paperwork.”

A higher proportion of Aboriginal people said the most valuable service offered by their follow-up worker was discussion and decision making (50% compared to 28%), and providing information or referrals (18% compared to 10%).

Those with mental health issues were more likely to say that the thing they found most valuable from their follow-up worker was general support or that their worker made them feel better (27% compared to 16%).

Those housed more than a year also had different needs from their follow-up worker. They were more likely to say they needed help with finding new housing (33% compared to 7%) and help with appointments or transportation (24% compared to 2%). They were far less likely to say they found discussion and help with decision making most helpful (5% compared to 32%).

Frequency of Follow-up Supports

When asked how they felt about the frequency of support and changes in level of support, many clients had difficulty answering these questions, or seemed uncomfortable providing responses. Forty-one percent of people said they were in contact with their worker once a week. Twenty-three percent said they were in touch more frequently than once a week, and 36% said less frequently.

Once a week	41%
Several times a week	17%
Once every two weeks	15%
Once every few months	12%
Once a month	8%
Once a day	6%
Once every six months	1%

Figure 21: Frequency of Follow-up Supports

Of those housed six months or less, 90% were in touch with their follow-up worker at least once a week. Of those housed for 7 to 12 months, 79% were in touch with their worker at least once a week and of those housed more than 12 months, 84% were in touch with their worker at least once a week. The type and length of contact was not recorded in the survey however, so the contact described by clients could range from a brief phone call to a longer home visit.

When asked if they felt the amount of contact they had with their follow-up worker was the right amount, 88% said it was. Only 2% said it was too much, and 10% said not enough. Many commented that it was the right amount because they knew that if they needed help with anything they could contact their worker.

Some of the responses:

“It’s clear she’s available if I need it. The fact that I always have her number is more than adequate.”

“I’m very capable. If I got a problem, I know her phone number, can call if I need her. She needs to be helping other people who need it more than I do.”

“I am doing okay now. If something big were to come up, I would contact her.”

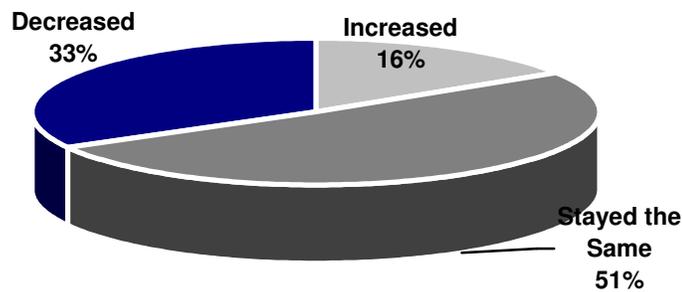


Figure 22: Change in Need for Follow-up Support

When asked how their need for support services had changed since they had moved into their apartment, 33% said it had decreased. Many said that as they settled into their housing they became more independent.

Some of the responses:

“I’m a little bit more independent and more self-sufficient now. Like, last month I did all the grocery shopping on my own.”

“It’s a big change. It took a few months to get adjusted.”

“As I become more comfortable with the place, I need less.”

Fifty-one percent said their need for services had stayed the same, and 16% said it had increased. For those who said it had increased, this was sometimes due to particular circumstances requiring additional help. In some cases people also talked about getting to a point where they were interested in more services when they hadn't been earlier.

Some of the responses:

“At first it was a lot, and then I was in and it was okay. It has gotten a little more busy in the last couple of weeks because I'm trying to take advantage of all that is available to me”

“It increased when we needed to find a new place to live. We were in contact every few days around the time when we were moving.”

“I'm getting more help now. For a long time I didn't want any help. Now it's time to do something, time to be an adult.”

When asked whether they thought their need for support services would change in the future, again people had difficulty and 10% said they were unsure or could not answer the question. Twenty-five percent said it would decrease in the future, 54% said it would stay the same, and 11% said their need would increase.

Again, for those who said it would increase, it was for a specific reason, such as starting school, starting addictions or health treatment, or needing to find new housing. One quarter of people surveyed said it would decrease.

Some of the responses:

“For the near future I hope it stays the same because I could use the support for awhile.”

“The more you learn how to do it yourself, you get more adapted to taking care of it yourself, but I'm sure I'll still need it a little bit.”

“I hope it will be less. Just takes awhile to get back up on my feet.”

Longer-term homeless were more likely to say that their need for follow-up supports would stay the same in the future, 65% said this compared to 48% of those homeless less time.

Housing Stability

85% feel their housing situation is secure

39% have thought about leaving their housing in the past

Those in shared accommodation are less likely to feel secure about their housing and are far more likely to move

When asked if they felt their housing was currently secure, 85% said yes. For the 15% who said they did not feel it was secure, the most common reason was because of complaints from neighbours or the landlord regarding their behaviour. Other reasons mentioned included the building possibly being sold, alcohol and other drug use, mental health or feeling paranoid, and a roommate moving out. Several people commented that the main source of worry was about social services, and a fear that they would no longer be entitled to OW or ODSP benefits. This corresponds to other comments that many people made related to the value of follow-up workers helping to deal with the bureaucracy of social assistance programs that were intimidating and in many ways appeared arbitrary and inexplicable to clients.

Some of the responses:

“I’m worried that ODSP is going to yank me out of the apartment.”

“It’s because of my mental health. I’m bipolar and paranoid. I worry that one day I could wake up and it could be taken away.”

“Because of complaints from the neighbour, who makes up stories.”

When asked what they found most difficult about keeping their housing, the majority of people said they didn’t find anything difficult (43%). The next most common response was dealing with people they lived with, either roommates or neighbours (18%).

Nothing	43%
Neighbours/ Roommates	18%
Patience/ Staying out of trouble	6%
Returning to Drug/ Alcohol Use	5%
Landlord/ Maintenance	5%
Staying or adjusting to being Indoors	5%
Staying on OW/ODSP	5%
Paying bills/Money	3%
Paying Arrears/Damages	3%
Getting a job	3%
Cleaning	2%
Boredom/Isolation	2%

Figure 23: Difficulties Keeping Housing

Some of the responses:

“Toleration. For the neighbourhood, the tenants, the building.”

“Having a shared kitchen with three people, because food goes missing.”

“Not getting involved with my past life or falling into old habits. Trying to focus on moving forward.”

“Keeping my temper in check”

“I miss the freedom [of being outdoors]. You could get up and sing whenever you wanted to, here the neighbours complain.”

Pay direct

In particular, when asked what they found difficult, many people (15%) said they didn't find anything difficult because the rent was paid directly to the landlord from their OW or ODSP cheques and they didn't have to worry about it. Others commented on how helpful they found the pay direct at other points during the survey as well.

Some of the responses:

“Pay direct is good, because the rent is paid first. If I got the whole cheque at the beginning of the month, I might go buy a beer and never get to pay the rent. Now the rent is paid, then I get the groceries, and what ever else I need.”

“Rent direct is a big help. We're not the most responsible guys, so it's good they did that. That's the best way to go, there's no screw ups that way.”

Leaving Housing

When asked whether they had ever thought of leaving their housing to return to the streets, 39% said they had. The main reason people said they had thought about leaving was because it was difficult to adjust to being indoors, or they missed living outdoors. Other reasons mentioned in declining order of frequency included problems with roommates (particularly roommates using drugs), keeping anger or emotions in check, missing friends, because of the location, because of problems with neighbours, and because of a problem with a relationship. Several people said they had particularly thought about leaving when they first moved in, but didn't think about it anymore.

Some of the responses:

“In the beginning I was thinking about leaving. It's hard to think about having a roof over your head. But not anymore.”

“I like my home. My apartment is not my home. Where I lived on the street is my home, in the car I used to sleep in. Still think sometimes of giving up the housing.”

“Occasionally, just to get back to the west end and see friends more often.”

People who said they had thought about leaving were also asked why they decided to stay. In 24% of these cases, the individual said that it was because their follow-up worker had convinced them to stay or had fixed whatever problem was making them want to leave. Another 18% said they didn't leave because it was too cold out or they weren't used to sleeping outside anymore. A further 21% said it was because they realized that they didn't actually want to lose their housing for various reasons, including their health, the security it provides, a sense of privacy or escape, and stability.

Some of the responses:

“My main reason for staying was my follow-up worker. Also because of my health.”

“I'm not used to living out there now, I'd probably freeze to death. Cold wouldn't bother me before, my body was used to it, but now I'm not.”

“I stay because I need the stability.”

“But deep down I want a place of my own. It's my escape. I can turn on the tv or stereo and nobody bothers me. Can only be around people so long and then I have to get away.”

Aboriginal people were more likely to say that they had thought about leaving their housing (65% compared to 30%), and were also more likely to feel their housing was not secure (22% compared to 13%), although they were just as likely to report being satisfied with their housing.

Males were also more likely to report thinking about leaving their housing than females (41% compared to 31%), despite the fact that females were more likely to feel their housing was not secure (25% compared to 13%).

Those who had been homeless for more than two years were also more likely to say they had thought about leaving their housing, 51% compared to 28% of those homeless less time, as well as those with mental health issues (48% compared to 33%).

Other Services Needed

Clients were also asked what else could be offered that would help them to keep their housing. Only 40% of those surveyed had a response to this question, partially because most people said they felt their housing was secure so they didn't feel they needed anything else to be able to keep it. Of the 40% that did answer, the most common response was finding better housing (43%). Other responses were better access to transportation, items for their house such as a tv or curtains, and help finding a job.

Some of the responses:

“My own unit with my own kitchen and bathroom. I have trust issues, and I can't be around other people.”

“Getting into subsidized housing. I'm paying \$550, and it's too much.”

“Transportation. Getting around is a killer. I'm reading the paper every day, looking for work, going to the employment centre down the street all the time. Not having a phone kills me too, it's hard to find a job with no phone number.”

Interactions with Landlords

Most people (93%) reported that they had had contact with the landlord or building management. The majority (79%) reported that their interactions had been somewhat or very positive. Only 11% said it had been somewhat negative and 10% said very negative.

Of those who said their interactions were positive, many reported that they found the landlord or superintendent to be friendly (35%) or that they were getting along well and hadn't had any problems (28%). While 15% said that it was positive because the building was well maintained and repairs were done quickly, 23% said that although they got along well with the landlord or super, repairs were not being done.

Of the smaller number (21%) who said their interactions were somewhat or very negative, 47% said it was because there had been problems related to damages to the apartment or other complaints made by the landlord or superintendent about behaviour or guests. Another 40% said it was because the landlord or super didn't take care of repairs or maintenance of the building. A small number, 13%, said it was because of problems with rules and resolving disputes with roommates (these remarks were made by those living in shared, supportive housing).

Re-location

Thirty-two percent of those surveyed had moved at least once since they had been housed. This was more common for those who had been housed more than a year - 50%

of these individuals had moved at least once, compared to 15% of those housed a year or less.

Of those who had moved, the largest number (29%), said the reason was because of problems with their roommate, either disagreements or their roommate(s) had moved out and they could not afford the apartment on their own. Eighteen percent moved because they had been offered a subsidized unit on the housing connections list or had found a better place. For 14% it was an internal move, between units in the same building or the same housing provider. Other reasons given included the break up of a relationship (11%), change in location (7%), to get away from drugs (7%), to get into a treatment program (4%), because of problems with OW (4%), and because of poor building maintenance (4%). Only one person said they had left because they had been evicted.

Those with mental health issues were more likely to have moved – 47% compared to 22%.

Shared Accommodation

Those in shared accommodation are less likely to feel secure about their housing, are far more likely to move, and need more help from their follow-up workers to re-locate.

Ten percent of those in independent units said the things they liked most about their housing was that it was not shared, while 22% of those in shared accommodation said the thing they liked the least about their housing was their roommates. However, 24% of those in independent units said what they liked the least about their housing was problems with the landlord or maintenance, compared to just 3% in shared accommodation who said this.

Those in shared accommodation were more likely to have moved than those in independent units: 46% of those who were originally in shared accommodation had moved at least once, compared to 17% of those in independent units. Of those who moved while in shared housing, 38% said it was because of problems with their roommates.

Fourteen percent of those in shared accommodation said the most valuable service offered by their follow-up worker was help finding new housing. No one in independent housing gave this response.

Those in shared accommodation were more likely to say that the reason they became homeless was because of the circumstances surrounding the loss of their previous housing (21% compared to 2%). They were also less likely to feel their housing is secure – 76% compared to 91%. Those in shared accommodation were less likely to think their need for follow-up supports would decrease in the future, 41% compared to 63% of those in independent units.

Those with mental health issues were more likely to be in shared accommodations, 38% compared to 31%. As well, a higher proportion of Aboriginal people were in shared accommodation (52% compared to 34%). However, this may be related to the fact that a higher proportion of the Aboriginal people surveyed had also been in housing for less time, 35% had been housed for 6 months or less compared to 23% of non-Aboriginal people.

Quality of Life

70% said their health had improved, 72% reported improved personal security, 69% said sleeping had improved, 60% said their level of stress had improved, and 57% said their mental health had improved

The area with the lowest reported improvements was social interaction. Just 40% said this had improved and 26% said it had gotten worse.

Health

A large majority of people, 70%, indicated that their health had improved since they moved into housing. Only 13% said their health had gotten worse, and 17% said it had stayed the same.

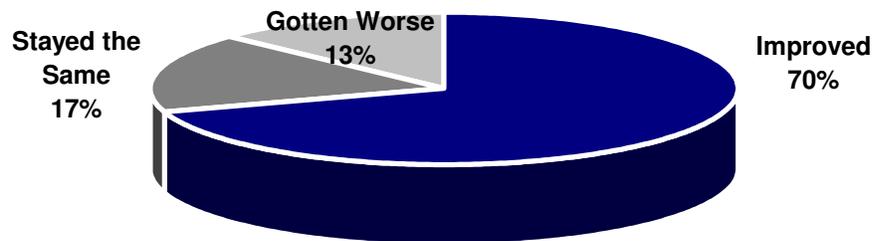


Figure 24: Changes in Health

For those who said it had gotten worse, in some cases it was related to a specific serious illness such as cancer or Hepatitis C, and in others it was related to stress or lack of sleep because of difficulties with their housing. For those who said it had improved, the most common comment was that they had gained weight. Even those who said their health had improved also talked about other health problems, many related to years of sleeping outdoors such as arthritis.

Some of the responses:

“I’m eating regularly, showering, and my hygiene is better.”

“When you’re on the streets you fight a lot, you’re driving on adrenaline a lot and when you go into a place you see little knicks and knacks coming out after awhile because you’re kind of comfortable in a place you kind of let your guard down, you’re not driving on adrenaline so much. Like now my shoulders, my bag that I carried for years, I feel a little lump there and here, where the straps were but now it’s just that my shoulders are sore because of that. I feel it more than when I was on the streets, because then I just had to survive.”

“Must be healthier but I feel it more now because I’m not numb to the pain. I’ve gained weight, I was malnourished before because I would go for 6 or 7 days without food or sleep when I was on crack on the streets.”

Eating Habits

Sixty-five percent of individuals surveyed said that the amount of food that they ate had increased since they moved into housing. Eighteen percent said it had stayed the same, while another 18% said the amount they ate had decreased.

Some of the responses

“I like to cook. I eat healthy. Since my roommate moved in, we’ve been doing community meals together.”

“If you saw me on the street, you wouldn’t believe. [My worker] says I look good, healthy. I eat every day now.”

“I can eat anytime I want. Don’t have to wait for someone to come by with a peanut butter sandwich in a paper bag. I can just make a peanut butter sandwich.”

Of the 18% who said it had decreased, some said that it was because they didn’t have the money to buy food. Others said it was because they didn’t have access to services that provide food the way they did when they were homeless. A few said it was because of reasons unrelated to their housing, such as their age.

Some of the responses:

“Downtown you could eat anywhere. No reason anyone should starve downtown. But up here there's nothing in the area.”

“When you're living outdoors you just go from drop-in to drop-in where there are meals. You sure don't starve on the street.”

“I ate better when I was homeless. I have less money now, because I have to pay for things like laundry.”

When asked if the quality of food had changed, 63% said it had improved, while 22% said it had stayed the same and 15% said it had gotten worse. Many people commented on their ability to choose what food they wanted to eat now that they were in housing and spoke with pride about their ability to cook for themselves.

Some of the responses:

“I'm not just eating fast food. I can cook my own food, have more veggies.”

“Before, you were either going to a meal program or food wagons. It was always the same and now you get a good variety. I had a steak for the first time in years the other day.”

“The food is better now, more nutritious. I buy a big roast slice it up in individual things in the freezer. It's cheaper that way too. You pay 10, 12 bucks for a roast, and you know how many meals you can get out of that?”

However, even those who said the quality had improved compared to when they were homeless still talked about the difficulties they faced in securing adequate, nutritious food on a limited budget.

Some of the responses:

“It's gotten worse. I eat a lot of carbs now. I don't have an oven, only a microwave.”

“It's gotten worse, not because of my cooking, but because of the amount that we have to buy food.”

“I go to some of the food banks. But do you live out of a can when you have an apartment? Is your whole food intake a can of beans, and jar of spaghetti? You're a can man, living out of a can.”

Those who said they were eating more food (65%) did not always say they were eating better quality food as well: 12% of those who said they were eating more said the quality had stayed the same. Of those (18%) who said the amount of food they ate had stayed the

same, 40% said the quality had improved. In total 71% said either the quantity or quality of food they eat had improved since moving into housing.

Those in shared accommodation were more likely to say that the amount of food they ate had stayed the same or gotten worse. Only 56% said it had improved compared to 68% of those in independent units. This was most often attributed to a lack of secure food storage areas, as several people commented on the fact that they had problems with roommates stealing their food, or that they lacked adequate, secure food storage space.

Some of the responses:

“With these fridges, you can't stack things in the freezer when you get your pay and you have money for groceries.”

“I have a small fridge and no cupboard space. You can't keep anything in the common areas.”

Stress

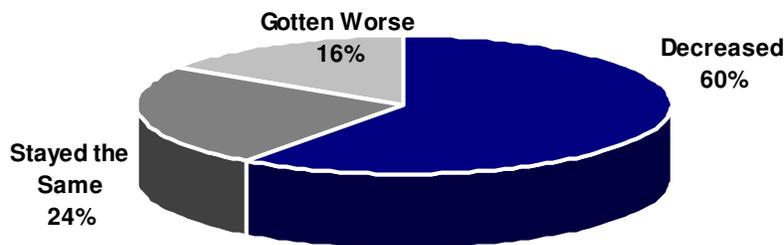


Figure 25: Level of Stress

Sixty percent of those surveyed said their level of stress had decreased since moving into housing. Twenty-four percent said it had stayed the same and 16% said it had gotten worse. Common factors mentioned that people perceived as reducing their stress levels were increased security, more patience to deal with other people, and getting more sleep.

Some of the responses:

“I get stressed out quite easily. But I would say less. I don't have to worry if somebody got my spot. I know I have my bed, can get up, can have a coffee, something to eat.”

“I got stabbed in the face and the chest while I was living outside. I don't like being vulnerable. Now I don't have to worry about that.”

“I have more patience for people, can deal with them more because don't have to be around them all the time.”

For those who said it had gotten worse (16%), it was usually due to stresses related to housing, such as roommates or neighbours, or having more responsibilities. For those

who said that their stress level was the same (24%), a common response was that although their stress perhaps hadn't increased, the things they were stressed about had changed from the difficulties of life on the street to the responsibilities of having a place.

Some of the responses:

"I have more to lose now. I don't want to be outside again."

"Actually, I think my stress level has increased. You're always concerned about your place of dwelling. On the street, you're just worried about nothing. You have nothing to go to so you have nothing to lose. But when you get a place to live, everything is a headache here for me. Light bulb goes out, have to get a new light bulb, run out of toilet paper, got to buy toilet paper. Little household needs are very stressful on a person. You didn't have to worry about those things on the street."

"Different things stress you out. In a park, when you're asleep anybody could walk by but you're surrounded by friends. Here you walk outside and you're alone. And it's always in the back of your mind, social services could say, you'd better have this done right away or you'll lose everything."

Sleeping Patterns

When asked, 69% said their sleeping had improved since moving into housing. Eighteen percent said it had stayed the same, and 13% said it had gotten worse. Most of those who said it had gotten better spoke about the comfort of having a bed, increased security, and less noise.

Some of the responses:

"When you are living outside, you sleep a lot less. You just always wake up for some reason."

"Better to sleep on a mattress than concrete."

"I didn't really sleep when I was outside. Now I have a routine, it's healthier."

However, many people talked about their difficulties sleeping, even some of those who said it had improved. They commonly spoke about the difficulty of adjusting to sleeping indoors, getting into regular sleeping habits or of struggling with sleeping disorders.

Some of the responses:

“It's slowly getting better. You forget how to sleep when you're an addict for 10 years. I could only sleep for 1 hour at a time at first, but I can now sleep for maybe 4 hours straight. That's a long time for me.”

“It has improved, but I still have terrible sleep. I have a sleep disorder. But it's not where I would like it to be. I would pay money for 8 hours sleep.”

“I still can't sleep at night, but I take naps during the day sometimes.”

Personal Safety

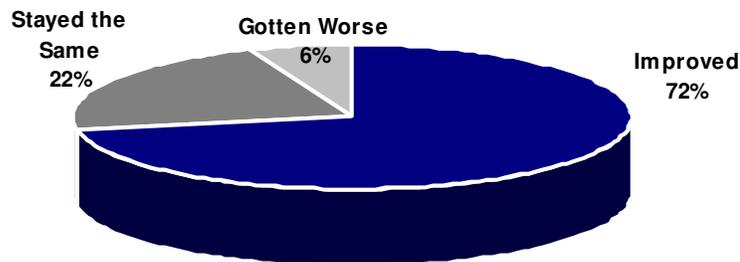


Figure 26: Personal Safety

Of all the quality of life indicators, the highest number of survey participants said their personal security had improved, 72%. Only 6% said it had gotten worse. In these cases it was because of changes in mental and physical health, or because of the neighbourhood the person was living in. In some cases those who said their safety had improved also said that they still felt somewhat unsafe because of the neighbourhood or the building they were living in. Those who said their safety had not changed, for the most part all said that they had never felt unsafe living on the street.

Some of the responses:

“I don't have to worry anymore. I can lock the door and the world's outside. When you're living outside, the world's in your bedroom. Everybody's walking through your room. You don't know who's the lunatic that's going to come kick you in the head, or steal your shoes.”

“I have a feeling of security now that I never used to have”

“It's better than on the streets, but it still doesn't feel secure because of the thefts from roommates.”

Social Interaction

The area of social interaction was one where individuals reported the least improvement of all the quality of life indicators, which is consistent with other research which suggests community integration can be one of the more challenging aspects of housing homeless individuals.¹⁰ Just 40% said their social interaction had gotten better, while 34% said their social interaction stayed the same and 26% said it had gotten worse.

Most people reported that they saw their friends less now that they were in housing, but some saw this as an improvement since they often described their friends as getting them into trouble or using alcohol and other drugs too much, while others saw it as a negative. Others spoke positively about being able to be more selective with who they were friends with and being better able to deal with people in general because they could get away by closing their door. Some of those who said they saw their friends less also talked about working on making new friends in their neighbourhood.

Some of the responses:

“I see friends less. Where we were sleeping outside, all your friends are sleeping there too.”

“I haven't made new friends yet in the new neighbourhood, but I'm working on it.”

“I can see my kids now, they didn't want to see me while I was living on the street.”

“I don't see any of my old friends. I see some people in my building, a group of us about the same age have coffee together or go for a sandwich. That's a huge improvement for me. Used to be I would never associate with other people.”

“I don't have to meet guys on the corner that I don't want to. When you're on the street, you have to pretend you're all buddy buddy with them. Now I can do what I want. I can go home and no one can follow me.”

¹⁰ See for example, Carole Siegel et al. (2006) “Tenant Outcomes in Supported Housing and Community Residences in New York City.” *Psychiatric Services* 57 (7): 982-991; Antonio Tosi (2005) “Re-Housing and Social Reintegration of Homeless People,” *Innovation: The European Journal of Social Science Research*, 18:2, 183 – 203

Those in private market housing were the most likely to say their social interaction had gotten worse, while those in alternative/supportive housing were most likely to say their social interaction had improved.

	Alternative/ Supportive	Private Market	Social housing
Improved	57%	30%	45%
Stayed the Same	24%	42%	32%
Gotten Worse	19%	27%	23%

Figure 27: Social Interaction and Type of Housing

Those in Scarborough were the least likely to say their social interaction had stayed the same (20%), likely because many people moved there from other areas of the city. However, opinion was split on whether the move was positive or not in terms of social interactions, as those in Scarborough were both mostly likely to say their social interaction had improved (50%) and most likely to say it had gotten worse (30%).

	Toronto- East York	Etobicoke	North York	Scarborough
Improved	44%	31%	43%	50%
Stayed the Same	35%	46%	29%	20%
Gotten Worse	21%	23%	29%	30%

Figure 28: Social Interaction and Neighbourhood

Mental Health

Fifty-seven percent of individuals said that their mental health had improved since they moved into housing. Thirty-one percent said it had stayed the same and 12% said it had gotten worse. Those who said it had gotten worse were mostly those who had a history of mental health issues or mental illness (those who reported using a mental health service or had a disclosed mental illness). For those who said it had improved, they spoke about a generally more positive outlook, feeling less stress, and more calm.

Some of the responses:

“It has improved because now you have time to think about how things should go and make them go in that direction. Outside, you're just trying to catch vans, run all over town trying to eat, or get a shower. Now there's more time to think.”

“Somewhat. When you're on the street at night, you're thinking of a safe place to stay, checking if anybody's watching you. Now, I can hop on a bus and go home. I don't have to worry about that.”

“I have better self esteem. I have the urge to do things during the day.”

“My frame of mind has changed. No depression anymore, or not much anyways.”

Quality of Life Summary

	Improved	Stayed the Same	Gotten Worse
Health	70	17	13
Amount of Food	65	18	18
Quality of Food	63	22	15
Level of Stress	60	24	16
Sleeping Habits	69	18	13
Personal Safety	72	22	6
Social Interaction	40	34	26
Mental Health	57	31	12

Figure 29: Quality of Life Summary

Most quality of life indicators also showed less improvement for people in shared accommodation: 52% said their level of stress had decreased (compared to 66%), only 59% said their sleeping had changed (compared to 75%), 68% said their personal safety had improved (compared to 75%), and 22% said their mental health had gotten worse (compared to 6%). However only 16% said their social interaction had gotten worse (compared to 28%). Although they were as likely to say social interaction had improved, they were more likely to say it stayed the same, 41% compared to 30%.

Those who had been homeless for more than two years were more likely to report improvements in the amount of food they ate (68% compared to 57%) and improvements in their mental health (63% compared to 44%), however they were less likely to report improvements in their general health (71% compared to 87%) and sleeping habits (62% compared to 83%).

Aboriginal people were less likely to report improvements in a number of quality of life indicators including health (61% compared to 74%), food (43% compared to 73%), stress (48% compared to 65%), sleeping (52% compared to 75%), and personal safety (52% compared to 80%).

Those with mental health issues were more likely to say that their health had improved (76% compared to 67%). They were also more likely to say that the amount of food they ate had decreased since moving into housing (28% compared to 11%). They were slightly more likely to say their mental health had gotten worse (16% compared to 10%).

Those housed more than a year were more likely to say the amount of food they ate had increased (71% to 58%), and their stress level had improved (67% compared to 46%). They were more likely to have decreased alcohol use (56% compared to 44%), but less likely to have decreased drug use (68% compared to 79%).

Alcohol and Other Drug Use

49% report a decrease in alcohol use once in housing, including 17% who said they had quit drinking

73% report a decrease in drug use once in housing, including 31% who said they had quit using drugs

Participants were asked to describe whether they felt their alcohol and other drug use had increased, decreased or stayed the same and to describe how they felt it had changed. Of those who reported using alcohol, 49% said their alcohol use had decreased, 41% said it had stayed the same and 10% said it had increased.

When looking at how people described their alcohol use, of those who said they had increased their alcohol use 4% said they didn't drink at all when they were outside and now had an occasional drink. The other 6% were regular drinkers and said their alcohol use had increased because of stress or because of the people they were hanging around with. Looking at the number of people who said their alcohol use had decreased, 17% said they had quit drinking since moving into housing, while 32% said they were drinking less.

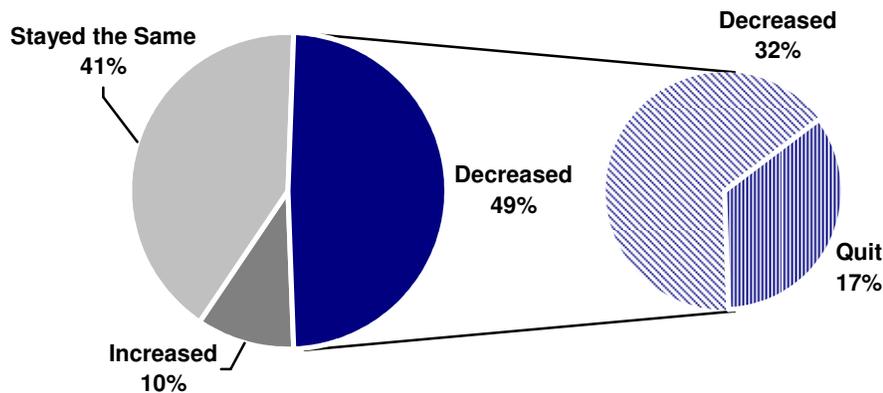


Figure 30: Changes in Alcohol Use

Some of the responses:

“When I was on the street, I drank every day, now I go two or three weeks without a drink. When you're on the street, all your friends do the same thing, so if you stay at home, you don't see them you don't need to drink.”

“It has decreased a lot. When I lived on the street, it was so cold and I would drink so I would fall asleep faster because of all the noise around it was hard to sleep. Since I have my apartment I don't have to drink so much. I can go two or three days without any beer.”

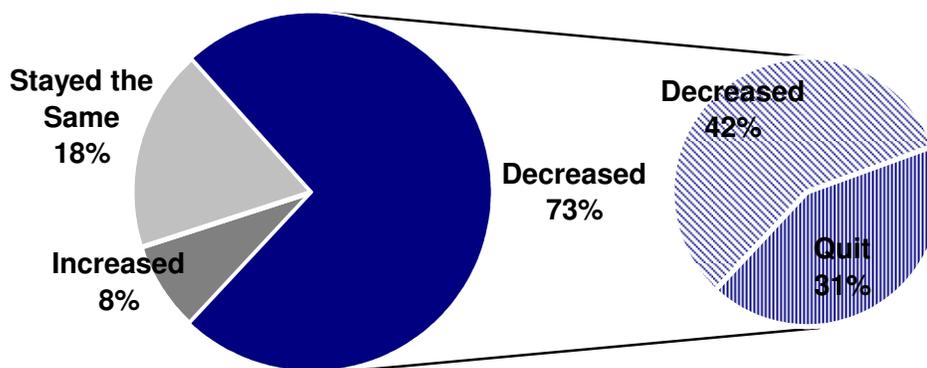


Figure 31: Changes in Substance Use

Of those who said they used drugs, 74% said their use had decreased since they moved into housing. This number breaks down into 33% who said they had quit using drugs completely, and 41% who had decreased their use. Eighteen percent said it had stayed the same and 8% said it had increased.

Some of the responses:

“I used to smoke crack every day. We agreed when we moved in we were going to give it up because we don't want to lose our housing.”

*“When you're out on the street, you're going to use a lot more drugs because that's where it all is. Plus you're depressed and pissed off because you don't have a place to live. You just end up saying f*ck it. That's the easy way out. I don't do that anymore.”*

“It's better now, I have a safe place I can go in my room and do it. I don't have to run around in stairwells and back-alleys. Maybe not the amount has changed but the way I'm using it.”

Those in shared accommodation were more likely to say their alcohol use had decreased (58% compared to 44%) but were less likely to say they had quit drinking (12% compared to 20%). They were less likely to say they had decreased their use of other drugs (63% compared to 84%) and less likely to say they had quit using other drugs (21% compared to 44%).

Those who had been homeless more than two years were much more likely to report a decrease in alcohol use (59% compared to 27%) and a decrease in other drug use (78% compared to 62%).

People who identified as Aboriginal were more likely to say their alcohol use had decreased (60% compared to 45%) and that their other drug use had decreased (78%

compared to 71%). They were also more likely to say they had quit drinking completely (40% compared to 29%).

Budgeting and Income Supports

The number of individuals on ODSP increased by 59% once in housing

There is a 57% decrease in the number of people panhandling once in housing

66% of people reported that they ran out of money to buy basic needs such as food every month

Income Sources

While homeless, 15% of individuals received no government income supports and had income solely from panhandling, odd jobs or friends and family. Once in housing, the number of individuals receiving some form of income supports increased to 100%. In particular, the number of individuals receiving ODSP increased by 59%. While there was actually a decrease in the number of people who reported employment as a source of income, this is because many people reported receiving money for doing odd jobs such as shovelling or lawn mowing while living outdoors.

	While Homeless	Housed
Panhandling	54%	23%
OW	49%	64%
Employment	23%	18%
ODSP	20%	31%
PNA	16%	N/A
Friends/Family	16%	11%
Other	13%	10%
None of the Above	1%	

Figure 32: Changes in Income Sources

Budgeting

When asked how they felt about the amount of money they had left after paying rent, 68% said it was not enough to live on.¹¹ Twenty-two percent said it was just enough to

¹¹ Other studies have examined the difficulties formerly homeless individuals face in establishing economic self-sufficiency. For an overview, see for example Busch-Gertsema, Volker (2005) "Does Re-Housing Lead to Reintegration?" *Innovation: The European Journal of Social Science Research* 18(2):205-226.

make ends meet, while 10% said their income was plenty. Not surprisingly, those on OW found it more difficult to make ends meet, just 26% said their income was just enough or plenty, compared to 41% of those on ODSP who said the same.¹²

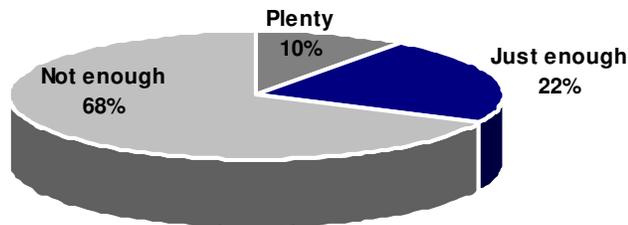


Figure 33: Income Sufficiency

Sixty-six percent said that they regularly ran out of money to buy food. Some people said they had difficulty managing to buy enough food at the beginning of the month because they didn't have proper storage facilities, such as a fridge or secure cupboard space. Others said they found it difficult to juggle buying food with other priorities, such as hygiene products, household items, and luxuries like cigarettes or fast food. Others said they were able to manage by using food banks, and some said they found they had more money since cutting back on cigarettes, alcohol and other drugs. Again, those on OW were more likely to have difficulty meeting their basic needs (70%) compared to those on ODSP (63%).

Some of the responses:

“We only have bar fridges in our room. You can only put so much food in there, and it runs out before the end of the month.”

“I use the food bank, the soup kitchens in the area, you can get 3 or 4 meals a day and have food in your cupboards.”

When asked if they felt their ability to budget their money had improved since they moved in, 56% said yes. Several people said it was something they were actively working on with their follow-up worker.

¹² The monthly basic needs allowance for OW recipients is \$206, while the basic needs portion for an ODSP recipient is \$543. Additionally, because the monthly shelter allowance is low compared to average rents (the average monthly rent for a bachelor unit in the Greater Toronto Area is \$743, while the monthly shelter allowance is \$325 for OW recipients and \$436 for ODSP recipients) a portion of the basic needs allowance is often put towards rent as well.

Some of the responses:

“My budgeting has improved because I can sit down with it and figure it out.”

“I know the basics now, the limits and the liabilities. I know I've only got x number of dollars until the end of the month.”

“I don't know if it has improved but the understanding of the need to improve is definitely there now. I know I need to get better at it. I don't know if I'm there yet. Living in the house has allowed me the opportunity to see that. Oh no, I'm out of detergent again or toilet paper and oh, I should have bought that coffee. I'm learning those things more and more.”

Those who said they hadn't improved at budgeting often said that they received so little money there was nothing to budget because it was gone immediately after paying bills. Others said they found it difficult to manage to make the money last the whole month. Some also said that managing money wasn't a priority for them.

Some of the responses:

“You're getting money once a month, you're going to spend it all right away.”

“If you've got access to places to get free food, it doesn't really bother me. I'm not that big on money.”

“Not quite yet. My friends get me into trouble with money.”

“What money? How can you budget so little money?”

Housing Affordability

On average, individuals were spending 41% of their total income on rent. The average income was \$667 per month while the average rent paid was \$265. Sixty-six percent spent more than 30% of their income on rent, with 35% spending more than half their income on rent. Thirty-four percent spent less than 30% of their income on rent, meeting the Canada Mortgage and Housing Corporation (CMHC) definition of housing affordability.

Average rent in social housing was \$150, in alternative/supportive housing \$222,¹³ and \$401 in the private market. Sixty-four percent of those in private market housing were spending more than half of their income on rent, compared to 35% in alternative/supportive housing.

The average percentage of income spent on rent for those who said their income was plenty was 32% compared to 39% for those who said just enough and 43% who said not

¹³ Social housing is rent geared to income, and rent is calculated at 30% of an individual's income. While some alternative/supportive housing providers also offer rent geared to income units, others charge rent that is tied to the maximum shelter benefit from OW or ODSP (\$325 or \$436 respectively).

enough or far too little. The average income after paying rent for those who said their income was plenty to meet basic needs was \$554. For those who said it was just enough, it was \$416, while it was \$407 for those who said not enough and \$331 for those who said far too little.

	Average Total Income	Average Rent	Average Percentage Spent on Rent	Average Income After Rent
Private Market	\$756	\$401	53%	\$355
Social Housing	\$656	\$150	23%	\$506
Alternative/ Supportive	\$556	\$222	40%	\$334
All Participants	\$667	\$265	40%	\$402

Figure 34: Average Incomes and Rents

Panhandling

The number of people reporting income from panhandling decreased dramatically once in housing, by 57%. Of those who offered a description, 76% said they panhandled less than before, while 24% said they panhandled the same amount as when they were homeless (no one reported panhandling more frequently since moving into housing). This means that only 9% of those who reported panhandling while homeless said they continued to panhandle the same amount while in housing.

Both while homeless and in housing, those on ODSP are less likely to panhandle. While homeless, 56% of those on the Street Allowance (OW) reported income from panhandling compared to 41% of those on ODSP. Once in housing, 28% of those on OW still panhandled compared to 12% of those on ODSP. Those on ODSP were more likely to have quit panhandling after moving into housing, 69% compared to 50% of those on OW.

Those who were still panhandling while in housing were more likely to say their income was not enough or far too little (95% compared to 59% of those who had stopped panhandling). They were also more likely to say they ran out of money for food (75% compared to 59%).

Just 9% of those who panhandled while homeless reported not using alcohol or other drugs, while 24% of those who did not panhandle said the same. Those who reported using drugs while homeless were more likely to report having income from panhandling, 71% compared to just 38% of non-drug users. The same is not true of alcohol users, as approximately 70% of both those who did and did not panhandle reported using alcohol.

Those in Scarborough were most likely to have stopped panhandling (83% reduction), followed by those in Etobicoke (75% reduction), those in Toronto-East York (55% reduction and those in North York (38% reduction)

Those who said they had quit panhandling were more likely to say their life had improved a lot (74%) compared to those who were still panhandling (55%). As well, those who were still panhandling were more likely to say that they didn't feel more positively about their future (25%) compared to those who had quit (16%)

Service Use

Emergency service use decreases dramatically once in housing, including a 75% decrease in the number of individuals using police detox (“drunk tank”) and a 40% decrease in emergency room use. However, individuals make use of routine medical services more frequently once in housing, including a 32% increase in use of family doctors and 71% increase in psychiatrists.

Health Services

Survey results show a significant reduction in emergency health service use, consistent with other research in this area.¹⁴ Several people spoke about the fact that they were now able to look after their health concerns since they had moved into housing, and others said they had been motivated to get off the streets because of deteriorating health conditions or their age. This is reflected in the 58% increase in the use of family doctors, a 153% increase in the use of optometrists, and a 233% increase in the use of specialists. The number of individuals with an Ontario Health Insurance Plan (OHIP) card also increased by 28% from when individuals were homeless; 91% had an OHIP card once housed. There was also a 71% increase in the use of a psychiatrist.

Family Doctor	32%
Psychiatrist	71%
Dentist	5%
Optometrist	143%
Specialists	233%
Clinics	-28%
ER	-40%
Hospital	-25%

Figure 35: Changes in Health Service Use

¹⁴ See for example: Tia E. Martinez and Martha R. Burt (2006) “Impact of Permanent Supportive Housing on the Use of Acute Care Health Services by Homeless Adults.” *Psychiatric Services* (57):992-999; L. Gulcur, et al. (2003) “Housing, hospital and cost outcomes for homeless individuals with psychiatric disabilities.” *Journal of Community and Applied Social Psychology*. 13(2): 171-186; Gloria Gallant, Joyce Brown and Jacques Trembley (2004) “From Tent City to Housing: An Evaluation of the City of Toronto’s Emergency Homelessness Pilot Project.” City of Toronto;

While clients were accessing more of these types of routine health services, there was a marked decrease in the use of emergency services. There was a 28% decrease in the use of walk-in clinics, a 40% reduction in the use of emergency rooms, and a 25% reduction in hospital stays. Of those who used hospitals while homeless, 21% said they had been admitted at least once just to get off the streets. Those with mental health issues were more likely to say they had been admitted to hospital intentionally (33% compared to 9%).

The frequency of use also decreased. Of those who said they had used the ER while homeless, 40% said they had gone just once in the last year they were homeless, and another 35% said they had gone between 2 and 5 times. However, 25% of those who said they used an ER while homeless, or 12% of the total surveyed, were frequent emergency room users, from every two months to several times a week. Of these frequent users, 20% had not been to the ER since moving into housing, and the other 80% reported a decrease in the frequency of visits.

Emergency Services

There was also a significant decrease in the use of emergency and police services after individuals were in housing, which has also been found in other studies of formerly homeless individuals.¹⁵ The number of individuals reporting having to use 911 services decreased by 35%, ambulance by 38%, and fire department 71%. There was also a 75% reduction in the use of police detox services (“drunk tank”), and a 56% decrease in the number of individuals reported getting arrested, as compared to the last year they were homeless.

Call 911	-35%
Ambulance	-38%
Fire Dept	-71%
Police Detox	-75%
Get Arrested	-56%
Jail	-68%
Court	-58%
Probation	-38%

Figure 36: Changes in Emergency Service Use

For those who did still have interactions with emergency services, the frequency was also far less. For example, of those who had been arrested while homeless, 52% reported being arrested multiple times in a year. Of those who said they had been arrested since being housed and described the frequency, only 25% said they had been arrested more than once. Similarly, of those who used police detox (“drunk tank”) while homeless, 63% said they used it more than twice a year, some up to several times a month. Of those in

¹⁵ See, for example: Dennis Culhane, Stephen Metreaux, and Trevor Hadley (2002) “Public Service Reductions Associated with Placement of Homeless Persons with Severe Mental Illness in Supportive Housing.” *Housing Policy Debate* 13(1): 107-163.

housing, none of those who had used police detox reported using it more than twice since moving into housing.

Nine percent of those who said they had been arrested while homeless said they had done so intentionally to get off the street. Those who had mental health issues were more likely to say they had gotten arrested intentionally (18% of everyone with mental health issues who had been arrested said this compared to 2% of those without).

Those in shared accommodations are less likely to have reductions in the use of emergency services, and are more likely to have been arrested since being housed (25% compared to 12%) and to have used an ambulance (28% compared to 14%).

Homelessness and Housing Services

Participants were also asked to identify what kinds of services they had used while homeless, and what services they used since moving into housing.

The most commonly used services while homeless were drop-in centres, street outreach vans, Out of the Cold meals, identification clinics, food bank or community kitchens, the health bus, and the street helpline.¹⁶

Once in housing, the most commonly used service was food banks, at 81%. People were also more likely to use education programs, job training, drug and alcohol treatment and mental health programs once in housing. However, there was a significant reduction in the use of other services, for example use of Out of the Cold meals dropped by 67% and the use of drop-ins decreased by 38%.

The reduction in the use of the health bus by 77% ties in to trends in health service use discussed earlier. The decrease in use of harm reduction services¹⁷ by 32% and detox by 62% would appear to be linked to the substantial reduction in alcohol and other drug use. Interestingly, only 43% of those who said they had stopped using alcohol and other drugs said they had been to a drug or alcohol treatment program.

¹⁶ Identification clinics assist homeless individuals to replace or obtain personal identification documents in order to access available services and income supports.

The health bus delivers mobile, on-the-spot health services and education to homeless individuals. The street helpline is a toll free number that individuals can call for information and referrals to homeless services. The street helpline coordinates access to street outreach vans, available shelter beds, meal programs, and referrals to health and other services.

¹⁷ Harm reduction is a holistic philosophy and set of practical strategies that seek to reduce the harms associated with substance use without necessarily requiring abstinence. Examples of services are needle exchange, safer crack use kits, and distribution of condoms.

Increased	
Job training	175%
Education	57%
Food bank	55%
Drug/Alcohol Treatment	50%
Mental Health Programs	20%
Decreased	
Legal Services	-32%
Harm Reduction Services	-32%
Drop-ins	-38%
ID Clinics	-44%
Detox	-62%
OOTC Meals	-67%
Health Bus	-77%

Figure 37: Changes in Service Use

Statistical Significance of Changes in Service Use

When comparing what services were used while homeless and once an individual was in housing there were increases or decreases in the use of every type of service examined in health services, emergency services and homeless or housing services. Beyond a numerical measure of the increases or decreases in service use, the statistical significance of these changes is important. Statistical significance provides a better understanding of those differences in service use which are directly attributable to the change from being homeless to becoming housed. A statistically significant result is one that is unlikely to have occurred by chance and statistical significance calculations are informed in large part by sample size. Changes in service use which have not been found to be statistically significant may still have importance in examining service use patterns for service planning.

Because service use changes examined are essentially a “before and after” study design – with “before” representing responses related to being homeless and “after” representing responses related to being housed – and because the clients were their own control group, McNemar’s test was used as it allows for a test of differences between paired proportions. The summary of the statistical findings are below (see Appendix 6 for full tables):

Service	Statistically Significant
Family Doctor	YES
Health Clinics	YES
Emergency Rooms	YES
Hospital	NO
Psychiatrist	NO
Dentist	NO
Optometrist	YES
Specialists	YES
Detox	YES
Drop-ins (Day Centres)	YES
Drug/Alcohol Treatment	NO
Education	YES
Food Bank	YES
Harm Reduction Services	YES
Health Bus	YES
Identification Clinics	YES
Job Training	NO
Legal Services	NO
Mental Health Programs	NO
Out of the Cold Meals	YES
Calls to 911	NO
Ambulance	NO
Fire Department	NO
Police Detox (“Drunk Tank”)	YES
Get Arrested	YES
Jail	YES
Court	YES
Probation	NO

Figure 38: Whether Change in Service Use From Being Homeless to Being Housed is Statistically Significant

Overall Changes

Overall, 91% said their life had improved since moving into housing and 82% said their outlook about their future was more positive

Improvements

When asked to reflect on how their life had changed overall, 61% said their life had improved a lot and 30% said it had improved somewhat. Just 7% said their life had stayed the same, and 2% said it had gotten worse. Those who said it had stayed the same or gotten worse spoke about missing some aspects of living outdoors, or were unhappy with their current housing. However, most people spoke about the improved stability, sense of security and privacy and an overall improved mental outlook since they moved into housing.

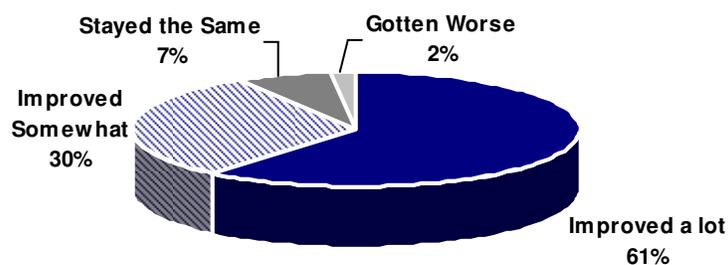


Figure 39: Overall Improvements

Some of the responses:

“I used to be a bum, who spent all day squeegeeing and panhandling, using drugs. Now I'm a guy who tries to live a quiet life with his girlfriend.”

“How has it changed? Stability. Because I have such an overwhelming feeling of security, I like to go out and try to help other people, especially people that I know that are still on the street. Try to give them guidance. Tell them that this is available to them if they want it.”

“I have something to call my own. When I think where I was a year ago, I just look around and think wow. I've got a TV, furniture, my own place.”

“It's perfect now. Couldn't have predicted that it would change my life this much. I've been out of school for 18 years. Now to be going back to get my Grade 12, and then get a trade. To think that I could be starting to save for a house in five years, could have a wife and kids.”

“Everything has changed. Waking up is a whole new life. I have a lot more opportunities now. It's a life saving program, it literally saved my life.”

Future Outlook

When asked whether their outlook about the future had changed, 82% said it was more positive. While 18% said it had not really changed, less than 1% said their outlook had gotten worse. Many people spoke about having a higher self-esteem, that they were able to set goals for themselves, look for a volunteer position, and begin planning to go back to school or work.

Some of the responses:

“I believe it's improved a little bit and there's hope for it to improve a lot. I see the end, or I see the possibilities anyways.”

“I now have freedom to deal with myself. The thought of eating tomorrow does not occupy all my time. I can think about seeing my doctor and can think about how to get myself out of this hole. I can consider things beyond survival.”

“It's going to be a good year. I know I've got to work a little harder. I've got to force myself to do things. Because I never did before. And I try things now that I never would have before. All I want now is a part time job.”

Those who had been in housing for longer were more likely to say that their outlook about their future had improved: 88% of those housed more than a year said their future outlook had improved, compared to 74% of those housed less than a year.

Program Improvements

Participants were also asked what improvements they would suggest to the Streets to Homes program to either help people to move off the streets or to help people keep their housing. Sixty-nine percent of people surveyed provided a response, the others could not think of a suggestion that would improve the program.

Street Outreach

The most common response to this question was that there needed to be more information available about the Streets to Homes program and more publicity of the services. Twenty percent of people who had a response to this question gave this suggestion. Several people said that many homeless people had not heard of Streets to Homes.

Some of the responses:

“Not many people know about it. You don't hear the name.”

“There should be pamphlets to let people know about the service. I didn't know about it until my friends told me about it.”

Along with more publicity, a number of people (7%) also indicated that even for those who had heard of the program they often didn't know how to access services. Several people indicated that they were not aware that there were drop-in hours and said that there needed to be more awareness of how to get in touch with the office.

Some of the responses:

"I just heard that if you go to Nathan Philips Square, they'll find you. It was like this luck thing, we were there for three months before they found us. I didn't know you could go to the office."

"Make the program more accessible to people. Being easier to get in touch. Right now you have to go to where one of the workers are, you can't just say, give these people a call and have an access number for them."

"People with problems such as drinking should have easier access to the service. I had tried to phone Streets to Homes but had difficulty getting through."

The other most common response related to street outreach was a need for more outreach workers, 14% of people suggested this. In particular, more street outreach at night was mentioned. This was also suggested as a way to improve awareness of the program.

Some of the responses:

"More street workers that really want to help, that want to be out there."

"Being out on the street at night more talking to people."

"More of Streets to Homes would be better. It works great the way it is."

"Need more workers out there. I still know people under the bridge who don't know what I'm talking about when I say Streets to Homes."

Other responses related to street outreach included more services for those with mental illnesses, a better understanding of the needs of people on the street (related to drug and other alcohol use), and the importance of living up to promises or following through in the time frame given. Several people (9%) also discussed the importance of the individual being responsible for themselves and needing to be ready to accept services.

Housing Access

The most common responses in this category related to the need for more affordable housing (11%) and faster access to housing (9%). People particularly mentioned the need for immediate access to housing for people ready to move off the street. One person mentioned the need for more alternatives to shared accommodation in particular.

Some of the responses:

“I know a lot of guys that don't want off the street. But for those that do, it just takes so much time. A lot could happen in between. This is Toronto, it should be easy. When he's ready he needs a place right away, to get him in, let him start his life again.”

“Places have to be available immediately if someone wants off the street, and I'm not talking about shelters. I was on the street because I didn't want to be in a shelter. I wanted a place to call my own. That's important. Everybody out there on the street will tell you the same thing, they don't want to be obligated to anyone.”

Several people (5%) indicated that an individual's compatibility with the neighbourhood needed to be considered more, particularly in relation to its proximity to drugs.

Some of the responses:

“The area where the person wants to be, that's a big issue. The area around Dundas and Sherbourne, nobody wants to be down there. Don't stick people down there or they're going to be back on the street. If they've got a problem with drugs and alcohol, don't put him in an area with drugs and alcohol or eventually they're going to slip.”

Others mentioned improvements to the furniture bank service, such as free delivery and a larger van, as well as the need for improvements to housing conditions.

Follow-up Services

In relation to follow-up services, the most common response was a lower caseload for follow-up workers so they would have more time for individual clients (9%). Others (4%) said they needed more support from their follow-up worker to find new housing.

Some of the responses:

“My worker is overtaxed. She isn't given enough time to do what she needs to do. She's dealing with too many other crises and doesn't have time to help me.”

“I need more support to find new housing.”

Other

One person suggested a peer drug counselling program so that people could talk about the similar issues they are going through in their new housing.

One person also suggested a daily casual labour program for people dealing with drug addictions because this would give them something to do during the day to keep them busy but would not require a long term commitment.

Seven percent of people reported needing better access to transportation, in order to find housing in the first place and then to find employment once housed.

Other service suggestions related to the need for help looking for employment. One person mentioned access to a voice mail system, because they didn't have a phone. Several others (5%) mentioned needing other employment services, such as access to a computer, access to a phone, and better employment services and training in their neighbourhood.

One person suggested a loan program to prevent evictions for drug users, since it would end up costing more if they lost their housing.

Two people commented on the need for changes to provincial policies regarding housing and homelessness.

Others (4%) commented on the need for easier access to OW and increased OW rates. One person said that OW and CPP should be issued every 2 weeks, like a paycheque because this would make it easier for people to budget their money throughout the month.

Seven percent of people said more funding for the Streets to Homes program was necessary.

POLICY AND PROGRAM IMPLICATIONS

The survey findings have several important implications for the Streets to Homes program and the Housing First approach in general. First and foremost, clients said that the principles behind the approach were things that worked for them in finding and keeping housing. Being offered housing services directly on the street, assistance in dealing with landlords and social assistance programs, and having someone to go to for resources and help once in housing were all identified as things that made the Streets to Homes approach successful for clients. The friendliness, approachability and persistence of both outreach and follow-up workers was also identified as key to accepting service for many people.

The survey results also point to important areas of consideration for future program planning. The findings clearly show that greater perception of choice in housing leads to greater housing satisfaction and eventual stability. While choice has always been an important principle of the Streets to Homes program, greater attention should be paid to explaining available options to clients. This is particularly important for clients moving into shared accommodation, where individuals generally felt they had less choice and had less satisfaction with their housing. Individuals in shared accommodation also had more food security issues and were more likely to move, often related to problems with roommates.

The survey findings also demonstrate that housing with appropriate supports improves the quality of life for individuals with long histories of homelessness, mental health issues and substance use issues. Clients reported improvements in virtually all quality of life indicators, including personal security, food and nutrition, sleeping, stress, physical and mental health. Individuals also reported a substantial reduction in alcohol and other drug use. Although there was an increase in drug and alcohol treatment programs once in housing, even those who hadn't attended such programs still reported reductions in their use. There was also a reduction in the use of the criminal justice system, a reduction in the use of emergency medical services, and an increase in use of routine health services

While the survey findings show that clients have made significant improvements in almost all areas, they also face difficult challenges. Adjusting to living indoors and the responsibilities of maintaining housing can be stressful. The area of social interaction was one where many individuals reported having difficulties, in re-establishing social networks appropriate to their new neighbourhoods and circumstances. Some people admitted to thinking about leaving their housing to return to the streets, particularly in the first few months. However, despite all these difficulties, people want to stay housed and know that, despite thinking about leaving, they are better off in their housing than they were on the street. Many expressed that they were making a conscious effort to overcome issues with alcohol, drugs, and behavioural issues that they knew could jeopardize their housing. Although many people expressed frustration or dissatisfaction with aspects of their situation such as the condition of their housing, problems with roommates or neighbours and struggling to get by on very limited income, many also expressed a sense of optimism and hope for the future that they hadn't felt when living on the street.

APPENDIX 1: STREETS TO HOMES

In February 2005, Toronto City Council made a commitment to end street homelessness. A new strategy called “Streets to Homes” was launched, which focused on solving, rather than managing, street homelessness. The commitment to end street homelessness is the central focus of the work of the Streets to Homes program. This commitment is upheld by Streets to Homes in its direct operations and in all work done by external agencies funded by the City. The principles behind the strategy involve a focus on housing individuals directly from the street, providing services in a client centred, solution focussed manner, greater system coordination of existing services and resources, and providing a range of innovative programs designed to meet specific needs of homeless individuals in accessing housing. Streets to Homes’ mandate is to serve homeless people who live outdoors, which includes individuals living in parks, ravines, under bridges, on sidewalks, laneways, alleys, stairwells, building alcoves, squats and living in vehicles.

Prior to Streets to Homes, street outreach providers in Toronto focused on helping people living outdoors to access emergency shelters, where they would then be able to access other services. This approach had mixed success as many individuals sleeping outdoors consistently refused to stay in shelters. Outreach agencies also frequently provided “survival supports” (sleeping bags, food, clothing) to assist people living outdoors. With the advent of Streets to Homes the focus of outreach work became housing people directly from the street, in essence creating mobile housing workers. Rather than asking, “How can I help you?” which may meet an immediate need but does not offer a long-term solution, outreach workers began asking, “How can I help you get housing?” It therefore became no longer necessary to stay in a shelter in order to access services such as support to find housing.

Traditionally, there has been a view that prior to being placed in permanent housing, homeless individuals must go through drug, alcohol and mental health treatment and multiple stages of transitional housing in order to become ‘housing ready.’ However, the Streets to Homes strategy is predicated on the idea that other barriers such as lack of employment skills, addictions, and poor mental and physical health, can best be addressed once a person has stable housing. Research and experience has shown that formerly homeless individuals, even those with multiple barriers such as mental health and substance use issues, can successfully maintain housing when they have supports appropriate to their needs in place.

Streets to Homes works one-on-one with homeless individuals to provide a range of practical housing options and to create individualized housing plans that respect clients’ personal preferences and autonomy. Outreach workers assist their clients through each step needed to find housing, such as replacing identification, accessing income supports, completing housing applications, and searching for apartments.

A key principle of the Streets to Homes strategy is an end to “blind referrals”. An outreach worker does not tell a homeless individual where to get income assistance or where an apartment for rent is located; instead the outreach worker accompanies the

client to appointments, and where necessary, advocates or negotiates on the client's behalf. This helps to ensure that clients receive the services they are entitled to, but which they may not have been able to access had they attended on their own. Streets to Homes also believes strongly in housing choice, not placement. Clients are presented with housing options, which they may decline. Should they decline, other housing options are presented. Offering choice is key to ending homelessness for individuals who have often lived outdoors for many years.

Streets to Homes works hard to find housing options that meet clients' needs at rates they can afford, despite the fact that Toronto's rental market is characterized by low vacancy rates and high rents. For example, the average rent for a bachelor unit in the Greater Toronto Area is \$743, while the shelter portion of social assistance benefits is \$325. Streets to Homes has worked intensively with large property management firms to secure units for clients in conventional rental apartments. Over 60% of clients housed through Streets to Homes choose to live in the private market – at rates they can afford, and very few receive a rent subsidy of any sort. Streets to Homes has also developed partnerships with select rent-g geared-to-income, supportive and transitional housing providers, all of which provide some units on a monthly basis to Streets to Homes.

Once clients are in housing, the next challenge is ensuring they are able to keep their housing. To date, approximately 87% of those who have found housing, remain housed. This is made possible because of the investment in follow-up supports, a centralized approach to assigning supports, monthly case conferences amongst follow-up workers, and a consistent model of support that is used by all follow-up workers. The focus is on helping clients to set individual goals and working on a reasonable plan to achieve them. Follow-up workers meet with clients in their new homes and assist with the often difficult transition from life on the street by linking them to resources in their new community and helping to develop life skills.

However, the focus of the follow-up supports is not just on the client, but the community where the person is housed as well. Follow-up workers conduct regular check-ins with the landlord or building superintendent and work to troubleshoot any issues before they turn into reasons to consider eviction. This includes addressing behaviours and ensuring rent is paid on time. Follow-up workers also assist in hosting community events and focus on community development. A place that feels welcoming is a place where a person is inclined to stay.

Follow-up supports are for approximately a one year period, and through intensive goal setting the frequency of visits decreases over time. At the end of the year, the individual is expected to be able to live independently without ongoing support or are transitioned to more appropriate ongoing case management services. These follow-up supports are key to ensuring that clients make a successful transition back to housing and are critical to preventing crises that would otherwise lead to renewed homelessness.

In addition to providing an innovate model of housing services to clients, Streets to Homes also takes a leadership role in identifying gaps and barriers in the system, and

working to develop solutions to these barriers that result in better system coordination and better outcomes for clients. Some of these innovative solutions include:

- Working with income assistance programs to change the way these services are provided to people living outdoors. Income assistance programs now offer fast-tracked access to benefits (usually on the same day), are willing to maximize discretion when issuing benefits, have meeting space within their offices for housing workers, and now send income assistance staff to Streets to Homes offices once per month.
- Developing a Mobile Multi-Disciplinary Outreach Team, comprised of psychiatrists, a nurse, a housing worker, a case manager and a concurrent disorders therapist, which provides a street level assessment of individuals identified by other outreach providers as having mental health and/or addiction issues which are preventing them from choosing or accessing housing.
- Creating a rapid access housing project providing ten housing units with intensive case management supports for a three month transitional period. These units are offered to individuals with complex issues who require greater stability before moving on to other housing.
- Providing housing services to homeless individuals who are incarcerated to ensure there is a housing plan in place upon release from jail, prison or detention centre so that the individual does not return to the streets.
- Developing a partnership with a social purpose enterprise which assists newly housed people in furnishing their new apartment and making it feel more like home, since Streets to Homes clients are moving directly from the streets into housing with few belongings.
- Developing a vocational assessment and pre-employment project which helps individuals who have been housed prepare to re-join the labour market and move off of social assistance.
- Working with a non-profit outreach provider to adapt their service to be city-wide and Aboriginal-focused, providing a culturally sensitive approach to meeting the needs of Aboriginal homeless people living outdoors.
- Implementing the “Interdepartmental Protocol for Homeless Persons Camping in Public Spaces”, which stipulates how homeless encampments are to be addressed and the responsibilities of all City Departments involved. The Protocol outlines how Streets to Homes must exhaust all service options before an encampment can be dismantled by by-law enforcement. Of the 223 homeless encampments investigated in the first two years of the program, in 79% of the instances the encampment was resolved without enforcement. Even better, resolving the encampment by assisting those living there to find their own housing means the individual will not just remain homeless and relocate elsewhere outdoors.
- Conducting Street Needs Assessments. These are periodic surveys of all homeless people in Toronto (outdoors, shelters, hospitals, treatment centres, incarcerated) to better understand the service needs and number of homeless people in Toronto. The first Street Needs Assessment was conducted in April 2006.

APPENDIX 2: SURVEY TOOL

Streets to Homes Post Occupancy Survey

Thank you for your participation in this survey. The purpose of the survey is to hear about your experiences, so that we can better help you maintain your housing, and help others move off the street and into housing. Your opinions and feedback are valuable to us in improving the services offered by Streets to Homes.

This survey will take approximately 45 minutes to complete. We will ask you a series of questions about Streets to Homes services, your current housing situation, and how your life has changed since finding housing.

Your participation is completely voluntary and your answers will remain confidential. No one except the interviewer (s) will know that you specifically provided us with these answers.

You can refuse to answer a question if you wish and you can stop the survey at any time. If you would like to take a break at any time, please let us know. At the end of the survey, you will receive a \$25 food voucher.

Personal information in this survey is collected under the authority of the City of Toronto Act, 2006, s. 136 (c), and City By-law No. 112-2005. The information will be used to learn about the experiences of people housed through the Streets to Homes initiative and to make improvements to the housing access and housing follow-up process. Questions about this collection can be directed to Research Analyst, Streets to Homes Program, 112 Elizabeth St, phone (416) 392-0091

Background

To begin with, I would like to confirm the information we have about your background.

1. What is your birthdate? _____

2. Would you identify your gender as _____:

<input type="checkbox"/> Male	<input type="checkbox"/> Transsexual
<input type="checkbox"/> Female	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Transgender	<input type="checkbox"/> Refused/No answer

3. Do you identify as Aboriginal?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No Response Given
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If yes, are you:

<input type="checkbox"/> First Nation	<input type="checkbox"/> Inuit
<input type="checkbox"/> Metis	<input type="checkbox"/> Other (specify) _____

4. When was the last time before moving into your current place that you had permanent housing?
- _____ days No Response Given
- _____ weeks
- _____ months
- _____ years
5. Have you been homeless at other times in the past? (Or, How long have you been homeless in total?)
- Yes No No Response Given
- ↳ If yes, how often and for how long?
6. What would you say is the main reason you became homeless?

Housing Process

The next few questions are about your experiences while you were working with Streets to Homes to find housing. Your answers will help us learn more about why you were successful in achieving housing, so we can learn from your experiences.

7. How did you first learn about Streets to Homes?
- Word of mouth / heard from a friend
- Approached by Streets to Homes staff
- Referred by another street outreach worker
- Referred by a food van
- Referred by someone else (specify) _____
- Encampment
- Other (specify) _____
- No Response Given
8. What happened next? How did you find your housing?
9. Of the following list, which are things that were offered to you by Streets to Homes that helped you get housing?
- | | |
|---|--|
| <input type="checkbox"/> Short wait time to get into housing | <input type="checkbox"/> Help searching for an apartment |
| <input type="checkbox"/> Services were easily accessible (offered outdoors) | <input type="checkbox"/> Help securing housing (negotiating with landlord) |
| <input type="checkbox"/> Help in filling out housing applications | <input type="checkbox"/> Providing transportation or TTC tokens |
| <input type="checkbox"/> Help with OW | <input type="checkbox"/> Reconnecting with family |
| <input type="checkbox"/> Help with CSUB | <input type="checkbox"/> Setting up pay direct for rent |
| <input type="checkbox"/> Help with ODSP | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Help getting ID | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Finding interim shelter | <input type="checkbox"/> No Response Given |

10. When you were homeless, did you use any services besides Streets to Homes to try to get housing, for example, did you have another housing worker or use Housing Help Centres?

- Yes No No Response Given

↳ If yes, which ones? How often?

11. What do you think really worked for you about Streets to Homes? What was the most helpful for you in finding housing?

↳ **(Prompt, if required)** In your opinion, why was the Streets to Homes program successful in helping you get housing? What was different about Streets to Homes that worked for you?

12. While you were working with Streets to Homes, what did you find most difficult about getting permanent housing?

13. What else would have been helpful to you in getting housing? (What other services would have been useful?)

14. (If the person answered yes to question 3) Do you prefer to receive services from an Aboriginal agency?

- Yes No No Opinion No Response Given

↳ Why or why not?

15. What type of unit are you living in?

- | | | |
|---|--|---|
| <input type="checkbox"/> Transitional housing | <input type="checkbox"/> Rooming house/SRO | <input type="checkbox"/> Shared accomodations |
| <input type="checkbox"/> Social Housing | <input type="checkbox"/> Basement suite | <input type="checkbox"/> Bachelor |
| <input type="checkbox"/> Alternative/supportive | <input type="checkbox"/> High-rise apartment | <input type="checkbox"/> 1 bedroom |
| <input type="checkbox"/> Private Market | <input type="checkbox"/> Low-rise apartment | <input type="checkbox"/> 2 bedroom |
| | <input type="checkbox"/> Suite in house | <input type="checkbox"/> Other: |

16. Did you feel you had a choice in the type of your housing (Market housing, Social housing, transitional housing, etc)?

- Yes Somewhat No No Response Given

Please explain:

17. Did you feel you had a choice in the location of your housing?

- Yes Somewhat No No Response Given

Please explain:

18. Overall, how satisfied are you with your neighbourhood?

- | | |
|---|--|
| <input type="checkbox"/> very happy | <input type="checkbox"/> very unhappy |
| <input type="checkbox"/> mostly satisfied | <input type="checkbox"/> No Response Given |
| <input type="checkbox"/> somewhat unsatisfied | |

Please explain: (Is it a good fit for you?)

19. Since moving into your housing have you had direct contact with the building manager, superintendent or landlord?

- Yes No No Response Given

20. Would you describe the contact you have had with the superintendent or landlord as:

- | | |
|--|--|
| <input type="checkbox"/> very positive | <input type="checkbox"/> negative |
| <input type="checkbox"/> somewhat positive | <input type="checkbox"/> No Response Given |
| <input type="checkbox"/> somewhat negative | |

Please explain:

21. Overall, how satisfied are you with your current housing?

- | | |
|---|--|
| <input type="checkbox"/> very happy | <input type="checkbox"/> very unhappy |
| <input type="checkbox"/> mostly satisfied | <input type="checkbox"/> No Response Given |
| <input type="checkbox"/> somewhat unsatisfied | |

Please explain:

22. What do you like most about your housing?

23. What do you like least about your housing?

Housing Supports

The next few questions are about your support services. This is not meant to be an evaluation of your specific housing worker, but an evaluation of Streets to Homes program in general. All your answers will remain confidential.

24. Have you moved apartments since first finding housing with Streets to Homes?

- Yes No No Response Given

↳ If yes, how many times? _____

↳ What was the reason for moving? (Why was a move required, were you evicted, what was the reason, was there a period of homelessness, etc.)

25. Your Streets to Homes housing support worker is _____. Which of the following things does your worker help you with? Please answer yes or no:

- | | |
|---|---|
| <input type="checkbox"/> Listening to your concerns | <input type="checkbox"/> Accessing addictions treatment |
| <input type="checkbox"/> Dealing with your landlord | <input type="checkbox"/> Connecting to mental health services |
| <input type="checkbox"/> Dealing with OW or ODSP | <input type="checkbox"/> Finding volunteer opportunities |
| <input type="checkbox"/> Finding furniture and housewares | <input type="checkbox"/> Planning for education |
| <input type="checkbox"/> Getting clothing | <input type="checkbox"/> Preparing for or finding employment |
| <input type="checkbox"/> Grocery shopping | <input type="checkbox"/> Connecting with family |
| <input type="checkbox"/> Budgeting | <input type="checkbox"/> Other: (please explain) |
| <input type="checkbox"/> Connecting you to help or services in your neighbourhood | |
| <input type="checkbox"/> Transportation or TTC tokens | |
| <input type="checkbox"/> Accessing health services | |

26. How often are you in contact with them, on average?

- | | |
|---|--|
| <input type="checkbox"/> Once a day | <input type="checkbox"/> Once every few months |
| <input type="checkbox"/> Several times a week | <input type="checkbox"/> Once every six months |
| <input type="checkbox"/> Once a week | <input type="checkbox"/> Less than once every six months |
| <input type="checkbox"/> Once every two weeks | <input type="checkbox"/> No Response Given |
| <input type="checkbox"/> Once a month | |

27. Do you feel that the amount of contact you have with your worker is:

- | | |
|---|--|
| <input type="checkbox"/> Not enough | <input type="checkbox"/> Too much |
| <input type="checkbox"/> About the right amount | <input type="checkbox"/> No Response Given |

Please explain:

28. Since you've been in housing, has your need for housing support services changed?

- | | |
|--|--|
| <input type="checkbox"/> Increased | <input type="checkbox"/> Decreased |
| <input type="checkbox"/> Stayed the same | <input type="checkbox"/> No Response Given |

Please explain:

29. In the future, do you think that your need for housing support services will change?

- | | |
|--|--|
| <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease |
| <input type="checkbox"/> Stay the same | <input type="checkbox"/> No Response Given |

Please explain:

30. What kind of help offered by Streets to Homes and your housing support worker do you find most valuable?

31. What do you think is most difficult about keeping your current housing?

32. Do you currently feel that your housing situation is secure?

- Yes No No Response Given

Please explain:

33. Have you ever thought about leaving your housing?

- Yes No No Response Given

↳ If yes, why? Why did you decide to stay?

34. What else could be offered that would help you to keep your housing?

Quality of Life

These next questions are about your experiences while you were homeless and since you've moved into housing, and how things may have changed for you. Please remember that you don't have to answer any questions that you don't feel comfortable with.

35. What type of place did you stay most often when you were living outdoors?

- | | |
|---|--|
| <input type="checkbox"/> Sidewalk/Grate/Doorway | <input type="checkbox"/> Ravine |
| <input type="checkbox"/> Nathan Phillips Square | <input type="checkbox"/> Woods / Other green space |
| <input type="checkbox"/> Coffee shop | <input type="checkbox"/> Park or public square |
| <input type="checkbox"/> Stairwell | <input type="checkbox"/> Internet Café |
| <input type="checkbox"/> Under a bridge | <input type="checkbox"/> Abandoned building |
| <input type="checkbox"/> Work/office | <input type="checkbox"/> Parking garage |
| <input type="checkbox"/> Laneway/Alley | <input type="checkbox"/> Bath House |
| <input type="checkbox"/> Car/truck/van | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Transit shelter | <input type="checkbox"/> No Response Given |

36. Did you ever stay in shelters?

- Yes No No Response Given

↳ If yes, how often on average?

- _____ days a week
 _____ days a month

↳ If no, why not?

37. Did you use Out of the Cold beds?

- Yes No No Response Given

↳ If yes, how often? _____

38. Since you moved into housing, do you think that your overall health has changed?

- | | |
|--|--|
| <input type="checkbox"/> Improved | <input type="checkbox"/> Gotten worse |
| <input type="checkbox"/> Stayed the same | <input type="checkbox"/> No Response Given |

Please Explain:

39. When you were homeless, did you have a health card?
 Yes No No Response Given

40. Do you have one now?
 Yes No No Response Given

41. In the last year that you were homeless, where did you go for health services?

- Family doctor ↪ If yes, how often:
- Health clinics ↪ If yes, how often:
- Emergency Room ↪ If yes, how often
- Admitted to Hospital ↪ If yes, how often and for how long
- Psychiatrist
- Dentist ↪ If yes, how often
- Optometrist ↪ If yes, how often
- Other Specialists ↪ If yes, how often
- None of the above used
- No Response Given

42. Since finding housing, where do you go for health services?

- Family doctor ↪ If yes, how often:
- Health clinics ↪ If yes, which ones and how often:
- Emergency Room ↪ If yes, how often
- Admitted to Hospital ↪ If yes, how often and for how long
- Psychiatrist
- Dentist ↪ If yes, how often
- Optometrist ↪ If yes, how often
- Other Specialists ↪ If yes, how often
- HomeCare supports ↪ If yes, how often
- None of the above used
- No Response Given

43. If you have stayed in the hospital, did you ever get admitted to the hospital just to get off the streets?

- Yes No No Response Given
- ↪ If yes, how many times? _____

44. Do you feel that the amount of food you eat has changed?

- | | |
|--|--|
| <input type="checkbox"/> Increased | <input type="checkbox"/> Decreased |
| <input type="checkbox"/> Stayed the same | <input type="checkbox"/> No Response Given |

Please Explain:

45. Do you think the quality of food you eat has changed?

- | | |
|--|--|
| <input type="checkbox"/> Improved | <input type="checkbox"/> Gotten worse |
| <input type="checkbox"/> Stayed the same | <input type="checkbox"/> No Response Given |

Please Explain:

46. Do you feel your level of stress has changed?

- | | |
|--|--|
| <input type="checkbox"/> Improved | <input type="checkbox"/> Gotten worse |
| <input type="checkbox"/> Stayed the same | <input type="checkbox"/> No Response Given |

Please Explain:

47. Do you feel that your sleeping has changed?

- | | |
|--|--|
| <input type="checkbox"/> Improved | <input type="checkbox"/> Gotten worse |
| <input type="checkbox"/> Stayed the same | <input type="checkbox"/> No Response Given |

Please Explain:

48. Do you feel that your personal safety has changed?

- | | |
|--|--|
| <input type="checkbox"/> Improved | <input type="checkbox"/> Gotten worse |
| <input type="checkbox"/> Stayed the same | <input type="checkbox"/> No Response Given |

Please Explain:

49. Do you feel that the amount of social interaction you have has changed?

- | | |
|--|--|
| <input type="checkbox"/> Improved | <input type="checkbox"/> Gotten worse |
| <input type="checkbox"/> Stayed the same | <input type="checkbox"/> No Response Given |

Please Explain: (for example, changes in time spent with friends, activities in the community, etc.)

50. Since finding housing, do you feel your overall mental health has changed?

- | |
|--|
| <input type="checkbox"/> Improved |
| <input type="checkbox"/> Stayed the same |
| <input type="checkbox"/> Gotten worse |
| <input type="checkbox"/> No Response Given |

Please Explain:

51. If you use alcohol, since finding housing do you feel that your alcohol use has changed?

- Increased
- Stayed the same
- Decreased
- Not applicable/don't use
- No Response Given

If yes, how has it changed? (by how much):

52. If you use drugs, since finding housing do you feel that your drug use has changed?

- Increased
- Stayed the same
- Decreased
- Not applicable/don't use
- No Response Given

If yes, how has it changed? (by how much):

53. After paying rent, do you feel the amount of money you have left for the rest of the month is:

- Plenty
- Just enough
- Not enough
- Far too little
- No Response Given

Please Explain:

↳ Do you ever run out of money to buy food? How often?

54. Do you feel that your ability to budget your money has improved since you've moved into your housing?

- Yes
- No
- No Response Given

Please explain:

55. When you were living outdoors and since you've moved into housing, what sources of income do you receive?

	While Homeless		
	Yes	No	
Personal Needs Allowance			
OW (Street Allowance)			
ODSP			
Panhandling			
Employment			
Friends or Family			
Other			

Since Housed		
Yes	No	

56. While you were living outdoors, did you use any of the following services?

	While Homeless		
	Yes	No	How often on average? Which ones?
Street outreach Vans			
Street Helpline			
Food Bank or Community Kitchen			
OoTC Meals			
Drop-in Centres			
ID Clinics			
Legal Services			

Since you've been in your housing, have you used any of the following services?

Since Housed		
Yes	No	How often on average? Which ones?

Health Bus			
Mental Health Programs or Counselling Services			
Detox			
Drug/Alcohol treatment			
Harm reduction services			
Job training			
Education			
Others (specify)			

None of the above No Response Given

57. In the last year you were homeless, and since you've been in housing, have you ever:

	While Homeless		
	Yes	No	How often on average? Which ones?
911 Services (either you called or someone called for you)			
Used an ambulance			
Received help from the fire department			
Spent the night in police detox (drunk tank)?			
Been arrested?			

	Since Housed		
	Yes	No	How often on average? Which ones?

↳ Did you ever get arrested intentionally just to get off the streets?			
Spent one or more nights in jail or detention centre?			
Gone to court on charges?			
Been on probation?			

None of the above No Response Given

Conclusions

We've almost reached the end of the survey, there are just a few more concluding questions.

58. Overall, since moving into housing, do you feel your life has:

- Improved a lot
- Improved somewhat
- Not really changed
- Gotten worse
- No Response Given

Please Explain (how has your life changed since moving into housing?):

59. Overall, since moving into housing, how has your outlook about your future changed?

- Much more positive
- Somewhat more positive
- Not really changed
- Gotten worse
- No Response Given

Please explain:

↳ If more positive, do you feel that you have more opportunities to pursue education, employment or rehabilitation in the future?

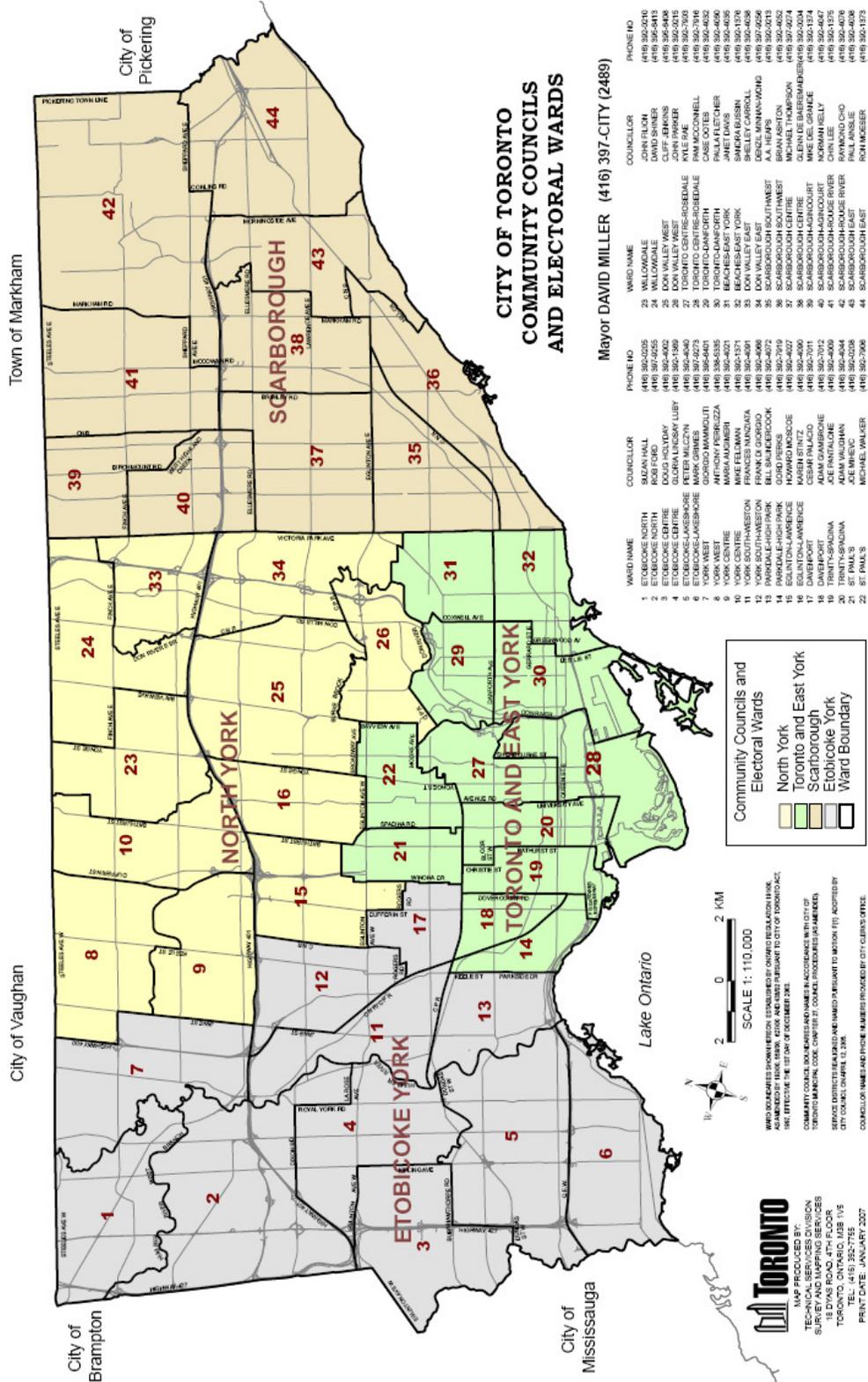
60. What three changes do you think would improve the Streets to Homes program?

61. Is there anything else you'd like to say about your experience with Streets to Homes?

APPENDIX 3: DEMOGRAPHIC ANALYSIS OF SAMPLE

	Survey Sample	All Eligible Streets to Homes Clients	Street Needs Assessment- Total Street Homeless Population
Gender			
Male	82%	78%	82%
Female	18%	22%	18%
Age			
<25	13%	19%	18%
25-49	57%	59%	69%
50-64	27%	20%	12%
65+	3%	2%	2%
Housing Type			
Private	40%	62%	
Supportive	25%	18%	
Social	35%	20%	
Housing Location			
Toronto-East York	57%	60%	
Scarborough	15%	11%	
Etobicoke	16%	17%	
North York	13%	11%	
Length housed			
6 months or less	27%	28%	
7-12 months	24%	21%	
13-18 months	33%	41%	
19 - 24 months	17%	10%	

APPENDIX 4: COMMUNITY COUNCIL DISTRICTS



APPENDIX 5: TECHNICAL TABLES

Demographics

Gender

N=88	#	%
Male	72	82%
Female	16	18%

Age

N=88	#	%
<25	11	13%
25-49	50	57%
50-64	24	27%
65+	3	3%

Age and Gender

N=88	<25		25 to 49		50 to 64		65 or over	
	#	%	#	%	#	%	#	%
Male	8	11%	41	57%	20	28%	3	4%
Female	3	19%	9	56%	4	25%	0	0%

Do you identify as Aboriginal?

N=88	#	%
Yes	23	26%
No	65	74%

Homelessness History

When was the last time before this that you had permanent housing?

N=87	#	%
<=6 mon	14	16%
7-12 mon	15	16%
13-24 mon	14	16%
25 mon to 5 years	26	30%
>5 years	19	21%

Had you been homeless at other times in the past?

N=86	#	%
Yes	43	49%

Total Homelessness (Above Questions Combined)

N=88	#	%
< = 2 years	29	33%
> 2 years	59	67%

What was the main reason you became homeless?

N=87	#	%
Drugs and/or alcohol	20	23%
Personal Trauma	19	22%
Financial/Housing Affordability	10	11%
Job loss	9	10%
Lost Housing	8	9%
Move to Toronto	6	7%
Release from Prison	5	6%
By Choice/My fault	4	5%
Mental illness	3	3%
Illness	2	2%
Other	1	1%

Where do you sleep most often outside?

N=88	#	%
Park or green space	29	33%
NPS	14	16%
Under a bridge	11	13%
Sidewalk/Grate/Doorway	6	7%
Unknown	7	8%
Stairwell	5	6%
Other	4	5%
Laneway/Alley	4	5%
Car/truck/van	4	5%
Shelters	3	3%
Coffee shop	1	1%

Shelter Use

Did you ever stay in shelters?

N=88	#	%
Yes	61	69%
No	27	31%

Did you ever use Out of the Cold beds?

N=86	#	%
Yes	46	53%
No	40	47%

Reasons for not staying in shelters

N=32	#	%
Security	9	28%
Bugs	8	28%
rules	5	25%
Getting along with people	5	16%
Diseases	5	16%
Using Drugs	3	16%
Pride/Independence	3	9%
Noise	3	9%
Indoors	3	9%
Too much Drugs	2	9%
Staff	2	6%
Crowded	2	6%
Privacy	1	6%
Bedbugs	1	3%

Overall Shelter Frequency

N=88	#	%
Rarely	35	40%
More Often	26	29%
Never	27	31%
Of Never:		
Only OOTC	10	12%
None	17	19%

Housing Process

Housing Length

N=88	#	%
3 mon	4	5%
4-6 mon	19	22%
7-12 mon	21	24%
13-18 mon	29	33%
19-24 mon	15	17%

Housed By

N=88	#	%
S2H	46	52%
Albion	4	5%
CNH	2	2%
CONC	2	2%
John Howard	4	5%
NaMeRes	7	8%
SH	3	3%
St. Stephens	1	1%
TNSS	13	15%
Youthlink	6	7%

How did you hear about Streets to Homes?

N=88	#	%
Approached by S2H Outreach	47	53%
Met S2H Staff at Drop-in	10	11%
Referred by someone else	17	19%
Word of Mouth	14	16%

What services were offered that helped you to get housing?

N=85	#	%
Help searching for an apartment	81	94%
Help securing housing	76	88%
Services were easily accessible (offered outdoors)	75	87%
Help in filling out housing applications	73	85%
Setting up pay direct for rent	72	84%
Short wait time to get into housing	69	80%
TTC and Transportation	66	77%
Help with OW or ODSP	66	77%
Help with CSUB	55	64%
Help getting ID	34	40%
Finding interim shelter	17	20%
Reconnecting with family	4	5%
Other	5	6%

Did you use other housing services in the past?

N=85	#	%
Yes	33	39%
No	52	61%

What was most difficult about finding housing?

N=78	#	%
Nothing/Easy	42	54%
Waiting	12	15%
Affordability/ Finding Appropriate Housing	12	15%
Landlords/Discrimination	5	6%
Shelter	3	4%
Contact with worker	3	4%
Accepting Help	1	1%

What worked for you about Streets to Homes? Or What was the most helpful thing they offered?

N=76	#	%
Connections/ Housing results	17	22%
Easy/No blind referrals	15	20%
Caring/Friendly	11	14%
Fast	10	13%
Persistent/Reliable	11	14%
Outreach	9	12%
Right timing	3	4%

What else could have been offered to help you find housing?

N=19	#	%
Having more money or a job	4	21%
Help from other workers	4	21%
Transportation/ Phone	4	21%
More appropriate housing choices	3	16%
More Affordable Housing	2	11%
Faster	2	11%

Current Housing

Did you feel you had a choice in type of housing?

N=86	#	%
Yes	42	49%
Somewhat	19	22%
No	25	29%

Did you feel you had a choice in location of housing?

N=86	#	%
Yes	45	52%
Somewhat	15	17%
No	26	30%

Location of Housing

N=86	#	%
Toronto-East York	50	57%
Etobicoke	13	15%
North York	14	16%
Scarborough	11	13%

Type of Housing

N=86	#	%
Alternative/supportive Housing	22	25%
Private market	35	40%
Social Housing	31	35%

Type of Unit

N=88	#	%
Bachelor	26	30%
1 bed	21	24%
2 bed - couple/family	7	8%
2 bed - shared	5	6%
3 bedroom - shared	2	2%
Shared accomodations	23	26%
Room	4	5%

Type of Unit

N=88	#	%
Independent	54	61%
Shared	34	39%

How satisfied are you with your neighbourhood?

N=87	#	%
Very happy	35	40%
mostly satisfied	34	39%
somewhat unsatisfied	14	16%
very unhappy	4	5%

Reasons for Neighbourhood Satisfaction

N=65	#	%
Adjusted/Doesn't Bother Me	8	12%
Convenient	15	23%
Familiar Area	5	8%
Neighbours/Friends	7	11%
Privacy	6	9%
Quiet/Residential	14	22%
Safe/No drugs	1	2%

Reasons for Neighbourhood Dis-satisfaction

N=65	#	%
Street Activity (Drugs, etc.)	7	11%
Proximity to Drug/Alcohol Use	5	8%
Dangerous	6	9%
Problems with Neighbours	8	12%
Boring/No resources	5	8%
Too Busy/Noisy	2	3%

Have you had contact with the landlord or building management?

N=87	#	%
Yes	81	93%
No	6	7%

Would you describe that contact as:

N=81	#	%
Very positive	35	43%
Somewhat positive	29	36%
Somewhat negative	9	11%
Negative	8	10%

Reasons for Positive

N=40	#	%
Friendly	14	35%
Haven't had any problems	11	28%
Nice but need more repairs	9	23%
Repairs get done	6	15%

Reasons for Negative

N=15	#	%
Complaints/ Damages	7	47%
Maintenance/ Repairs	6	40%
Rules/Roommates	2	13%

Overall, how satisfied are you with your housing?

N=87	#	%
Very happy	44	51%
mostly satisfied	32	37%
somewhat unsatisfied	7	8%
very unhappy	4	5%

What do you like the most

N=85	#	%
Size or amenity	15	18%
Privacy	13	15%
Off the street	13	15%
Location (convenience, etc)	11	13%
Well Maintained	10	12%
Quiet	10	12%
Neighbours/ Roommates	7	8%
Use of facilities (kitchen, bath)	6	7%
Not shared	5	6%
Services Included	4	5%
Safe	3	4%
Independence	3	4%
Nothing	3	4%
Visit family	2	2%
Inexpensive	2	2%

What do you like the least

N=85	#	%
Nothing	16	19%
Neighbours/ Too busy	15	18%
Too small / amenity	13	15%
Landlord/ Maintenance	11	13%
Roommates	7	8%
Location	9	11%
Rules	4	5%
Proximity to drug use	4	5%
Noisy	2	2%
Lack of Safety	2	2%
Being indoors	1	1%

Have you moved apartments?

N=88	#	%
Yes	28	32%
No	60	68%

Reasons for Moving

N=28	#	%
Roommate	8	29%
Got a better place or HC	5	18%
Internal Move	4	14%
Relationship	3	11%
Location	2	7%
Get away from drugs	2	7%
Treatment	1	4%
OW	1	4%
Evicted	1	4%
Building Management or Maintenance	1	4%

Follow-up Services

Follow-up Provided By:

N=88	#	%
Streets to Homes	31	35%
Agency	57	65%

Which of the following does your follow-up worker help you with?

N=85	#	%
Listening to your concerns	77	91%
Dealing with OW or ODSP	62	73%
Finding furniture	61	72%
Connecting you to help or services in your neighbourhood	56	66%
Dealing with your landlord	55	65%
Grocery shopping	44	52%
Transportation or TTC	43	51%
Accessing health services	42	49%
Getting clothing	38	45%
Finding volunteer opportunities	31	36%
Preparing for or finding employment	26	31%
Planning for education	23	27%
Connecting to mental health services	19	22%
Budgeting	21	25%
Accessing addictions treatment	19	22%
Connecting with family	7	8%
Other	2	2%

How often are you in contact with them, on average

N=86	#	%
Once a week	35	41%
Several times a week	15	17%
Once every two weeks	13	15%
Once every few months	10	12%
Once a month	7	8%
Once a day	5	6%
Once every six months	1	1%

Do you feel the amount of contact you have with your worker is:

N=84	#	%
Not enough	8	10%
The right amount	74	88%
Too Much	2	2%

Since you've been in housing, has your need for support services changed?

N=85	#	%
Increased	14	16%
Stayed the Same	43	51%
Decreased	28	33%

In the future, do you think your need for housing support services will change?

N=81	#	%
Increase	9	11%
Stayed the Same	44	54%
Decrease	20	25%
Don't Know	8	10%

What kind of help offered by your follow-up worker do you find most valuable?

N=80	#	%
Discussion/Decision Making	27	34%
General support/Makes me feel better	16	20%
Information/Referrals	10	13%
Advocacy	9	11%
Help with appointments/transportation	7	9%
Finding new housing	4	5%
Paperwork	3	4%
Housewares	3	4%
Managing Money	1	1%

What do you think is most difficult about keeping your current housing?

N=87	#	%
Nothing	24	28%
Nothing, because rent is paid	13	15%
Neighbours/ Roommates	16	18%
Patience/Staying out of trouble	5	6%
Returning to Drug/Alcohol Use	4	5%
Landlord/Maintenance	4	5%
Staying Indoors	4	5%
Staying on OW/ODSP	4	5%
Paying bills/Money	3	3%
Paying Arrears/Damages	3	3%
Getting a job	3	3%
Cleaning	2	2%
Boredom/Isolation	2	2%

Do you currently feel that your housing situation is secure?

N=87	#	%
Yes	74	85%
No	13	15%

Have you ever thought about leaving your housing?

N=87	#	%
Yes	34	39%
No	53	61%

What else could be offered that would help you to keep your housing?

N=35	#	%
Better Housing	15	43%
Transportation	4	11%
Supplies/Furniture	4	11%
Getting a job	4	11%
More money	2	6%
Better Maintenance	2	6%
Amenity	2	6%
Treatment	1	3%
Pay direct continues	1	3%

Health Services

How has your health changed?

N=84	#	%
Improved	59	70%
Stayed the Same	14	17%
Gotten Worse	11	13%

Did you have a health card when you were homeless?

N=86	#	%
Yes	61	71%
No	25	29%

Do you have one now?

N=86	#	%
Yes	78	91%
No	8	9%

Which of the following services did you use in the last year that you were homeless?

N=85	#	%
Family Doctor	34	40%
Clinics	40	47%
ER	45	53%
Hospital	20	24%
Psychiatrist	7	8%
Dentist	21	25%
Optomotrist	7	8%
Specialists	3	4%

Which of the following services have you used since moving into housing?

N=85	#	%
Family Doctor	45	53%
Clinics	29	34%
ER	27	32%
Hospital	15	18%
Psychiatrist	12	14%
Dentist	22	26%
Optomotrist	17	20%
Specialists	10	12%
Home Care	3	4%

Percentage Change in Health Services Use

	#	%
Family Doctor	11	32%
Clinics	-11	-28%
ER	-18	-40%
Hospital	-5	-25%
Psychiatrist	5	71%
Dentist	1	5%
Optomotrist	10	143%
Specialists	7	233%

Did you ever get admitted to hospital just to get off the street?

N=19	#	%
Yes	4	21%
No	15	79%

Expressed as the percentage change in service use from before to after housing:

$$\frac{N_{\text{After}} - N_{\text{before}}}{N_{\text{before}}} \times 100 = \text{Percentage Change}$$

Quality of Life

Summary Table

	Improved	Stayed the Same	Gotten Worse
	%	%	%
Has the amount of food you eat changed?	65	18	18
Has the quality of food you eat changed?	63	22	15
Do you feel your level of stress has changed?	60	24	16
Do you feel your sleeping has changed?	69	18	13
Do you feel your personal safety has changed?	72	22	6
Do you feel the amount of social interaction you have has changed?	40	34	26
Do you feel your mental health has changed?	57	31	12

Alcohol and Substance Use

Do you feel your alcohol use has changed?

N=87	#	%
Increased	7	10%
Stayed the Same	29	41%
Decreased	35	49%
Not applicable	16	

Alcohol Use Detail

N=87	#	%
Increased	4	6%
Increased - Minimal Use	3	4%
Stayed the Same	20	28%
Same - Minimal Use	9	13%
Decreased	23	32%
Quit	12	17%
Not applicable	16	

Do you feel your drug use has changed?

N=85	#	%
Increased	4	8%
Stayed the Same	9	18%
Decreased	36	74%
Not applicable	36	

Substance Use Detail

N=85	#	%
Increased	4	8%
Stayed the Same	6	12%
Same - Minimal Use	3	6%
Decreased	20	41%
Quit	16	33%
Not applicable	36	
No response	3	

Income Supports

After paying rent, do you feel the amount of money you have left is:

N=88	#	%
Plenty	9	10%
Just enough	19	22%
Not enough	39	44%
Far too little	21	24%

Do you ever run out of money to buy food?

N=86	#	%
Yes	57	66%
No	30	34%

Do you feel your ability to budget your money has improved?

N=85	#	%
Yes	47	55%
No	38	45%

Sources of Income while Homeless

N=87	#	%
Panhandling	47	54%
SA/OW	43	49%
Employment	20	23%
ODSP	17	20%
PNA	14	16%
Friends/Family	14	16%
Other	11	13%
None of the Above	1	1%

(Other includes 3 on CPP, one on EI, one on alimony)

Sources of Income since Housed

N=87	#	%
SA/OW	56	64%
ODSP	27	31%
Panhandling	20	23%
Employment	16	18%
Friends/Family	10	11%
Other	9	10%

Sources of Income Percentage Change

	#	%
SA/OW	13	30%
ODSP	10	59%
Panhandling	-27	-57%
Employment	-4	-20%
Friends/Family	-4	-29%
Other	-2	-18%

Service Use

Services used while homeless

N=84	#	%
Drop-ins	64	76%
Street Outreach Vans	63	75%
OTC Meals	49	58%
ID Clinics	45	54%
Food bank	44	52%
Health Bus	39	46%
Street Helpline	36	43%
Harm Reduction Services	22	26%
Detox	21	25%
Legal Services	19	23%
Drug/Alcohol Treatment	10	12%
Mental Health Programs	10	12%
Job training	4	5%
Education	2	2%
Other	1	1%
None of the Above	1	1%

Service Used Since Housed

N=84	#	%
Food bank	68	81%
Drop-ins	40	48%
ID Clinics	25	30%
OTC Meals	16	19%
Education	14	17%
Harm Reduction Services	15	18%
Drug/Alcohol Treatment	15	18%
Legal Services	13	15%
Mental Health Programs	12	14%
Job training	11	13%
Health Bus	9	11%
Detox	8	10%
None of the Above	3	4%
Other	2	2%

Percentage Change in Service Use

	#	%
Food bank	24	55%
Drop-ins	-24	-38%
ID Clinics	-20	44%
OTC Meals	-33	-67%
Education	12	57%
Harm Reduction Services	-7	-32%
Drug/Alcohol Treatment	5	50%
Legal Services	-6	-32%
Mental Health Programs	2	20%
Job training	7	175%
Health Bus	-30	-77%
Detox	-13	-62%
None of the Above	-2	-200%

Emergency Services Used While Homeless

N=82	#	%
Call 911	23	28%
Ambulance	26	32%
Fire Dept	7	9%
Police Detox	16	20%
Get Arrested	32	39%
Intentionally	7	9%
Jail	25	30%
Court	26	32%
Probation	16	20%

Emergency Services Used Since Housed

N=82	#	%
Call 911	15	18%
Ambulance	16	20%
Fire Dept	2	2%
Police Detox	4	5%
Get Arrested	14	17%
Jail	8	10%
Court	11	13%
Probation	10	12%

Emergency Services Percentage Reduction

	#	%
Call 911	-8	-35%
Ambulance	-10	-38%
Fire Dept	-5	-71%
Police Detox	-12	-75%
Get Arrested	-18	-56%
Jail	-17	-68%
Court	-15	-58%
Probation	-6	-38%

Conclusions

Overall, how has your life changed?

N=87	#	%
Improved a lot	53	61%
Improved somewhat	26	30%
Not really changed	6	7%
Gotten worse	2	2%

How has your outlook about your future changed?

N=85	#	%
Much More Positive	37	44%
Somewhat more positive	32	38%
Not really changed	15	18%
Gotten worse	1	1%

APPENDIX 7: STATISTICAL SIGNIFICANCE TABLES

The McNemar test is designed to test the significance of differences between paired proportions on a 2x2 classification table, e.g. in studies in which patients serve as their own control, or in studies with "before and after" design.

Most authors refer to statistically significant as $P < 0.05$ and statistically highly significant as $P < 0.001$ (less than one in a thousand chance of being incorrect).

	McNemar's Test Chi Square Significant @ 95% confidence	P Value	Statistical Significance (at 95% Confidence Level) of the McNemar test based on P_values	Matched Pairs Odds Ratio	Matched Pairs Odds Ratio Confidence Interval	Is this Statistically Significant at 95% Confidence Level?
Health Services						
Family Doctor	YES, therefore statistically significant	0.015	YES, therefore statistically significant	4.67	1.341 16.239	Yes, there is a positive association being housed and the factor
Clinics	YES, therefore statistically significant	0.015	YES, therefore statistically significant	0.21	0.062 0.746	Yes, there is a negative association being housed and the factor
ER	YES, therefore statistically significant	0.003	YES, therefore statistically significant	0.28	0.121 0.647	Yes, there is a negative association being housed and the factor
Hospital	NO, therefore not statistically significant	0.383	NO, therefore not statistically significant	0.62	0.255 1.485	No, there is no association between being housed and the factor
Psychiatrist	NO, therefore not statistically significant	0.267	NO, therefore not statistically significant	2.25	0.693 7.306	No, there is no association between being housed and the factor
Dentist	NO, therefore not statistically significant	1	NO, therefore not statistically significant	1.08	0.494 2.374	No, there is no association between being housed and the factor
Optomotrist	YES, therefore statistically significant	0.044	YES, therefore statistically significant	3.00	1.090 8.254	Yes, there is a positive association being housed and the factor
Specialists	YES, therefore statistically significant	0.046	YES, therefore statistically significant	8.00	1.001 63.965	Yes, there is a positive association being housed and the factor

	McNemar's Test Chi Square Significant @ 95% confidence	P Value	Statistical Significance (at 95% Confidence Level) of the McNemar test based on P_values	Matched Pairs Odds Ratio	Matched Pairs Odds Ratio Confidence Interval		Is this Statistically Significant at 95% Confidence Level?
Community Services							
Detox	YES, therefore statistically significant	0.006	YES, therefore statistically significant	0.19	0.055	0.643	Yes, there is a negative association being housed and the factor
Drop-ins	YES, therefore statistically significant	0.0001	YES, therefore HIGHLY statistically significant	0.08	0.018	0.324	Yes, there is a negative association being housed and the factor
Drug/Alcohol Treatment	NO, therefore not statistically significant	0.228	NO, therefore not statistically significant	2.67	0.707	10.052	No, there is no association between being housed and the factor
Education	YES, therefore statistically significant	0.002	YES, therefore statistically significant				Undefined
Food bank	YES, therefore statistically significant	0.0001	YES, therefore HIGHLY statistically significant	6.75	2.362	19.291	Yes, there is a positive association being housed and the factor
Harm Reduction Services	YES, therefore statistically significant	0.046	YES, therefore statistically significant	0.13	0.016	0.999	Yes, there is a negative association being housed and the factor
Health Bus	YES, therefore statistically significant	0.0001	YES, therefore HIGHLY statistically significant				Undefined
ID Clinics	YES, therefore statistically significant	0.001	YES, therefore statistically significant	0.26	0.113	0.595	Yes, there is a negative association being housed and the factor
Job training	NO, therefore not statistically significant	0.07	NO, therefore not statistically significant	4.50	0.972	20.828	No, there is no association between being housed and the factor
Legal Services	NO, therefore not statistically significant	0.211	NO, therefore not statistically significant	0.45	0.158	1.308	No, there is no association between being housed and the factor
Mental Health Programs	NO, therefore not statistically significant	0.752	NO, therefore not statistically significant	1.50	0.423	5.316	No, there is no association between being housed and the factor
OTC Meals	YES, therefore statistically significant	0.0001	YES, therefore HIGHLY statistically significant	0.03	0.004	0.222	Yes, there is a negative association being housed and the factor

	McNemar's Test Chi Square Significant @ 95% confidence	P Value	Statistical Significance (at 95% Confidence Level) of the McNemar test based on P_values	Matched Pairs Odds Ratio	Matched Pairs Odds Ratio Confidence Interval	Is this Statistically Significant at 95% Confidence Level?
Emergency Services						
Call 911	NO, therefore not statistically significant	0.136	NO, therefore not statistically significant	0.47	0.190 1.145	No, there is no association between being housed and the factor
Ambulance	NO, therefore not statistically significant	0.066	NO, therefore not statistically significant	0.41	0.171 0.993	Yes, there is a negative association being housed and the factor
Fire Dept	NO, therefore not statistically significant	0.131	NO, therefore not statistically significant	0.17	0.020 1.384	No, there is no association between being housed and the factor
Police Detox	YES, therefore statistically significant	0.003	YES, therefore statistically significant	0.08	0.010 0.588	Yes, there is a negative association being housed and the factor
Get Arrested	YES, therefore statistically significant	0.0003	YES, therefore HIGHLY statistically significant	0.10	0.023 0.428	Yes, there is a negative association being housed and the factor
Jail	YES, therefore statistically significant	0.0005	YES, therefore HIGHLY statistically significant	0.11	0.025 0.452	Yes, there is a negative association being housed and the factor
Court	YES, therefore statistically significant	0.004	YES, therefore statistically significant	0.21	0.072 0.619	Yes, there is a negative association being housed and the factor
Probation	NO, therefore not statistically significant	0.182	NO, therefore not statistically significant	0.29	0.059 1.375	No, there is no association between being housed and the factor

APPENDIX 8: MORE OF CLIENTS' VOICES

Reasons for homelessness

"I was in prison for 10 years. I didn't feel comfortable being behind walls when I got out. And hostels were worse than the streets because they just feel like being back in prison again."

"I lost my job. Got divorced, lost custody of my children and everything went downhill from there."

"Because of landlords, and I couldn't afford rent. Then you get kicked out of a place and you can't get another place because you can't get last months rent. That's what happened last time, I left the place and then had to wait a year to get startup again."

"I guess because I had no resources. I have a pretty good work history but I have a criminal record from my 20s so it's hard to get work. Transportation really holds you back too, if you can't get around you can find a place or a job."

"Because I'm an alcoholic. I slept in parks, in cars, in stairwells. Sometimes I stayed at friends' places or used their shower but mostly I just passed out in parks."

Sleeping Outdoors

"Probably 50/50 on some park bench or maybe I'd find a place that was going to be demolished and stay there."

"I stayed in the alley, I lived there for 2 years. I had a little shack there."

Shelter Use

"We had a bad experience waiting in line to get into a shelter one time, we changed our minds and left. It's safer outside."

"I would stay a week or two at a time. I'm just not like that. More of a free spirit. I need to roam and do my own thing."

"I didn't like the rules, being told what to do like a child. Especially curfew."

"Only 2 or 3 nights in 10 years. You're better off in jail than a shelter. You're in the same room as 50 other people, catching diseases, you wake up and your shoes are gone."

"Honestly a lot of the people who are going into shelters are the ones who have just given up. And I couldn't see myself doing that."

Streets to Homes – What Worked

"She's non-stop. She helped out with everything I needed. She was reluctant to give up and she didn't. Anything that needed to get done, it did, like, the next day."

"If they didn't keep after us we wouldn't have done it."

“They kept asking me if I was ready for housing yet, but in a very non-imposing way. It was very harm-reduction oriented.”

“Because they approached me directly to offer services. Otherwise I would not have been able to ask for help on my own.”

“The approach. Genuine concern. Someone who’s genuinely concerned about your situation. You can tell that by how someone approaches you. When you get that attitude from someone who’s paid to assist you. Who are you to judge me?”

“They took the time to help me look for a place. They have closer connections, to get fast track access.”

“Because I have a hard time doing things for myself. I didn't know what to do. She made it easy. I wouldn't go around and fill out applications or look for housing on my own. She knew what I needed to do and she did it.”

“She made it easier for me, made all the appointments and did all the work. I just had to show up.”

“They're there for you. It's not just a matter of they're doing a job, but they're involved. They really care. It didn't matter the situation, they didn't look down at people for doing drugs. Anything you needed you would just call and they would come. They offered the help and I took what was available.”

“When I saw him, I said oh not another one, I’m tired of talking to you people. You don’t do nothing. You got 14 business cards, they’re all going to help you but they don’t answer their phones. He said no, not me. I said I heard that before. So he came down here, he got the paper work, a week after, I had my place. I was impressed with what he did.”

“Liaisoning with welfare. Because I get intimidated by workers and things like that. I freeze up and I don't know what to say.”

“Things just fell together at the right time. Also, finding a worker that knew what they were doing. I had dozens over ten years and they would all say they were going to help you and never did.”

“They wanted to get me housing but I kept telling them no. It was two weeks before I would even do the application. When she talks to you, it's not like she's better than you. She came to my level.”

“It was very fast. It was all put together in two weeks, almost immediately even though I had two dogs.”

Housing choice

“I wasn't forced into my current place - I had a choice to view other places.”

“They could have given me other choices, but I like it here.”

“There wasn't very many options. On social services, all they cover is a room. If I was to get a 1 bedroom I would have to get a job.”

“I was more concerned with getting off the streets.”

Neighbourhood

“I don't associate too much with other people in my building. Keep to myself. It's quiet where I live. My friends don't want to come see me here, but maybe that's for the best.”

“There are lots of weirdos and drugs in the building. People are going to get me evicted. I have bad neighbours who are always complaining about things.”

“There are a few undesirables but I keep to myself. I mind my business, they should mind theirs.”

What people liked most about their housing

“I don't have worry about paying the cable bill, the phone bill. It's all part of the living arrangement. It takes away a lot of stress. You don't really think about it, but it's huge.”

“It is private. I don't have to answer the buzzer if I don't want to.”

“Nobody is ever there so it's quiet. We have use of the kitchen and our own little fridges in our rooms.”

“It's generally quiet, and the people are mostly friendly.”

“There's someplace to go home after being out all day, you know you can go back to it. When you're on the street, all you have is what's in your backpack. You'd never leave anything sitting out in the open even for a second because it wouldn't be there when you got back.”

What people liked least about their housing

“We know too many people here now. People are always dropping by. And when we tell them to go away they just come back.”

“The way they have security, sometimes it is a hassle to have people over. There are all these silly rules.”

“I want to move to a new place. The neighbour downstairs is a crackhead and he keeps me awake all night making noise, yelling and swearing. He's up all night and sleeps all day.”

Follow-up Supports – What is most helpful

“The most helpful thing is accessing government services. They seem to respond better to an agency than you walking in by yourself.”

“I can call when I need clarification or guidance in direction. To find out what resources are the best to use in that situation.”

“She's a good listener. I can sit down and talk to her. One day I was really frustrated with things and when she left here I felt so much better.”

“I always feel better after seeing him, it cheers me up.”

“Just having her support in my corner, she's very personable”

“If I need to go to the hospital, like for the tests, she will go with me or give tickets to get there.”

“Hooking me up with services I don't know about. She has connections I don't know about”

“The reassurance, to know someone is there if you need them”

Frequency of Follow-up

“At the beginning I didn't want no part of nobody. But now it's changed, I've begun to trust a little bit more. Come off the street for three years, being juggled around from different housing workers. I just wanted to go in my place, but now I've changed my attitude.”

“I need more support now. I'm going through some stuff that makes me want to throw the apartment in the garbage.”

“I'm pretty happy with the current situation. It's good to know she is around if needed.”

“I'm always going to need her help.”

“I can't read. I will probably still need help because I don't know how to get around a lot of things because I don't know a lot of big words because of my education. People sometimes take advantage of me.”

“If I go back to work it will decrease”

“It [my need] is going to be minimal because of the way I've brought my life back.”

“Once we find new housing, we will need less help.”

“It's an evolutionary thing as I assimilate to my new environment. My need for support won't ever quite go away. But it's reassuring to have someone to go to for help, not just having to face the monster government alone.”

Housing Security

“Don't know what social services might do at anytime. So far they haven't said anything.”

“Because I struggle with drugs and alcohol and it is present in that house, it was the norm there. I can be the strongest guy 99 out of a hundred days and it only takes one day to suck me back in. And if I have to battle with that every day, it sucks.”

What is most difficult

“The isolation. Being in the east end, because I used to live in the west end, with all the galleries and art shows. Don't have a lot in common with the other people in this building.”

“Biggest concern would be going back to actively using.”

“The landlady. She has ideas about who we are without even talking to us.”

“Getting caught by the cops when I'm drinking and doing something bad. Going back to jail. I've been out for a year and a half. That's good for me.”

“I've had a couple incidents with people in the building.”

“Dealing with ODSP. They're constantly on my case about all kinds of paperwork.”

“Just the system. Trying to get a job, or keep assistance so the rent is paid.”

“Maybe keeping it clean. Sometimes we spend our money on drugs and have less for other things that we need, like other bills.”

Pay direct

“On my list to stay off the street, that's at the top, that's what you need is the rent paid directly because then you don't have to worry about it. I've seen too many guys out there messing it up and I don't want to do that.”

“The rent is paid direct, so it's not hard to keep my housing. If it wasn't, then I'd have trouble.”

“I don't mind that rent direct, that's a bonus, that's \$5 for a money order that I save, plus it saves me TTC tickets and running around.”

Thinking about leaving housing

“Every day. Because I miss it.”

“I don't even know why I think like that because I've got my apartment. But I get angry and call [my worker] and tell her I'm going back to sleeping at NPS.”

“Basically if I go back to the street I will go to jail. But I have still thought about it because I don't like where I'm living.”

“But it's too cold to go back to sleeping outside.”

“But to leave would screw everything up. I would go back to square one. I'm walking a fine line right now and I don't want to go that way.”

Other services needed

“A new place to live, a 1 bedroom or bachelor apartment.”

“Maintenance and upkeep of the building, and regulating the behaviour of people in the building.”

“Transportation. I have to walk everywhere.”

Health

“It's ten times better than it was. I'm healthy and smiling. I bet I've put on 30 pounds since I moved in.”

“My drug use is down, energy level is up, eating better, getting regular sleep, and I can stick to my medication.”

“Considering when you live on the street, you have to live in a lot of elements, rain and cold and extreme heat, I guess I've gotten a little better. I've quit drinking heavily and quit smoking. So I guess it's beneficial.”

Food

“You cook for yourself, you can cook what you like. In a shelter, you eat what's on your plate and you can't ask for anything different.”

“I have my own fridge now, so I can buy some food, not just eat fast food.”

“It's up and down. I can't afford to buy meats.”

“Well, it's a problem because I only eat once or twice a day and then I eat too much because I'm so hungry. But I'm eating well.”

“We get stuff from the food bank, so we eat a lot of pasta.”

“I don't get any meat anymore. When I lived outdoors I could catch animals like rabbits. Now I can't afford vegetables, and I eat mostly cheap carbs like pasta and potatoes.”

“We only have bar fridges in our room. You can only put so much food in there, and it runs out before the end of the month.”

“I still do my own cooking just like before. I had a propane stove in the shack I built and used to cook my food there.”

Stress

“It has changed – a different kind of stress. Having a warm and dry place has relieved some stress. But I have always had issues dealing with people, I was always a loner and now I live with people.”

“I guess the stress level is a little higher now that I'm in housing. I've got to take care of these things around me, knowing that if I let my life go down the tube it's affecting other people as well, so I have to take that into consideration as well.”

Sleeping

“My sleeping is more normal now, I sleep during the night whereas before would be up at night and sleeping during the day.”

“Get no sleep now. Used to sleep better on the streets, all I had to worry about was a bus or a car going by.”

“I'm not used to being indoors, my sleep habits are way off.”

“Still don't sleep well, can't sleep more than 2 or 3 hours at a time. I wish I had a doctor.”

“I didn't used to sleep at night because I was too scared.”

Personal Safety

“I feel way more safe. In the street you gotta sleep with one eye open. That's how I lost my ID, my wallet got stolen while I was sleeping on the street.”

Social Interaction

“It has decreased, because we live so far away from everyone. I try to go out when I can.”

“We have less friends now but it is better this way. On the street you have to consider everyone your friend. Now, we don't even talk to some of those people anymore.”

“I don't see the same kinds of friends, the ones that hold you back or get you involved at their level. I mostly hang out with the guys in the house. And I've joined a church.”

“Now I have a place to get away from people. I had too much social interaction before. I'm enjoying the fact that I can shut the world out for a little while.”

“Not the amount that has changed, but the type. I haven't had a girlfriend since I quit drugs. I miss that. But now I'm at the point where can be comfortable being around people who are using. I have been going back to see friends. I'm going back because most people who get clean go away. They just disappear and you don't know what happened to them. I'm going back to give them hope, because an addict is hopeless. To show them that if I can do it they can.”

Mental Health

“Mentally, yes. It's not my head anymore that's going in directions. I know I'm somewhere, that I'm safe, that I'm not living out in the cold. It's a good feeling. It's a better state of mind I guess.”

Alcohol Use

“I used to drink almost every day. You drink on the street so you don't have to feel anything. Don't need to do that anymore. Now I might just have a drink to socialize.”

“I used to drink a lot, pretty much every day. There's nothing else to do on the street, no one's depending on you. Last time I had anything to drink was Christmas.”

“I just don't do it. The last time was 3 weeks ago. The alcohol is a killer for me, and I just can't. If I was back down here I'd be right back into it again. You have to, to be part of the group.”

Substance Use

“Ten times less. Used to be every day, now a couple times a month.”

“I don't use anymore. That's a big change. Even my attitude, it's just like when you're drinking and you wake up in the morning without a hangover”

Income Sufficiency

“With these fridges, you can't stack things in the freezer when you get your pay and you have money for groceries.”

“We're smokers, so that takes money. And there's always something we need for the house. Had to get rid of the phone because by the time everything was added up it was more than they said and we couldn't afford to pay the bill.”

“I run out quite often. But not as much as before since I quit smoking, I don't spend all my money on cigarettes. I have a little bit more money in my pocket.”

Budgeting

“Because I don't got out anymore. I know if I go out it's going to cost me.”

“I go to money mart and cash it right away. I get cravings right away, every month still, that money burns a hole in my pocket. I deposit it at money mart, and try to bring a friend along to make sure I don't call a dealer right away.”

Overall Changes

“I feel emancipated. All this freedom I've got now. Before everyone was telling me where to go, taking me one place to another.”

“Security, personal security and for your possessions. You don't have to carry your pack everywhere and you can get cleaned up and sleep.”

“You can do what you want. If you want to go somewhere you can go, you don't have to come back in at a certain time. There's nobody giving you the go around. If anybody buzzes me, I let them in, if I don't want to let them in I don't bother with it. It's like I'm my own boss.”

“My self-esteem. I feel independent like it is my choice to do what I need to do for my own well-being.”

“My own attitude. I don't feel like an outcast anymore. My acquaintances attitudes towards me, that I feel comfortable towards them and they feel comfortable with me.”

“Because I'm stepping up from where I was. I'm trying to get my life together and there are a lot of people around me helping me.”

“I learned that when someone wants to help, there's not always an ulterior motive. I used to always think, what are they going to get out of this. I feel very little stress now, because I'm not worrying about my next fix, not trying to make money to support a habit. I've gained weight, My whole outlook on life has changed.”

“I feel more safe and secure, don't have to figure out where my next meal is coming from. If it's too cold I can stay inside.”

“I've started school; we do our own groceries; I wake up on my own; I have a good relationship with my boyfriend; I'm more motivated. I'm happy.”

“A load has been lifted off my shoulders because you know you have a bed to sleep in at night at home. I'm even thinking about finishing my OAC.”

“If it wasn't for her, I wouldn't be where I am today. I am so grateful to this place.”

Future Outlook

“I feel a lot better now. A whole lot of people tell you that you see the light at the end of the tunnel and I'm starting to see that little light at the end of the tunnel. I can't wait to get back to so-called society.”

“It's easier to look for a job when you can shower and stuff. We're trying really hard to get jobs, we send out like 80 resumes a day but it's still really hard.”

“You have more of a chance for doing things because you have an address that you can use to apply for things.”

“I have a base of operation now. I've been thinking about doing some education, never to old to learn new things. I'm not going to be like this forever. Give me a couple of years and I'll be back on my feet. I've pulled myself out of the ditch, this is the first step on the ladder.”

“Emotionally, it hasn't improved. But intellectually I know I have a better chance of improving my life now. I would like to go back to work when my health improves.”

“Now it gives me time to actually plan things out, sit down and think about these things that I haven't had time to think about in years.”

“When I left rehab, someone gave me a drawing with a person hanging on the bottom rung of a ladder. He said that was me. Now I see myself standing on the bottom rung, not hanging on for dear life anymore.”

“I'm trying to make the transition back to a normal life. Establishing goals, moving in the right directions, and moving forward in life. I want to become a productive member of society again and go back to school or find work.”

“I care about things now that I didn't care about on the street. I didn't care if I lived or died. Would rather have died sometimes, having people walk by you in your dirty clothes and things. I can walk with my head up now. I still have to worry but it's about things I wouldn't ever have even dreamed of. And I can help other people now to get off the streets.”

Program Improvements

“Don't promise something if you can't handle it. If you can't give him a place don't tell him that. You're dealing with people on the streets. Emotionally they're at the end of their ropes. If you're going to tell me you're going to help me, help me out.”

“I think the biggest problem is if they advertise more. I know a lot of people never heard it. I know a lot of people, they're just dying. They say, who the hell is your worker? My worker won't do this and this and this. A lot of guys that are in a lot worse places than I am, and they're all trying to get out. They're all trying to get housing.”

“Letting homeless people know about it. Put posters in all places with contact numbers.”

“Shelters are not the answer, Shelters are just a band-aid, they get \$55 a night for putting somebody's head on a mat. Times 30, that's 1800 something dollars a month. Give someone \$1000 on welfare and get them a place to live.”

“If somebody gets a letter that they don't understand, and they don't have someone to call to find out what it's all about or to do something, they're going to be out the door and on the street. Like, don't send people eviction letters about \$89. There's things they've got to change. Getting people in here is one thing, keeping them there is another. But these people got to play a role too. They've got to be a little sensitive to people that're just coming in.”

“Some people need more help than others. Maybe need more than just a visit once a month. Just because you have housing doesn't mean you don't need help.”

“Workers have too many clients, they don't have time to help you call landlords. They were too busy to help us find a place or to move.”

“The services are 100% good, what you're doing. Nobody can beat it. But you need more money to do more things.”