

Panel Study on Persons Who Are Homeless in Ottawa: Phase 2 Results¹

Final Report

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EXECUTIVE SUMMARY

Context and Objectives

- The Panel Study on Homelessness was developed in response to the City of Ottawa's interest in facilitating collaboration between researchers at the Centre for Research on Educational and Community Services at the University of Ottawa, Carleton University, Saint-Paul University, the City of Ottawa's Housing Branch, and the Alliance to End Homelessness in Ottawa.
- The purpose of the Panel Study was to examine longitudinally the housing trajectories of persons who are homeless. The primary objective of the study was to identify factors that affect homeless persons' ability to exit homelessness and achieve housing stability. A secondary objective was to assess the relationship between housing status and health functioning.
- This final report of the second phase of the study locates the study in the relevant research literature; describes the implemented methodology; reports the results of quantitative and qualitative analyses; interprets the results in the context of previous research; and discusses the policy and program implications of the findings.

Methodology

- The second phase of the project was conducted between October 2004 and October 2005. Procedures put in place in the first phase of the study were used to locate and re-interview study participants approximately two years after their initial interview.
- A sample of 412 individuals was interviewed in the first phase of the study, including 87 single men, 85 single women, 79 male youth, 78 female youth, and 83 adults in families. A total of 255 participants (62%) were re-interviewed in the second phase of the study. The follow-up sample comprised of 43 single men, 55 single women, 49 male youth, 50 female youth, and 58 adults in families.
- A comparison of the those respondents who participated in the follow-up interviews with non-respondents found the two groups to be similar on all demographic and housing history characteristics with exception of length of residency in Ottawa. Follow-up respondents, as a group, had lived in Ottawa longer than non-respondents.
- The interview protocol for the second phase of the study was made up of both quantitative measures and qualitative questions asking participants about their recent housing history, income, employment, social support, physical health functioning, mental health functioning, alcohol use, drug use, social service utilization, and health care utilization.

Results

Housing Trajectories of Participants between Interviews

Noteworthy characteristics of the housing trajectories of participants between the first and second interview were:

- Three quarters (76%) of respondents had been housed for 90 days or more at the time of being re-interviewed. The most common type of housing in which they lived was apartments (52%), followed by townhouses (17%) and houses (14%). Seventy-nine percent of those who were housed rated the overall quality of their housing as being either “somewhat good”, “good”, or “very good”.
- Virtually all of the families (97%) were housed. As well, among the subgroups, families had been housed on average for the longest duration (Avg. = 646 days). In contrast, less than half of the single men (47%) had exited homelessness. Single men had also been housed on average for the shortest duration of all the subgroups (Avg. = 265 days). Of the subgroups, female youth and male youth were the most transient, averaging almost five moves over the study period.
- The majority of families (78%) and over half of housed single women (51%) reported living in subsidized housing. No single men reported living in subsidized housing.

Predictors of Housing Status at Follow-Up

A sequential logistic regression on housing status at follow-up found the following predictors of housing status at follow-up:

- Among demographic variables, younger age was associated with a greater likelihood of being housed at follow-up. Women were more likely to be housed at follow-up than men. Families showed a greater probability of being housed at follow-up than youth or single adults.
- Among individual resources, a higher number of moves predicted a greater likelihood of being housed at follow-up. As well, a higher level of personal empowerment was related to a higher probability of being housed.
- Among community resources, accessing subsidized housing and a higher level of income predicted a higher probability of being housed at follow-up.
- Risk factors and interpersonal resources were not predictive of housing status at follow-up.

Predictors of Percentage of Time Housed between Interviews

A hierarchical multiple regression found the following predictors of percentage of time housed between interviews:

- Among demographic variables, sex was a significant predictor, with women being housed a higher percentage of the time between interviews than men.
- Among individual-level resources, a higher level of education predicted a greater proportion of time housed between interviews. Also, a greater proportion of time working since age 16 was associated with a greater proportion of time housed.
- Among interpersonal resources, a higher level of perceived social support predicted a greater proportion of time housed between interviews.
- Risk factors and community resources were not predictive of proportion of time housed between interviews.

Perceived Facilitators and Barriers to Housing Stability

Qualitative analyses of responses to open-ended questions were conducted to identify factors facilitating or impeding respondents' ability to find and maintain housing.

- Many respondents described their housing problems as being closely related to the gap between what they could afford and the cost of available rental units. These gaps were particularly pronounced for those individuals who were receiving social assistance other than ODSP as well as individuals working in low wage jobs.
- An inability to access rent-geared-to-income housing, or afford private market housing, was described by some respondents as producing tenuous housing arrangements that often produced negative outcomes. Sharing accommodation enabled some single adults and single youth to afford market rents; however, conflict with roommates posed problems with maintaining stable housing for some of these individuals.
- Physical health or mental health problems impacted on the ability of some respondents to access and/or maintain housing. In some cases, an identified impairment assisted individuals to achieve stable housing by facilitating access to necessary support services and/or subsidized housing. In other cases, it was perceived as the reason for their housing difficulties.
- Drug use problems were identified by some respondents as a particular barrier to achieving stable housing. Drug use by roommates and the presence of drugs in neighbourhoods were also cited as contributing to housing problems.

- Many respondents credited community workers, organizations and support programs with helping them to find housing. Respondents differed widely in identifying what types of services and supports had been helpful.
- Some respondents, particularly adults in families, emphasized the importance of certain housing and neighbourhood characteristics in helping them to stay housed. Safety and type of neighbours were commonly mentioned as key elements of individuals' feelings about the neighbourhood or building in which they lived. Other respondents identified negative environmental features associated with a neighbourhood as a reason for leaving their housing and becoming homeless.

Predictors of Physical Health Functioning at Follow-Up

A hierarchical multiple regression was conducted to examine whether housing status at follow-up predicted improvements in physical health functioning.

- Age showed a significant predictive relationship to changes in level of physical health functioning, with younger age being associated with improvement in physical health functioning over the course of the study. In addition, citizenship status predicted improvements in physical health functioning, with non-Canadian citizens showing a greater improvement in physical health functioning than Canadian citizens.
- Becoming re-housed was not associated with an improvement in physical health functioning for respondents. As well, the perceived quality of respondents' housing at follow-up was not related to changes in their physical health functioning.

Predictors of Mental Health Functioning at Follow-Up

A hierarchical multiple regression was conducted to examine if housing status at follow-up predicted improvements in mental health functioning.

- As a group, socio-demographic characteristics were not predictive of changes in mental health functioning over the course of the study. As well, housing status at follow-up was not a significant predictor of change in mental health functioning.
- Housing quality was found to be a significant predictor of change in mental health functioning, with better housing quality at follow-up being associated with improvements in mental health functioning.

Conclusions

A number of policy and program implications are suggested by our findings:

1. Of all the subgroups, families had the most success in achieving housing stability after having had an episode of homelessness. Study findings provide evidence that services delivered to families by family shelters and social service organizations in Ottawa are effective and should be continued.
2. Single men experienced the greatest difficulty of all the subgroups in achieving housing stability. Study findings showed housing affordability to be a significant barrier faced by single men in achieving housing stability.
3. Study findings highlight the important role of subsidized housing in assisting people to exit homelessness. In particular, study participants who accessed subsidized housing between interviews were more likely to be housed at follow-up.
4. Study findings also showed people with higher income more likely to be housed at follow-up. The significance of economic factors as predictors of housing status emphasize the importance of developing social policies that assist people who are homeless to access affordable housing. A strategy towards this end is to increase income support benefits.
5. Two other strategies that would enable people on low income to have better access to private market housing are the provision of rent supplements, and increasing the minimum wage.
6. Some participants identified physical health and mental health problems as well as substance abuse difficulties as contributing to their ongoing housing problems. For these individuals, services that focus on both housing and support appear to be needed. “Housing first” strategies have been shown to be an effective approach for combining housing and support for people with chronic histories of homelessness.
7. Supportive housing and transitional housing are two other effective approaches for people with special needs or for people requiring intensive support prior to moving into independent housing.
8. Better quality of housing at follow-up was associated with improvement in mental health functioning over the course of the study. Respondents also reported that the quality of their housing played an important role in their achievement of housing stability. These findings indicate the need for policies which ensure that available affordable housing is of good quality in relation to safety, comfort, spaciousness, and privacy.

INTRODUCTION

The purpose of the Panel Study on Homelessness in Ottawa is to examine longitudinally the housing trajectories of persons who are homeless. An overall goal of the study is to identify circumstances and characteristics that distinguish individuals who successfully exit homelessness from those who remain homeless or experience continued housing instability. Consistent with the definition of absolute homelessness adopted by the City of Ottawa, “homelessness” in the study is defined as “a situation in which an individual or an adult living with at least one child under 16 has no housing at all, or is staying in a temporary form of shelter” (Region of Ottawa-Carleton, 1999, p. 2).

Phase 1 of the Panel Study on Homelessness was initiated in response to the City of Ottawa’s interest in facilitating collaborative research between university researchers at the Centre for Research on Educational and Community Services at the University of Ottawa, Carleton University, St.-Paul University, the City of Ottawa’s Housing Branch, and the Alliance to End Homelessness. The project built on the methodology used in a previous study in Ottawa by the same researchers, which surveyed cross-sectionally 230 persons who were homeless (Farrell, Aubry, Klodawsky, & Pettey, 2000).

The first phase of the Panel Study, conducted in 2002 and 2003, provided descriptive data on the demographic characteristics, housing history, health status, and health and social service utilization and needs of persons who are homeless in Ottawa (Aubry, Klodawsky, Hay, & Birnie, 2003). In the first phase, tracking procedures were implemented, facilitating the follow-up of study participants for the second phase of the study.

In the second phase of the study, conducted from March 2004 to October 2005, the same participants were located for follow-up interviews in order to identify individual, interpersonal, and community-level resources that contribute to a successful exit from homelessness, and to assess the relationship between housing status and health.

Context and Rationale of the Study

The focus of research on homelessness has changed over the past three decades. Studies conducted in the 1980s focused especially on estimating the number of persons who were homeless and describing their characteristics (Bassuk, 1984; Canadian Council of Social Development, 1987; U.S. Department of Housing and Urban Development, 1984). In the context of the growing extent and diversity of people facing homelessness, research during the 1990s examined the consequences of homelessness on health (Daly, 1990; Winkleby & White, 1992; Wright, 1990) and attempted to develop etiological or “pathway” models of homelessness (Shinn & Gillespie, 1994; Susser, Moore, & Link, 1993; Timmer, Eitzen, & Talley, 1994; Weitzman, Knickerman, & Shinn, 1990). These more recent studies were also intended to help with the development of policies and programs created to address homelessness-related problems (Canadian Mortgage and Housing Corporation, 1999; Fitzgerald, 1995; Humphreys & Rosenheck, 1998; Toro et al., 1997).

Our review of the current literature identified approximately 50 studies of persons who are homeless that can be characterized as longitudinal, i.e. those in which data is collected on individuals over a period of time. A number of these longitudinal studies evaluated the impact of psychosocial interventions for persons with psychiatric disabilities who are homeless (e.g., Bebout, Drake, Zie, Gregory & Harris, 1997; Humphreys & Rosenheck, 1998; Morse, Clasyn, Allen, Tempelhoff & Smith, 1992; Toro et al., 1997). Some longitudinal research has used a panel study design to examine the utilization of health and social services (e.g., Kreider & Nicholson, 1997; Wong, 1999), the patterns and course of homelessness (e.g., Sosin, Piliavin & Westerfelt, 1990), and the prevalence of HIV and HIV risk behaviour (e.g., Clatts, Davis, Sotheran & Atillasoy, 1998; Sobo, Zimet, Zimmerman & Cecil, 1997).

Other longitudinal research focused on documenting the experiences and consequences of homelessness among specific subgroups of the homeless population such as women (e.g., Browne & Bassuk, 1997), families (e.g., Shinn, 1997; Stretch & Krueger, 1992), children (e.g., Clatts et al., 1998; Zima et al., 1999), and men (e.g., Lam et al., 1995; Concover et al., 1997). Few studies have examined changes in multiple domains such as health, housing and service utilization patterns, or linked these changes to pathways involved in leading persons out of homelessness and supporting them within permanent housing.

A number of longitudinal studies have examined pathways out of homelessness into housing stability. These studies, focussing on individual characteristics, interpersonal support and institutional factors, have drawn on data collected in several locations in the United States. Piliavin and his colleagues have examined pathways into and out of homelessness for homeless men, women and families in Minneapolis (Piliavin, Wright, Mare, & Westerfelt, 1996; Wong & Piliavin, 1997; Wong, Piliavin & Wright, 1998).

Zlotnick, Robertson and Lahiff (1999) examined exits from homelessness and subsequent housing stability in Alameda County, California. In New York City, Shinn and her colleagues examined predictors of homelessness and of exiting homelessness for families (Shinn et al., 1998; Stojanovic, Weitzman, Shinn, Labay, & Williams, 1999). Cohen, Ramirez, Teresi, Gallagher and Sokolovsky (1997) examined exits from homelessness among older women. More recently, and also in New York City, Caton et al. (2005) examined risk factors for long-term homelessness. A recent Canadian study by Anucha (2003) examined housing stability of participants in a housing programs for “hard to house” individuals in Toronto, and had both qualitative and quantitative components.

These longitudinal studies reveal that gender and family status interact with personal disability, social, and institutional factors to impact the course of homelessness, including the duration of homeless episodes, exits from homelessness, housing stability, and returns to homelessness. Women experience shorter episodes of homelessness than men, but may exit to less stable housing (Wong, Piliavin & Wright, 1998; Zlotnick et al., 1999); women, however, women with children experience shorter homeless episodes and achieve greater housing stability than single women (Wong, Piliavin & Wright, 1998; Zlotnick et al., 1999).

Personal disability has also been shown to play a role in the course of homelessness. Wong and Piliavin (1997) found that mental health difficulties and substance abuse disorders were associated with longer episodes of homelessness for single women, while alcohol abuse was a risk factor for women in families. Mental health difficulties were associated with returns to homelessness for women in families. Similarly, Zlotnick and colleagues (1999) found that substance abuse disorders were associated with unstable housing following homelessness. Caton and colleagues (2005) found that a history of substance abuse treatment was associated with longer episodes of homelessness.

As well, social support and coping abilities have been found to be related to individuals' success in leaving homelessness. Caton and colleagues (2005) found that positive coping strategies and family support were associated with shorter episodes of homelessness. Similarly, Cohen and colleagues (1997) found that perceived social support predicted being housed at a two-year follow-up. Anucha (2003) found that greater social support and greater satisfaction with one's living situation predicted housing stability. Conversely, having a history of arrest or past episodes of homelessness are associated with longer episodes of homelessness, and more difficulty exiting homelessness (Caton et al., 2005; Piliavin et al., 1996).

While these intra- and inter-personal factors are important predictors of the course of homelessness, there is substantial evidence that institutional factors have the greatest impact on people's ability to exit homelessness, and to achieve housing stability. Current or recent employment and earned income, and job training are associated with a shorter duration of homelessness (Caton et al., 2005; Wong & Piliavin, 1997).

On the other hand, having a sparse or inconsistent work history is associated with returning to homelessness after having obtained housing (Piliavin et al., 1996). Using community services has been associated with exiting homelessness (Cohen et al., 1997). Qualitative results from Anucha's (2003) study revealed that participants viewed unemployment and underemployment as major challenges to achieving housing stability.

Receiving social benefits and obtaining social housing are perhaps the most significant factors impacting people's ability to exit homelessness and achieve housing stability. Wong and Piliavin (1997) found that receipt of benefits and housing subsidies were associated with reduced risk of returning to homelessness. Stojanovic and colleagues (1999) found that the vast majority of families who obtained subsidized housing remained housed for a five-year follow-up period, usually in the same house or apartment. In contrast, of the families who entered non-subsidized housing, few had remained in the same homes at follow-up, and nearly half had experienced subsequent emergency shelter stays. Those who obtained unsubsidized housing often reported "doubling-up" with friends or family, resulting in unstable, over-crowded housing situations.

Shinn and colleagues (1998) found that provision of subsidized housing was the main predictor of housing stability for the families they followed. Similarly, Zlotnick and colleagues (1999) found that receiving consistent benefits and subsidized housing were the strongest predictors of exits from homelessness. They found that women with

children became rehoused more quickly than single men or single women, and were more likely than the other groups to report contact with case managers and to receive benefits and subsidized housing.

Our review revealed only two published Canadian studies that followed a cohort of homeless persons over time. In Toronto, Goering, Wasylenki, Lindsay, Lemire & Rhodes (1997) conducted a longitudinal study to evaluate outreach services for homeless single adults with psychiatric disabilities. In Montreal, Roy and colleagues followed cohort of street youth in order to determine the incidence and risk factors for HIV infection and mortality rate (Roy et al., 2001; Roy et al., 2004).

In addition, one research report, prepared for the CMHC, was found (Anucha, 2003). This study examined housing stability of participants in housing programs for “hard to house” individuals in Toronto. The paucity of Canadian longitudinal research restricts our understanding of the course of homelessness, the factors that help individuals escape homelessness, and the effectiveness of services and supports developed to address and end homelessness.

Using a resilience perspective, an important goal for researchers in this area is to identify the factors which help explain the loss of housing as well as the ability to ultimately achieve housing stability. Resilience is defined as the achievement of positive outcomes when faced with a threat or severe adversity. In our study, we theorized that resources and risk factors will be predictive of an individual’s ability to exit homelessness successfully and obtain stable housing. We were also interested in determining whether specific demographic characteristics are predictive of success in exiting homelessness, and thus will also examine the explanatory significance of sex, age, family status, and citizenship.

Based on the research on resilience, we identified three types of resources that can contribute to exiting homelessness and achieving housing stability. The first type characterized as individual resources, was defined as the capacity of individuals to take advantage of opportunities leading to positive adaptation. These include employment history, level of educational attainment, history of housing stability, and sense of empowerment. The second type defined as interpersonal resources, was defined as opportunities relating to interpersonal relationships and includes size of social network, perceived availability of social support, and satisfaction with social support. The third type identified as community resources, refers to different kinds of formal assistance available to individuals in the community including income support, use of health services, use of social services, and access to subsidized housing.

We predicted that greater access to these resources would be positively related to leaving homelessness and achieving housing stability. We also identified risk factors in the areas of health and substance abuse as playing a role in an individual’s capacity to overcome homelessness. In particular, we predicted that health difficulties and substance abuse problems would be negatively related to leaving homelessness.

A secondary objective of the study was to examine whether overcoming homelessness is associated with improved health. The longitudinal design of the study provided an opportunity to study the relationship between changes in housing status and improvements in health. We hypothesized that participants who were successful at leaving homelessness would experience measurable improvements in both their physical health and their mental health.

Research Questions

The research questions guiding the second phase of the study were the following:

1. What is the housing trajectory of participants over the course of the study?
2. What are the resources and risk factors associated with exiting homelessness?
3. Are there improvements in physical health functioning and mental health functioning associated with exiting homelessness?

METHODOLOGY

The Panel Study methodology was developed collaboratively by researchers located at the Centre for Research on Educational and Community Services at the University of Ottawa, at Carleton University, and at St.-Paul University, with input from community agency personnel, emergency shelter staff, currently and previously homeless individuals, and the City of Ottawa's Housing Branch. The project built on a previous survey of persons who were living in emergency shelters in Ottawa (Farrell et al., 2000). The methodology for the first phase of the study is described in the Phase 1 final report (Aubry, Klodawsky, Hay, & Birnie, 2003).

Sampling Strategy

The sampling strategy used in the first phase of the study was devised to capture the range of key characteristics within each of the various subgroups, as well as the emergency facilities they utilized. This decision was based upon extant studies including our own previous survey (Farrell et al., 2000), that indicated that homeless men and women, male and female youth, and families each constitute subgroup of individuals with characteristics that are distinct from one another.

Approximately 80 individuals in each of five subgroups of persons who were homeless were interviewed in the first phase. These subgroups, defined by sex, age, and family status, were single men, single women, male youth, and female youth and adults within families. Youth were defined as adolescents between the ages of 16 and 19 years old. Different sampling strategies were used for each of the subgroups.

Quota sampling of single male adults was used based on the length of stay of the population of single men in shelters in Ottawa in 2001. Quota sampling was also used in selecting single female adults based on the length of stay and citizenship status for the population of single women in shelters in Ottawa in 2001. As well, quota sampling of adults in families was used based on the citizenship status of the population of families in shelters in Ottawa in 2001. Population sampling was used for selecting male and female youth in the study. More details on the sampling strategies can be found in the final report for the first phase of the study (Aubry et al., 2003).

For the second phase of the study, attempts were made to re-contact all of the participants from the first phase.

Tracking Participants

Tracking procedures were based on methodologies that proved to be successful in locating homeless participants in American longitudinal studies. At the initial interview in the first phase of the study, all participants were asked to provide their consent to access their addresses and telephone numbers at a later date through the City of Ottawa's Employment and Financial Assistance Branch (EFAB). The City's EFAB keeps a computerized, up-to-date record of addresses and telephone numbers of all Ottawa residents receiving provincial financial assistance (i.e., Ontario Works or Ontario

Disability Support Program). Respondents were also asked to provide contact information and to grant permission to contact friends, family members, and service providers, including staff at the shelter in which they resided when they were homeless.

One year after the initial interview, a tracking study (see Aubry, Klodawsky, Hay, Nemiroff, & Hyman., 2004) was initiated in order to establish the best methods to locate people and update their contact information. Sixty-three percent of the original 412 participants were located. Lessons learned from the tracking study were applied in the second phase of the study.

Two part time trackers were hired to relocate participants 24 months after the first interview. Each tracker was responsible for locating participants from specific subgroups. Some strategies used to locate participants included accessing the City's EFA computerized database, visiting soup kitchens, visiting shelters, distributing posters to drop-in centres and shelters, asking service providers about participants' whereabouts, calling families, friends or service providers, and mailing letters to participants asking them to contact the trackers by phone.

During the course of the study, it became apparent that success would be based on the trackers' and interviewers' flexibility in meeting participants at their preferred time and location. In many cases re-contacting people several times and rescheduling interviews proved to be a successful strategy. Since 36 of the respondents were no longer living in Ottawa, they were interviewed over the phone.

Table 1 presents a breakdown of the sources used to locate participants. As the table indicates, the most successful method of locating people across the subgroups was the EFAB (39%), followed by contacts through family members or friends (36%), and then other contact information provided in the initial information (address and/or phone number including work numbers). As shown in Table 1, there were some differences across the subgroups related to the importance of different means for locating respondents.

It is important to mention that the trackers actually found 286 respondents (69%) from our original sample who were living across Canada. Of those, 255 respondents were interviewed in the second phase of the study. Of the located non-respondents, a small number (n = 10) were not interested in being interviewed a second time while the remaining non-respondents (n = 21), the majority of whom were living outside Ontario, were not reachable even though their whereabouts were known. Reasons trackers were unable to reach them included participants not responding to emails, messages being left but not returned, and families knowing participants' whereabouts but not wanting to reveal that information to trackers.

Table 1. Distribution of Sources Used to Locate Respondents for Follow-up Interviews Broken Down by Subgroup

Subgroup	2002 Address/Phone #	EFAB	Family Member or Friend	House Visit	Message/Poster At Shelter	411	Social Worker/Hospital Worker	2002 Contact Listed	Found In Shelter	Other
Adults in Families (N=58)	23 (40%)	19 (33%)	18 (31%)	4 (7%)	1 (2%)	10 (17%)	0	2 (3%)	0	0
Single Women (N=55)	9 (16%)	33 (60%)	9 (16%)	0	4 (7%)	1 (2%)	1 (2%)	2 (4%)	2 (2%)	3 (5%)
Single Men (N=43)	4 (9%)	20 (47%)	4 (9%)	0	0	0	0	0	9 (21%)	6 (14%)
Female Youth (N=49)	12 (24%)	16 (33%)	32 (65%)	0	2 (4%)	5 (10%)	2 (4%)	0	0	0
Male Youth (N=50)	17 (34%)	12 (24%)	28 (56%)	3 (6%)	8 (16%)	0	0	1 (2%)	0	3 (6%)
Total Sample (N=255)	65 (26%)	100 (39%)	91 (36%)	7 (3%)	21 (8%)	16 (6%)	3 (1%)	5 (2%)	11 (4%)	12 (5%)

Note. More than one source was frequently used to locate a respondent. As a result, the total number of sources for some subgroups exceeds the number of respondents participating in the follow-up interviews.

Pilot Study

An interviewers' manual for the second phase was prepared and interviewers were trained for the pilot study in May 2004. Ten participants, representing individuals from each of the five different subgroups of persons who are homeless, were interviewed between June and July 2004. These interviews took place in a secure and private location near their current residence, such as a community health centre, drop-in centre, emergency shelter or at the university research centre. Following the interviews, a debriefing took place and extensive revisions were made to the interview protocol based on the experiences of the pilot study.

Interview Protocol

A combination of quantitative and qualitative interview methods was used for data collection in both the first phase and second phase of the study. The measures used at baseline served as the basis for the creation of the interview protocols for the follow-up phase. Quantitative measures were chosen based on their relevance, previous use and ease of administration with the study population, as well as their psychometric properties. These measures included questions from the National Population Health Survey (NPHS) (Statistics Canada, 1999) in order to allow comparison of responses to those of housed Canadians collected from Statistics Canada, as well as health indices that measure different facets of health status, health service utilization and health-related quality of life. Social support, physical health, and mental health status were assessed using validated measures. The Housing, Income, and Employment Timeline was used to collecting information on participants' histories between interviews in the areas of

housing, homelessness, employment, and income (adapted from Toro et al., 1997). Appendix A identifies the quantitative measures that were used in the second phase of the study.

Qualitative measures were created and integrated into the interview protocol in order to provide more in-depth information and provide participants with an opportunity to share their experiences and perceptions. Appendix B provides the qualitative measures that were integrated into the interview protocol of the second phase of the study.

The content of the interview protocol for the second phase included the following measures:

- Section A - Housing/Income/Employment History
- Section B - Social Support
- Section C - Personal Empowerment
- Section D - Life Satisfaction
- Section E - Health Status
- Section F - Social Services Utilization
- Section G - Health Care Utilization
- Section H – Alcohol and Drug Use
- Section I - Demographic Information
- Section J - Wrap-Up

Procedures

The methodology used in the second phase was approved by the Social Sciences Research Ethics Board at the University of Ottawa. Eleven interviewers were hired and trained. Interviewers were either graduate students in clinical psychology or social work, or individuals who had extensive interviewing experience or experience working with persons who are homeless. Interviews were conducted in English (221), French (13), or Somali (13). The services of cultural interpreters, available through the Cultural Interpretation Centre and Immigrant Women’s Services were used for eight other interviews (Arabic- 4, Spanish-2, Somali -1, and Cantonese-1).

Interviews were conducted at a secure and private location near participants’ residences. Interviewers used response cards to assist respondents with structured questions (i.e., questions with a set of response alternatives). Phone interviews (36) were also conducted in order to accommodate participants who were residing outside the Ottawa region. The length of interviews ranged from 50 to 150 minutes, with an average of 75 minutes. Phone interviews were on average 10-20 minutes longer.

RESULTS

Two hundred and fifty five (62%) of the original sample of 412 participants were re-interviewed in the second phase. The second phase sample was made up of 58 (71%) adults in families, 55 (65%) single women, 43 (49%) single men, 50 (65%) female youth, and 49 (63%) male youth. The demographic characteristics of the 255 respondents who participated in the follow-up interview will be presented initially. Respondents are compared to non-respondents, based on Phase 1 interview data, to determine if there are differences between the two groups.

Following presentation of the demographic characteristics of respondents, the presentation of results is organized to answer the different research questions guiding the study. Firstly, results of quantitative analyses on the housing trajectory of respondents between interviews are presented. Secondly, results of quantitative analyses identifying predictors of housing status and of percentage of time housed between interviews are presented. Next, results of qualitative analyses on facilitators and barriers to achieving housing stability are provided. Finally, the findings of quantitative analyses on the relationship between housing status at follow-up and changes in physical and mental health functioning are reported.

Comparison of Demographic Characteristics of Respondents and Non-Respondents

Sex. Table 2 presents a breakdown of the respondents and non-respondents according to sex. There were no significant differences between respondents and non-respondents. In the follow-up phase, a higher number of women (n=149; 58%) were interviewed than men (n=105; 41%). As in the first phase, the greater number of female respondents was the result of the much higher proportion of female adults in families (n = 46) than male adults in families (n = 12) making up the original sample. As well, a smaller number of single men (n = 42) were interviewed in the follow-up than single women (n = 55).

Table 2. Distribution of Respondents and Non-Respondents According to Sex

Sex	% of Respondents (N=255)	% of Non-respondents (N=157)
Male	41	49
Female	58	50
Transgender	1	1

Age. Of the 255 respondents in the second phase of the study, the greatest number (30%) were under 20 years old. Twenty-one percent were between 20-29 years old. A further 21% were between 30-39 years old, 18% were between 40-49 years old, and 8% between 50-59 years old. Only two participants (0.8%) were over 59 years old.

Table 3. Distribution of Respondents and Non-respondents According to Different Age Groups

Age Groups	% of Respondents (N=254)	% of Non-respondents (N=153)
<20	30	26
20-29	21	31
30-39	21	24
40-49	19	13
50-59	8	6
>59	1	1

As shown in Table 3, the distribution of respondents and non-respondents in the different age categories is similar. Overall, there were no differences in the distribution of the two groups.

Marital status. As shown in Table 4, the majority of Phase 2 respondents were single (59%) and only a small percentage lived with a romantic partner (4%) or a common law partner (6%), or were married (6%). The rest of the respondents were separated (11%), divorced (11%) or widowed (3%). Overall, there were no significant differences between respondents and non-respondents in terms of their marital status.

Table 4. Distribution of Respondents and Non-respondents According to Marital Status

Marital Status	% of Respondents (N=255)	% of Non-Respondents (N=153)
Single	59	63
Separated	11	14
Divorced	11	11
Lived with a romantic partner	4	5
Common-law	6	3
Married	6	4
Widowed	3	1

Education. Table 5 presents the level of education for respondents and non-respondents broken down by subgroups. Overall, the level of education of respondents and non-respondents was relatively low, with a majority of both groups reporting that they had not finished high school, and only a small percentage reporting any post-secondary education. There were no differences between respondents and non-respondents in all of the subgroups with the exception of male youth. Among male youth, non-respondents were more likely to report that they had completed high school than respondents.

Table 5. Distribution of Respondents and Non-respondents According to Different Levels of Educational Attainment Broken Down by Subgroup

What is the Highest Level of Schooling You Have Obtained?	Adults in Families		Single Women		Single Men		Female Youth		Male Youth ¹		Total Sample	
	R (N=58) %	NR (N=24) %	R (N=54) %	NR (N=28) %	R (N=43) %	NR (N=43) %	R (N=50) %	NR (N=27) %	R (N=49) %	NR (N=29) %	R (N=254) %	NR (N=151) %
Have not finished high school	38	38	37	46	37	51	88	85	98	76	59	59
Completed high school	41	25	39	29	42	35	12	15	2	24	28	27
Trade/apprenticeship certificate	5	8	4	7	7	5	0	0	0	0	3	4
College/technical diploma/University certificate	7	25	13	11	9	9	0	0	0	0	6	9
University degree	9	4	7	7	5	0	0	0	0	0	4	2

Note. Data collected during Phase 1 interview; R = respondent; NR = non-respondent.

¹NR > R, p < .002

Employment. As shown in Table 6, with the exception of single men, there were no differences in the amount of time spent in the workforce for respondents and non-respondents across the subgroups. Among single men, respondents had spent more time working for pay than non-respondents.

Table 6. Mean and Standard Deviation of Number of Months Working for Pay Since 16 Years-old for Respondents and Non-Respondents Broken Down by Subgroup

Subgroup	Respondents Mean (SD)	Non-Respondents Mean (SD)
Single Men ¹	203.56 (141.16) (N = 43)	146.51 (105.26) (N = 41)
Single Women	133.22 (120.10) (N = 50)	100.23 (103.75) (N = 26)
Adults in Families	116.77 (111.92) (N = 56)	89.34 (109.32) (N =23)
Female Youth	8.88 (13.16) (N = 48)	8.74 (10.24) (N = 27)
Male Youth	7.89 (9.66) (N = 47)	12.42 (15.28) (N =28)
Total Sample	93.24 (121.09) (N = 244)	77.60 (100.09) (N =145)

Note. Data collected during Phase 1 interview.

¹t (82) = 2.09, p < .05

Country of birth. Table 7 compares respondents and non-respondents based on whether they were foreign-born or Canadian born. In the follow-up sample, the majority of respondents (77%) were born in Canada. Overall, there were no differences between the distribution of respondents and non-respondents according to country of birth.

Table 7. Distribution of Respondents and Non-Respondents According to Country of Birth

Country of Birth	Respondents (N=255)	Non-Respondents (N=157)
Canadian born	197 (77%)	116 (74%)
Foreign born	58 (23%)	41 (26%)

Length of residency in Ottawa. Table 8 presents the distribution of respondents and non-respondents according to length of time in which they had lived in Ottawa. Significant differences were found between the two groups. Specifically, in comparison to respondents, non-respondents were more likely to report having lived in Ottawa for less than 6 months and less likely to report having lived in Ottawa for more than 10 years. These findings suggest that non-respondents may be more transient than respondents.

Table 8. Distribution of Respondents and Non-Respondents According to Length of Residency in Ottawa

Length of Residency in Ottawa ¹	% of Respondents (N=255)	% of Non-respondents (N=157)
< 6 months	23	38
6 months – 1 year	6	5
>1 year – 5 years	16	16
> 5 years – 10 years	15	13
> 10 years	40	29

Note. Data collected during Phase 1 interview.

¹Chi-square = 11.65, p < .02

What Are the Housing Trajectories of Participants over the Course of the Study?

Respondents were asked to provide an account of their housing histories between the first interview and the second interview. We will describe the following aspects of their housing history on a subgroup-by-subgroup basis:

- Housing status of respondents at the follow-up interview
- Type of housing in which housed respondents lived
- Perceived quality of the housing in which respondents lived
- Percentage of housed respondents living in subsidized housing
- Number of moves between the initial and follow-up interviews
- Number of homeless episodes between the initial and follow-up interviews
- Percentage of time housed between the initial and follow-up interviews

Housing status. Table 9 presents the percentage of respondents who were stably housed at the time of the follow-up interview as well as the mean and standard deviation of the number of days housed in each subgroup. Participants were considered stably housed if they had been living in their own place for 90 days or more.

Overall, over three-quarter (76%) of follow-up participants were housed. Significant variability existed for the different subgroups. Almost all the families (97%) were housed and had been housed the longest (Mean = 646 days). Conversely, less than half of the single men (47%) had exited homelessness and single men were housed for the shortest duration of all the subgroups (Mean. = 265 days).

Table 9. Percentage of Respondents Housed at Follow-up and Mean and Standard Deviation of Number of Days Housed Broken Down by Subgroup

Subgroup	% Stably Housed¹	Mean Number of Days Housed (SD)²
Adults in Families (N=58)	97	646.10 (189.86)
Female Youth (N=50)	90	442.09 (236.85)
Single Women (N=55)	73	430.31 (297.25)
Male Youth (N=49)	67	331.74 (290.06)
Single Men (N=43)	47	265.07 (314.56)
Total Sample (N=255)	76	435.07 (295.12)

¹ Chi square analyses, $p < .001$: Adults in Families > Single Women, Male Youth, Single Men; Female Youth > Male Youth, Single Men; Single Women > Single Men

²F (4, 25) =15.31, $p < .001$; Adults in Families>Female Youth, Single Women, Male Youth, Single Men; Female Youth, Single Women > Single Men;

Type of housing. Table 10 presents the type of housing in which housed respondents lived broken down by subgroups. The majority of respondents reported living in apartments (52%) followed by townhouses (17%) and houses (14%). Two single men reported living in shelters but characterized themselves as housed and not homeless. These individuals rented rooms in shelter settings, similar to rooming house arrangements.

Relatively few individuals reported living in bachelor apartments, rooming houses or boarding houses. The majority of those who did report living in rooming or boarding houses were single men. Some individuals who reported living in apartments, houses or townhouses were also living in shared accommodations. Some of these units may also be co-op housing, social housing, or subsidized housing.

Table 10. Distribution of Type of Housing in Which Housed Respondents Lived Broken Down by Subgroup

Subgroup	Shelter (%)	Bachelor Apartment (%)	Other Apartment (%)	House (%)	Rooming/ Boarding House (%)	Co-op/ Social/ Subsidized Housing* (%)	Townhouse (%)	Transitional/ Group Home (%)	Shared Accom. (%)
Adults in Families (N=46)	0	0	37	13	0	13	35	2	0
Single Women (N=34)	0	9	56	12	6	6	9	3	0
Single Men (N=16)	13	6	38	0	25	6	6	0	6
Female Youth (N=40)	0	3	58	23	5	3	10	0	0
Male Youth (N=30)	0	7	47	13	10	7	13	3	0
Total Sample (N=166)	1	4	48	14	7	7	17	2	1

Housing quality. Table 11 presents the mean score on a 7-item housing quality measure for housed respondents within each subgroup. Respondents were asked about the comfort, safety, spaciousness, privacy, friendliness and overall quality of their housing. There were no differences in the ratings of housing quality among the subgroups. Across the subgroups, respondents reported housing quality to be in the range of “somewhat good” (5) to “good” (6) with an average ratings of 5.42 out of a possible 7.

Table 11. Mean and Standard Deviation of Ratings on Housing Quality Measure for Housed Respondents Broken Down by Subgroup

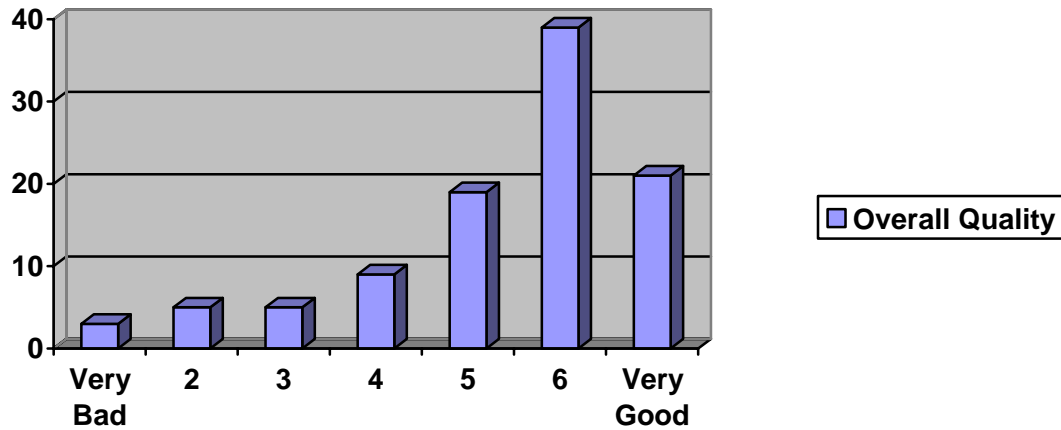
Subgroup (N)	Mean Ratings of Housing Quality (SD)
Adults in Families (N= 56)	5.51 (1.08)
Single Men (N = 19)	5.48 (1.38)
Single Women (N = 39)	5.45 (1.17)
Male Youth (N = 33)	5.36 (1.19)
Female Youth (N = 45)	5.31 (1.05)
Total Sample (N = 192)	5.42 (1.14)

Note. Mean score on 7-item measure asking respondents to rate the comfort, safety, spaciousness, privacy, friendliness, and overall quality of where they live. Possible responses were 1 = Very Bad; 2 = Bad; 3 = Somewhat Bad; 4 = Neither Good Nor Bad; 5 = Somewhat Good; 6 = Good; 7 = Very Good.

As shown in Figure 1, 79% of those respondents who were housed rated the quality of their housing as either “somewhat good” (5), “good” (6), or “very good” (7). Among the different characteristics of housing, the comfort of housing received the highest ratings with 89% percent of housed respondents rating it in the range of “somewhat good” to “very good”. Spaciousness was the second most highly characteristic with 79% of respondents giving it a “somewhat good” to “very good” rating. The lowest ratings were given by housed respondents to the safety, friendliness,

and privacy of their housing. However, these ratings were still relatively high with almost three-quarters of housed respondents rating the safety (72%), privacy (72%), and friendliness (73%) as being at least “somewhat good”.

Figure 1 – Percentage of Housed Respondents Reporting Different Ratings on “Overall Quality of their Housing” Item of the Housing Quality Measure (N = 192)



Note. 1 = Very Bad; 2 = Bad; 3 = Somewhat Bad; 4 = Neither Good Nor Bad; 5 = Somewhat Good; 6 = Good; 7 = Very Good.

Subsidized housing. Table 12 shows the percentage of housed respondents within each subgroup who reported living in subsidized housing. Adults in families (78%) were the most likely group to report living in subsidized housing. Next to families, single women had the highest percentage (51%) among housed respondents who were living in subsidized housing. In contrast, no single men reported living in subsidized housing.

Table 12. Percentage of Housed Respondents Reporting That They Lived in Subsidized Housing at Follow-up Broken Down by Subgroup¹

	Adults in Families (N= 55)	Single Women (N = 37)	Male Youth (N = 30)	Female Youth (N = 43)	Single Men (N = 15)	Total (N = 180)
Reporting Living in Subsidized Housing	78	51	17	16	0	41

Note. Respondents housed for 90 days or more. Based on respondents’ answer to the question, “Is the rent for your current housing subsidized?”

¹ Chi Square analyses, $p < .001$; Adults in Families > Single Women, Single Men, Female Youth, Male Youth; Single Women > Female Youth, Male Youth, Single Men; Female Youth, Male Youth > Single Men

Number of moves. Table 13 presents the mean number of moves for respondents over the study period and averaged per year between the initial and follow-up interviews. The table illustrates families as the most stable group with less than one move per year. A majority of adults in families (53%) reported moving only once within the 24-month study period. In these cases, the only move would have involved moving from the emergency shelter in which they were living at the time of the initial interview into housing. Female and male youth were the least stable of all the subgroups with them having moved on average five times over the course of the study.

Table 13. Mean and Standard Deviation of Number of Moves for Phase 2 Respondents Over Study Period and Per Year

Subgroup	Number of Moves Over Study Period¹ Mean (SD)	Number of Moves per Year² Mean (SD)
Female Youth (N=49)	5.04 (2.74)	2.45 (1.35)
Male Youth (N=50)	4.94 (3.01)	2.33 (1.36)
Single Men (N=43)	4.23 (2.58)	1.97 (1.19)
Single Women (N=55)	2.98 (2.04)	1.45 (0.98)
Adults in Families (N=58)	1.83 (1.11)	0.87 (0.55)
Total Sample (N=255)	3.71 (2.65)	1.77 (1.25)

¹F (4, 250) = 18.55, p < .001; Adult in Families < Single Women, Single Men, Male Youth, Female Youth; Single Women < Male Youth, Female Youth

²F (4, 246) = 18.67, p < .001; Adult in Families < Single Women, Single Men, Male Youth, Female Youth; Single Women < Male Youth, Female Youth

Number of homeless episodes. Table 14 presents the average number of homeless episodes experienced by each subgroup after having been housed over the course of the study. Adults in families reported experiencing significantly fewer new episodes of homelessness than the other subgroups. Only six of the 58 adults in families interviewed (10%) experienced homeless episodes after being housed, and these individuals experienced one episode of homelessness each. In contrast, 33 of the 48 male youth (69%) experienced new homelessness episodes during the study period after having been housed, and 15 of these individuals experienced two or more new homeless episodes. These results are consistent with other findings in the study showing adults in families to be the most stably housed of the subgroups.

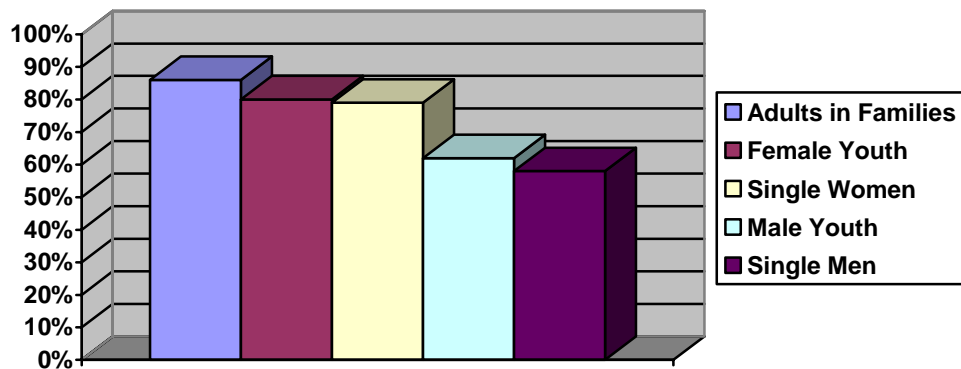
Table 14. Mean and Standard Deviation of Number of Homeless Episodes Experienced by Each of the Subgroups after Being Housed

	Number of New Homeless Episodes Over the Study Period ¹ Mean (SD)
Male Youth (N=48)	1.15 (1.07)
Single Men (N=43)	1.14 (.99)
Female Youth (N=50)	0.92 (.90)
Single Women (N=55)	0.80 (.73)
Adults in Families (N=58)	0.10 (.31)
Total Sample (N=254)	0.79 (.91)

¹F (4, 249) = 14.56, p < .001; Adult in Families < Single Women, Single Men, Female Youth, Male Youth

Percentage of time housed between interviews. Figure 1 presents the percentage of time spent housed for each subgroup over the course of the study. Respondents in all subgroups spent significantly more time housed than homeless. Overall, they reported being housed about three-quarters (74%) of the period between interviews. Some important differences were evident among the subgroups. Families were housed the highest percentage of time between interviews (86%). Single male respondents (i.e., single men and male youth) spent significantly less time in housing than did any of the other subgroups. In particular, single men were housed 58% of the time while male youth were housed 62% of the time between interviews. In contrast, single women and female youth were each housed 79% of the time between interviews.

Figure 2. Percentage of Time Housed Between Interviews for Each Subgroup¹



Note. Adults in Families (N = 57), Female Youth (48), Single Women (N = 55), Male Youth (N = 49), Single Men (N = 42).

¹F (4, 246) = 11.19, p < .001; Single Men, Male Youth < Adults in Families, Single Women, Female Youth

What Are the Resources and Risk Factors Associated with Exiting Homelessness?

Predictors of Housing Status at Follow-Up

A sequential logistic regression was conducted to identify predictors of housing status (i.e., whether or not a person was housed) at follow-up from five sets of variables: demographic variables; individual resources; interpersonal resources; community resources; and risk factors. A total of 20 variables were entered as predictors in the logistic regression³.

Variables were entered in the regression in steps with the set of demographic variables entered first (age, sex, family status, and citizenship) followed by risk factors in a second step (physical health functioning, mental health functioning, alcohol use, and drug use), individual-level resources in a third step (years of education, percentage of time working since 16 years old, number of moves in the three years prior to the first interview, sense of empowerment, and total length of time homeless in the three years prior to first interview), interpersonal resources in a fourth step (satisfaction with social support, size of social network, and perceived social support), and community resources in a last step (health service utilization, social service utilization, current income, and access to subsidized housing).

Table 15 presents the results from the logistic regression. As a group, the demographic variables entered in the first step proved to be significant. Age, sex, and family status emerged as significant predictors among these variables. Specifically, younger age was associated with a greater likelihood of being housed at follow-up. Women were more likely to be housed at follow-up than men. As well, families showed a higher probability of being housed at follow-up than single youth or single adults.

It is noteworthy that the set of variables representing risk factors were not significant. An individual's health functioning (physical or mental) and substance use (alcohol or drugs) were not associated with their housing status at follow-up.

The addition of individual resources into the logistic regression in a third step proved to be significant. Among the variables representing individual resources, the number of moves in the three years prior to the first interview was a significant predictor and sense of empowerment approached significance as a predictor ($p < .07$). In particular, a higher number of moves predicted a greater likelihood of being housed at follow-up. As well, a higher level of empowerment was related to a higher probability of being housed at follow-up.

³ With the proposed number of 20 variables entered as predictors and using a power analysis for multiple regressions, a minimum sample size of 210 cases is required in order to have sufficient power to test for a medium size relationship between the individual predictors and the dependent variable. Based on a power analysis for a medium-sized relationship between IVs and DV ($\alpha = .05$, $\beta = .05$). Tabachnick, BG & Fidell, LS. (2001) *Using multivariate statistics*. Allyn and Bacon: Boston.

The set of interpersonal variables were entered next into the regression. These variables, which consisted of the size of an individual's social network, perceived social support, and satisfaction with social support, were not significant predictors.

The fourth step of the logistic regression involving the addition of community resources as predictors was significant. Among these variables, current income and access to subsidized housing were significant predictors. Specifically, a higher level of income and living in subsidized housing between interviews predicted a greater likelihood of being housed at follow-up.

Table 15. Hierarchical Sequential Logistic Regression of Demographic Characteristics, Risk Factors, and Resources on Housing Status at Follow-Up

Predictors	B	SE B	e ^b	R ² change ¹	X ²	df
Block 0						
Constant	1.23	.15	3.43			
Block 1						
Demographic Variables						
Age	-.03*	.01	.97			
Sex	1.05***	.33	2.86			
Family status	1.64**	.54	5.15			
Citizenship status (Canadian or other)	-.08	.57	.92			
Constant	1.35	.73	3.87			
Total for step				.18	31.22***	4
Block 2						
Risk Factors						
Physical health functioning	-.03	.02	.97			
Mental health functioning	-.01	.02	.99			
Alcohol use	-.20	.14	.82			
Drug use	-.04	.04	.96			
Constant	3.90	1.63	49.60			
Total for step				.04	6.58	4
Block 3						
Individual Resources						
Years of education	.05	.07	1.05			
% time spent working since age 16	.00	.01	1.00			
Number of moves in 36 months prior to first interview	.10*	.05	1.10			
Personal empowerment	.07	.04	1.08			
Amount of time homeless in 36 months prior to first interview	-.03	.02	.98			
Constant	.80	2.17	2.23			
Total for step				.24	12.19*	5
Block 4						
Interpersonal Resources						
Satisfaction with social support	.00	.04	1.00			
Size of social network	.06	.05	1.06			
Perceived social support (ISEL)	.01	.01	1.01			
Constant	-.40	2.45	.67			
Total for step				.06	4.27	3
Block 5						
Community Resources						
Health care utilization	-.00	.00	.10			
Social service utilization	-.01	.10	.99			
Current income	.00**	.00	1.00			
Access to subsidized housing	1.55**	.53	4.73			
Constant	-1.36	3.38	.26			
Total for step				.33	19.12* **	4

p < .05 **p < .005 *** p = .001.

¹R² change calculated based on Nagelkerke R²

Predictors of Percentage of Time Housed Between Interviews

A hierarchical multiple regression was conducted to identify predictors of the percentage of time spent housed between the baseline and follow-up interviews. A total of 21 variables were entered as predictors in the regression, in the same order as the previous regression with the set of demographic variables entered in a first step, followed by risk factors, individual-level resources, interpersonal resources, and community resources⁴. One additional variable, the quality of housing at follow-up as rated by respondents, was added as a predictor in the final step of the regression.

Table 16 presents the results of the hierarchical multiple regression. A number of the predictors and the predicted variable had skewed distributions. Therefore, two multiple regressions were conducted, one with the skewed data and another with the data on skewed variables transformed so that their distributions were normal⁵. Because there were some differences in the results of these two regressions, the results of the multiple regression using transformed data are reported.

As a group, demographic variables emerged as significant predictors of percentage of time housed between interviews. Among these variables, sex was a significant predictor, with female participants being housed a greater percentage of time than male participants.

Similar to the prediction of housing status at follow-up, risk factors were not predictive of length of time housed between interviews. On the other hand, the set of variables representing individual resources were significant predictors of percentage of time housed between interviews. Among these variables, a higher level of education and a greater proportion of time working since 16 years old were associated with a greater percentage of time housed.

As a group, the variables representing interpersonal resources were significant predictors of housing stability. Among these variables, only a higher level of perceived social support predicted a greater percentage of time housed between interviews. Finally, those variables defined as community resources were not significant predictors of percentage of time housed.

⁴ With the proposed number of 21 variables entered as predictors and using a power analysis for multiple regressions, a minimum sample size of 218 cases is required in order to have sufficient power to test for a medium size relationship between the individual predictors and the dependent variable. Based on a power analysis for a medium-sized relationship between IVs and DV (alpha = .05, beta = .05). Tabachnick, BG & Fidell, LS. (2001) *Using multivariate statistics*. Allyn and Bacon: Boston.

⁵ The transformed variables for the analysis were: Percentage of time housed (inverse), physical health functioning (reflection and square root), alcohol use (inverse), drug use (square root), years of education (logarithm), percentage of time worked since 16 years old (inverse), amount of time homeless in 36 months before first interview (inverse), satisfaction with social support (logarithm), size of social network (square root), perceived social support (reflection and square root), quality of housing (reflection and square root), health care utilization (logarithm), and current income (square root).

Table 16. Hierarchical Multiple Regression of Demographic Characteristics, Risk Factors, and Resources on Percentage of Time Spent Housed

Predictors	Standardized Beta	R ² change	R ² total
Step 1			
Demographic Variables			
Age	-.06		
Sex	.17**		
Family status	.02		
Citizenship status (Canadian or other)	-.11		
Total for step		.05*	.05
Step 2			
Risk Factors			
Physical health functioning	.06		
Mental health functioning	-.06		
Alcohol use	.01		
Drug use	-.09		
Total for step		.01	.06
Step 3			
Individual Resources			
Years of education	.17*		
Time spent working since age 16	.16*		
Number of moves in 36 months prior to first interview	.12		
Personal empowerment	-.04		
Amount of time homeless in 36 months prior to first interview	.07		
Total for step		.05*	.11
Step 4			
Interpersonal Resources			
Satisfaction with social support	-.04		
Size of social network	-.04		
Perceived social support (ISEL)	-.19**		
Total for step		.03*	.14
Step 5			
Community Resources			
Quality of housing at follow-up	-.02		
Health care utilization	.01		
Social service utilization	.05		
Current income	.02		
Access to subsidized housing	-.05		
Total for step		.01	.15

* p < .05 **p < .01.

Perceived Facilitators and Barriers to Housing Stability

Qualitative data were analysed to enhance and provide insights complementary to the quantitative findings. Attention in the qualitative analysis was focused upon respondents' perceptions of barriers and facilitators to housing stability, based on the following questions:

- “Why did you leave the last place you were living?”
- “What would have been helpful to keep you housed?”
- “What would help you achieve the best/most desirable place for you to live?”
- “What prevents you from getting regular housing?”
- “What helped you find this housing?”
- “What has been the most helpful in keeping you in this housing?”

Qualitative responses were organized using ATLAS.ti version 4 software. This program helps to sort and retrieve elements of quotations that have been categorized according to keywords called codes. These codes were selected using an iterative assessment of which terms were most accurate in relation to the questions being asked and the context for what was being said. Once finalized, the codes were used as a basis for juxtaposing elements of the quotations against one another in order to identify the important analytic messages.

One useful preliminary strategy was to distinguish responses in terms of the various subgroups. However, upon reflection and after multiple readings of the qualitative responses, it was concluded that a more parsimonious way of reporting on the qualitative results was to identify a series of overall themes that address barriers and facilitators to housing stability. These themes were identified as: economic factors; health status; interpersonal conflicts; substance use problems; community services and supports; and housing and neighbourhood quality. These themes were present among all of the subgroups. However, when differences were evident among subgroups, they were ones of degree rather than kind, and as such, have been noted in the discussions relating to each identified theme.

A discussion of each of these themes is presented. Extracts from interview transcripts provide examples which illustrate each of the themes. In some cases, interview questions are included in italics in order to contextualize participant responses.

Economic factors. Many respondents described their housing problems as being closely related to the high cost of housing and/or not having enough money. Respondents indicated that there was a significant gap between what they could afford and what was available for rent. These gaps were particularly pronounced for those individuals who were receiving social assistance other than ODSP; however, those in low-wage jobs also reported their difficulties in meeting expenses. The problem of cost was apparent across all subgroups but adults in families were more likely to report that achieving subsidized housing had aided in resolving this dilemma.

For other respondents, the inability to access rent-geared-to-income housing, or afford other housing, seemed to result in a series of tenuous arrangements that often had negative outcomes. Living from cheque to cheque while dependent on an unsympathetic landlord was one scenario reported by female respondents in particular. Another situation involved sharing the cost of housing with others, either by living with roommates (single men, male and female youth), romantic partners (single men, female and male youth) or by returning to the family home (female and male youth). While these strategies sometimes were successful, they more often seemed to result in negative outcomes

Income/Rent Gap

More social housing would help the problem. Even on welfare, after rent you're left with less than \$100. (Single Man)

Even those that are employed with minimum wages, the rents are too high. Even when I worked, I came here to eat because I was making \$800/month and had to pay \$600 for rent (Single Man).

Over this period, what services are most important to you? ODSP, they help pay for this place (Single Man).

Over this period, what services are most important to you? ODSP. They give me money to live (Single Woman).

What would have been helpful to keep you housed? Affordable rent. (Single Man ID 254)

I am a single mother who is working and not making enough money. For a year, 85% of my earnings was going to my landlord. I couldn't continue doing that, and decided to come into the family shelter so I can find an affordable place to live. Before I came to the shelter, I was living in a tent on Bank Street for the month of August (Female Adult in Family).

If you're not eligible for welfare, you need to get a job, and everything is so expensive it's impossible to live. It's also really hard to get a job when you have no address or phone number. It can happen to anyone (homelessness) - she had a VISA and a bank account, and she had an apartment. Then the next thing you know, you're sleeping in a sleeping bag on the sidewalk going "what happened?" It's a repetitive cycle - if things fall apart and you don't have family or a support network, you're on the street. Has been happening to her for 5 years. (Female Youth)

What would have been helpful to keep you housed? If housing in Ottawa were less expensive (she left town because her bachelor apartment was too small for her and the baby, and she couldn't make rent for a 1 bedroom apt. in Ottawa) (Female Youth).

What sort of housing would be the best/most desirable place for you to live? I would like a house, shared maybe, but something with a basement (I can use crutches). I want a place that won't make me feel handicapped.

What would help you achieve this? It's economics that prevent it, would have to find ideal place with elevator.

What prevents you from achieving this? Money (Single Man)

Why did you leave that place? I was evicted because my rent cheque did not come in on time.

What would have been helpful to keep you housed? If I could have paid my rent on time if the cheque had come in (Single Man)

Available housing is very, very limited primarily due to cost. I have \$510 to spend on accommodation. Unless I share with someone, I can't afford my own place (Single Man).

Differential Access to Subsidized Housing

What helped you to find this housing? Forward Shelter staff – applied for Ottawa Housing and waited for 10 months (Adult in Family)

Why did you leave this place? Subsidized housing became available.

What helped you to find this housing? Carling Family Shelter worker and the Housing Registry (Adult in Family).

What has been most helpful in keeping you in this housing? It is an affordable house. It is geared to income unit.

What difference has it made for you to be in regular housing? It has made all the difference for our family. We are no longer worried about how we are going to pay \$1000 in private housing (Adult in Family).

Heightened Risks Due to Inadequate Income

The biggest issues I've had are with landlords when cheques (welfare) are in the mail. So many problems with welfare not showing up on time, that I thought it easier to live in shelters.

What would have been helpful to keep you housed? Good roommates, drug free, alcohol free place (site1). Affordable housing (site2) (Single Man)

Why did you leave that place? Everybody was splitting up and going their way. I could not afford to stay with the one unreliable roommate that was staying. If he did not pay his share I would not have been able to foot the whole rent.

What would have been helpful to keep you housed? A reliable roommate. (Single Man).

What are the negative things about being in regular housing? Dealing with landlords. Her last landlord lived right above and was always coming over. With community housing, landlords are more understanding (Female Youth).

What helped you to find this housing? I met my boyfriend and he had a place to stay (Female Youth)

Health status. For some respondents, physical or mental health functioning impacted their ability to access and/or maintain housing. In some cases, an identified impairment was the route to stable housing assisting an individual to access needed support services and subsidized housing. In other circumstances, it was the reason for their housing difficulties.

Why did you leave that place? I needed medical treatment and this was not available where I was living 2 or 3 times a week.

What would have been helpful to keep you housed? Medical services where I lived.(Single Man)

Reason for leaving? Medical reason - couldn't live by self

What helped you to find this housing? - My CMHA worker helped me. CMHA has a contract with this apt. building to subsidize rents for people with mental illnesses (Single Woman)

What prevents you from getting regular housing? Health problems (depression, addiction) have made it difficult for me to find a place to live. I have found my own apartment though and will be moving in Dec. 1st (Single Woman)

What sort of housing would be the best/most desirable place for you to live? On my own comfortably with a roommate - Ottawa

What would help you achieve this? Not sure if I can achieve it due to mental illness (Single Woman)

Interpersonal supports and conflicts. As noted in the discussion of housing and costs, many single respondents made efforts to find and keep regular housing by sharing the cost of rent with others, or by returning to their family home. For some, living with others was a reflection of other changes in their lives that substantially increased the possibility of success. However, for those who saw shared housing as a simple cost-saving measure, there were many challenges and a significant chance of failure. In addition, ongoing and unresolved inter-personal conflicts and experiences of abuse, particularly among youth and adult women (both alone and in families), were significant contributors to housing loss and instability.

Helpful Relationships and Changed Perspectives

What helped you to find this housing? Me and my roommate went looking for apartments every day for a week.

What has been most helpful in keeping you in this housing? Regular paycheck; Stability in income; People that pay the rent

What difference has it made for you to be in regular housing? I have a key; Can drop my stuff there; Accumulate stuff; Being able to trust people I live with; Not carry my house on my back; Have food in the refrigerator

What are the good things about being in regular housing? Roof over my head when it rains; If I get drunk I can crash on my bed; I have a house for my kitten

What are the negative things about being in regular housing? Really expensive; Landlord promised they would change the windows and they haven't, therefore it's really cold; Bathtub is always clogged; Counter is falling apart; Sometimes wish I was living alone because my roommates are really messy (Female Youth)

What has been most helpful in keeping you in this housing? Stopped doing drugs so I don't fight with my mom about it anymore; Stopped being cocky

What difference has it made for you to be in regular housing? Not as messed up as I was before; More stable; Quit doing drugs; Quit party scene

What are the good things about being in regular housing? Home! (Female Youth)

Lives with grandparents and girlfriend and her kid, does not feel homeless. Roofing job 12.35 per hour so far 26 hours of work in 2 days, but headaches are causing problems. Wanted to move in because my grandparents are getting old and they need help getting around the house, so I asked them if I could move in. I am done with street life. My girlfriend changed my life I don't want her to have a loser boyfriend and she and her kid are relying on me, also I see my friends and my brother who are junkies and older and they have kids of their own and I don't want to be like that. It's a good place, my grandparents' place, to save some money because they pay for much of the expenses. You don't have to worry about take out, more regular meals and regular habits, you can shop for good food to eat, it's your base, you have a place to relax and set up things, and make it your own (Male Youth)

Problematic Roommates and Acquaintances

Why did you leave the last place you were living in? I got sick and tired of my roommate. I would buy food and he would eat it all.

Panel Study: Phase 2

What would have been helpful to keep you housed? My roommate being more considerate. (Single Man).

Why did you leave that place? I was not getting along with my roommate. Her boyfriend threatened me so I left (Single Woman).

What sort of housing would be the best/most desirable place for you to live? Apartment by herself or with someone she really trusts.

What would help you achieve this? Getting a better job, getting life back on track, going back to school, stop going back and forth and having encounters with the law

What prevents you from achieving this? Where she is right now - lost everything in past 2 weeks, people owe her more than \$5000 (Female Youth).

Why did you leave that place? Evicted because boyfriend smoked all the time and constantly smoked weed.

What would have been helpful to keep you housed? If I broke up with boyfriend. (Female Youth)

What are the negative things about being in regular housing? Lot more responsibility.

Draws me away from my friends who are still on the streets. They show up late at night but I have to get up at 5 am to work (Male Youth).

Violence and Abuse

Why did you leave the last place you were living in? My boyfriend was abusive. He would not help with the rent, he beat me up. He went to jail. I could not afford to stay there.

What would have been helpful to keep you housed? Him not being this way. (Single Woman).

Why did you leave that place? Boyfriend was violent emotionally and sexually, but she couldn't leave because the shelters were full and she was scared of him. Plus she had a dog, which is problematic in shelters.

What would have been helpful to keep you housed? If the boyfriend wasn't abusive (Female Youth)

I am homeless because I separated my husband, because he abused me. Here where I am, it's very well organized, they've really helped us - morally, mentally, in every way (Adult Female in Family).

What is the main reason you became homeless this time? Fleeing brother (sexual abuse) (Female Adult in Family)

Family Conflicts

Have you ever lived in social housing (in Ottawa or elsewhere)? If YES, why did you leave? Ran away from mom (Male Youth)

Reason for leaving? His parents kicked him out (Male Youth).

What is the main reason you became homeless this time? She wasn't able to do what her parents expected of her because she's depressed and anxious, and her parents' way of coping was to kick her out (Female Youth).

Why did you leave that place? Her sister needed her support- dad was causing problems- he's aggressive and abusive.

What would have been helpful to keep you housed? If her family situation was less harmful (Female Youth).

Substance use problems. For some respondents, drug use problems were a particular barrier to achieving stable housing. Single men and single women, as well as male youth reported that problems occurred when drug use was rampant in their surroundings. Among those trying to stay clean, it was too difficult to do so because they were unable to avoid situations where drug use was being promoted.

Drug Use As Reason for Homelessness

He got kicked out of the house because his parents disapproved of his drug use .
What helps you get through the rough times? What are some of the things you do to cope? He does drugs, he watches TV and he sleeps
What is the best place that you have ever lived? With his parents on Connaught Avenue
What sort of housing would be the best/most desirable place for you to live? With his parents.
What would help you achieve this? If he stopped using drugs.
What prevents you from achieving this? His drug use (Male Youth)

Reason for leaving? Evicted by landlord because of drinking (Single Woman)

Drugs and alcohol have had a negative impact on his life and have kept him on a vicious cycle (Male Youth).

Problematic Circumstances

What would have been helpful to keep you housed? Less drugs around. Less partying (Single Woman).

Why did you leave the last place you were living in? Crack. People would use my room as a 'dart board'. Other homeless men would always come to my place to hang around and do drugs.
Why did you leave that place? What would have been helpful to keep you housed? More security. If the place was more fixed up so that less people could climb through the window. (Single Man).

What are your feelings about the neighbourhood that you are living in? It's the ghetto, it's Vanier. Everyone knows everybody but there's lots of crime. Always a party going on. Lots of drugs in the building (Female Youth)

Do you ever feel like your friends keep you from reaching your goals? yeah- a lot are in different places and sometimes justify behaviour based on others' standards- i.e., hard to quit drugs when someone's just getting into in and only experiencing benefits (Female Youth).

What are the negative things about being in regular housing? In my apartment building there are lots of drugs around, people always have drugs in the building and the drug dealers are always harassing. The thing that is really bad, is if you are trying to move on, from being an addict, they (the drug dealers, and other neighbors) don't understand and they put you down for not using their drugs (Single Woman).

Most guys are not capable of staying in a room or an apartment because of their drinking or drug habits. They find themselves 3 or 4 drinking in a room and they get evicted. They might not admit it but it is their habits that are preventing them from getting regular housing (Single Man).

Community supports and services. Many respondents identified a significant role for community workers, organizations and support programs in helping them to find housing and/or in being a part of an exit strategy from homelessness to housing.

Respondents differed widely in identifying what services and supports had been helpful. For some, it was a matter of one, key element at the right time and place, whereas for others, the need was for an appropriate on-going 'basket' of complementary services and supports.

Targeted Supports

How do they help you? I have been getting a monthly cheque from social services office (Male Adult in Family)

Why did you leave this place? I turned myself into the CAS. I was sick of dealing with being homeless, hungry and cold (Female Youth)

Do you have any advice for people who are homeless and looking for regular housing? Stay in a shelter for awhile. They'll help to find you a place. It's hard to do that on your own, because landlords are not understanding - not willing to take potential risks. Shelters will know which landlords are cool (Female Youth)

What helped you to find this housing? There is a great support system out there - she went to organizations that helped her to find housing.

What has been most helpful in keeping you in this housing?- That she pays her rent on time! (Single Woman).

Do you have any advice for people who are homeless and looking for regular housing? Get help from anybody than can give you help. That is why they are there.

How do they help you? Help my find a place. Who to speak to (Single Man).

Multi-Faceted Supports

Do you have any advice for people who are homeless and looking for regular housing? Go to agencies and shelters to find help (Female Adult in Family)

What sort of housing would be the best/most desirable place for you to live?

Subsidized apartment (2-bedroom) with my children/child

What would help you achieve this? Need more support from professionals.

What prevents you from achieving this? Lack of support (Single Woman)

How do they help you? At shelter: to help with housing, someone came to the shelter about employment. I have a voucher to get clothes (From the Well?), got clothes at shelter. Catholic Immigration service brought her to YMCA when she arrived (Single Woman).

What sort of housing would be the best/most desirable place for you to live? Hospital-like atmosphere - supportive community living where she could have her own place but have caretakers help her (Single Woman)

What sort of housing would be the best/most desirable place for you to live? At the young women's emergency shelter for now, but then she wants to go back home after she has worked things out in her life.

What would help you achieve this? She would need to get better grades and continue to go to counselling for substance abuse.

What prevents you from achieving this? She has a lot of personal problems (Female Youth)

How do they help you? YSB Drop-In: give advice about housing, life in general. City Social Services: used to give me welfare "now they give me shit." Employment Services: helped me get a job in the "breakaway program." (Female Youth)

Why did you leave that place? Had to leave - it was a one-year program, and he'd been there a year.

What would have been helpful to keep you housed? If the program had lasted longer (Male Youth)

Most shelter residents suffer from substance abuse and mental health problems. There needs to be more resources for these problems as opposed to putting you in jail. More help, more housing, more counseling, more 2nd stage housing are needed. People like me are sick and we need help (Single Man)

What helped you to find this housing? [Someone] from the Mission got me fixed up with a lady at Canadian Mental Health Association who got me into this place.

What has been most helpful in keeping you in this housing? I find it quite liveable the majority of the time. They don't put up extra pressure on you. Someone cleans my room. They keep your meal for you if you are asleep at meal time.

What difference has it made? I find it more pleasant to be able to stay here, you can go to your room when you want. You can stay there all day if you want.

Please tell me about the type of support that this person provides. Nurses, someone to talk to.

What difference does it make to have a support person living in the building? I feel much safer for myself (Single Man).

What has been most helpful in keeping you in this housing? - the fact that it is supportive housing - there is staff on site who help her with practical and emotional support (Single Woman)

Housing and neighbourhood characteristics. Some respondents, particularly adults in families, emphasized the significance of certain housing and neighbourhood characteristics for helping them to stay housed. Safety and type of neighbours were commonly mentioned as key elements of individuals' feelings about the neighbourhood or building. Other respondents identified negative environmental features associated with a neighbourhood as a reason for leaving the housing and becoming homeless.

Positive Features

Pretty good. People are sociable. All work. Lots of kids for boys to play with. There isn't loud noises, drugs around. Pretty safe (Adult Male in Family)

What are your feelings about the neighbourhood that you are living in? It's nice and quiet. There are a couple of crack houses around but other than that it's great (Single Man)

What difference does it make to have a support person living in the building? Feels safer in an otherwise unsafe neighbourhood (Female Youth).

What are your feelings about the neighbourhood that you are living in?- that it's quiet mostly - there is a "Y" close by for her son which keeps him away from some of the negative teenagers around (Adult Female in Family)

Negative Features

Why did you leave that place? It was too small for the number of people living there, it was too crowded.

What would have been helpful to keep you housed? Less people, a bigger place (Single Man).

Wasn't a permanent place; Was only a 1 bedroom (for 3 people); I was just there while I was looking for a place to live (Female Youth)

Panel Study: Phase 2

Why did you leave that place? It wasn't the right place for me. Unsafe neighbourhood (Single Woman).

Why did you leave that place? It was a bad neighbourhood. I did not know Ottawa at all and I found this place in Vanier. Too much drugs and bad stuff (Single Man)

Be careful of where you rent a room and from whom. Be careful not to be abused by the landlords or the people renting to you (Female Youth).

- I have concerns about my safety
- there is a crack house 2 doors down from me (Single Woman)

- I'm afraid to go out at night due to sex trade happening in her neighbourhood
- I'm not used to living downtown and I don't venture south due to "action" going on (Single Woman)

Reason for leaving: too many drugs & discipline behaviour in apartment buildings - not safe for me and my daughter (Single Woman)

Why did you leave that place? The hydro didn't work. It was costing us \$400 -per month per unit. Prostitutes were doing tricks in front of the house. Neighbourhood was too far from his west end connections.

What would have been helpful to keep you housed? Cleaner neighbourhood. If hydro payments had been less costly per month (Single Man in Family).

It's better than shelter, better than nothing. Not clean, not good for kids to grow up. Fear. No one told me about this place, but now scared. Lots of young people beating one another. Don't go out much.

What are your feelings about the neighbourhood that you are living in? Not safe. Want to go somewhere else. (Female Adult in Family).

Why did you leave that place? The unit was subsidized and client was working, so rent would go up. They wanted a house for the children. The fire alarms were always going off.

What would have been helpful to keep you housed? Quieter, cleaner, a play area for children that was safe from drugs (Female Adult in Family).

Are there Improvements in Physical Health Functioning and Mental Health Functioning Associated with Exiting Homelessness?

Physical Health Functioning

A hierarchical multiple regression was conducted to examine if housing status at follow-up was predictive of an individual's physical health outcome (i.e., changes in physical health functioning between interviews).

The predicted variable in this regression was level of physical health functioning at follow-up. Scores on the physical health functioning measure at baseline were entered in a first step to control for any differences between participants, followed by demographic characteristics (age, sex, education, family status, and citizenship) in a second step, housing status (i.e., housed or homeless) at follow-up in a third step, and the perceived quality of respondents' housing at follow-up in a fourth step. The entry of the physical health functioning variable at baseline allowed for the prediction of change over time in health status above and beyond any differences of participants on physical health functioning at baseline.

Table 17 presents the results of the multiple regression examining demographic characteristics, housing status and housing quality as predictors of changes in physical health functioning over the course the study. The distributions of the data on the physical health functioning at both baseline and follow-up and the data on the housing quality variable had skewed distributions. Therefore, two multiple regressions were conducted, one with the skewed data and another with data transformed resulting in distributions on the skewed variables that were normal⁶. Because there were no differences in the results of these two regressions, the results of the multiple regression using non-transformed data are reported.

Physical health functioning at baseline emerged as a significant predictor of physical health functioning at follow-up. A higher level of physical health functioning at baseline was associated with a higher level of physical health functioning at follow-up. As a group of variables, socio-demographic characteristics emerged as significant predictors of mental health functioning at follow-up after controlling for mental health functioning at baseline. Age showed a significant relationship to changes in level of physical health, with younger age being associated with greater improvement in physical health functioning over the course of the study. In addition, citizenship status predicted greater improvements in physical health, with non-Canadian citizens showing greater improvements in physical health functioning than Canadian citizens.

Housing status was not a significant predictor indicating that becoming re-housed was not associated with an improvement in physical health functioning for respondents. Also, the perceived quality of respondents' housing at follow-up was not associated with changes in physical health functioning.

⁶ The following transformations were conducted on skewed variables: Physical health at time 1 and time 2 (reflection and square root) and quality of housing (reflection and square root).

Table 17. Hierarchical Multiple Regression of Socio-Demographic Characteristics, Housing Status and Housing Quality on Physical Health Functioning at Follow-up after Controlling for Physical Health Functioning at Baseline

Predictors	Beta	R ² change	R ² total
Step 1			
Physical health functioning ¹ (time 1)	.57**		
Total for step		.32**	.32
Step 2			
Socio-demographic characteristics			
Age (time 1)	-.26**		
Sex	-.03		
Family status (family or single)	.07		
Citizenship (Canadian or non-Canadian)	-.13*		
Total for step		.06**	.38
Step 3			
Housing status (housed or homeless) (time 2)	.03		
Total for step		.00	.38
Step 4			
Perceived housing quality (time 2)	.09		
Total for step		.01	.39

** p < .001. , * p = .05

We followed up the multiple regression with a repeated measure ANOVA examining for differences in changes in physical health functioning between the housed group and the homeless group at follow-up from the baseline to the follow-up interview. No change in physical health functioning over time was found, and no differences were found between the two groups. There was no interaction between housing status at follow-up and time.

Mental Health Functioning

A hierarchical multiple regression was conducted to examine if housing status was predictive of an individual's mental health outcome (i.e., changes in mental health functioning).

The predicted variable for the hierarchical multiple regression was level of mental health functioning at follow-up. For this regression, scores on the mental health functioning measure at baseline were entered in a first step to control for any differences between participants, followed by demographic characteristics (age, sex, education, family status, and citizenship) in a second step, housing status (i.e., housed or homeless)

at follow-up in a third step, and the perceived quality of respondents' housing at follow-up in a fourth step. The distribution of the perceived housing quality variable was skewed. Therefore, two multiple regressions were conducted, one with the skewed data and another with the data on the housing quality variable transformed resulting in a distribution that was normal⁷. Because differences emerged in the results of the two regressions, the results of the regression with the transformed data are reported.

Table 18 presents the results of the multiple regression. The entry of level of mental health functioning at baseline allowed for the prediction of change over time in mental health functioning. A higher level of mental health functioning at baseline was associated with a higher level of mental health functioning at follow-up.

As a group, socio-demographic characteristics were not predictive of changes in mental health functioning over the course above and beyond mental health functioning at baseline. As well, housing status failed to emerge as a significant predictor of change in mental health functioning. However, the perceived quality of respondents' housing at follow-up was found to be a significant predictor of change mental health functioning in the direction of better housing quality being associated with greater improvements in mental health functioning.

Table 18. Hierarchical Multiple Regression of Socio-Demographic Characteristics, Housing Status, and Housing Quality on Level of Mental Health Functioning at Follow-up After Controlling for Level of Mental Health Functioning at Baseline.

Predictors	Beta	R² change	R² total
Step 1			
Mental health Functioning (time 1)	.37**	.14**	.14
Total for step			
Step 2			
Age (time 1)	.03		
Sex	- .11		
Family status (family or single)	.11		
Citizenship (Canadian or other)	- .02		
Total for step		.02	.16
Step 3			
Housing status (housed or homeless)	.08	.01	.17
Total for step			
Step 4			
Housing quality (time 2)	- .14*		
Total for step		.02*	.19

*p < .05 ** p < .001.

⁷ The data on the perceived quality of housing variable was transformed through reflection and square root.

We followed up the multiple regression with a repeated measure ANOVA examining for differences in changes in mental health functioning between the housed group and the homeless group at follow-up. Overall, participants showed an improvement in mental health functioning from baseline to follow-up⁸. However, there was no interaction between housing status at follow-up and mental health functioning over time indicating that both groups experienced similar changes over time.

Limitations of the Research Findings

Our study has a number of limitations that need to be taken into account in interpreting the findings:

1. The sample in the study is not representative of the overall homeless population in Ottawa. We purposely sampled relatively equal subgroups based on sex, age, and family status. However, this proportionate breakdown in our sample is different from the proportionate make-up of the homeless population in Ottawa. In fact, based on 2006 shelter data, 56% of emergency shelter users are single men, 16% are single women, 7% are youth, 9% are adults in families, and 13% are children (Alliance to End Homelessness in Ottawa, 2007). It is also important to note that our sample did not include single adults and adults in families who were living on the street or temporarily living with friends or family.
2. A further limitation of our sampling strategy was the reliance on shelter staff to find participants in the single adult and adult in families subgroups who matched specific characteristics. This process has the potential to introduce some bias toward sampling higher functioning individuals. There were also refusals by some of the individuals invited to participate.
3. Another limitation is the level of attrition in the study, as 38% of the original participants were lost at follow-up. There were no differences found between participants and non-participants in the follow-up interview on all of the compared characteristics with the exception of length of residency in Ottawa. However, it is possible that non-respondents experienced greater housing problems than respondents, contributing to the difficulty in locating them.
4. All of the information collected in the study was self-report in nature. Self-report information may be prone to inaccuracy because of faulty memory, lack of information, or discomfort with self-disclosure.
5. A fifth limitation is that the length of the follow-up period (i.e., 2 years) is relatively short. It was of sufficient length to capture the housing instability experienced by a relatively large proportion of our participants. However, a longer period of time may have shown more or different predictors being associated with housing status and length of time housed.

⁸ $F(1, 247) = 14.20, p < .001$.

CONCLUSIONS

In this concluding section of the report, the findings of the study will be interpreted in the context of previous research on homelessness. Subsequently, the implications of the findings for program and policy development will be presented.

Housing Trajectories of Participants between Interviews

The housing trajectory of participants between interviews shows some notable differences among the subgroups. In particular, virtually all of the families (97%) were housed at follow-up. As well, families had a significantly lower number of moves over the two year period than did single men or youth. Only six of the 58 families (10%) experienced another homeless episode after becoming re-housed. These results suggest that current programs and policies in Ottawa are highly effective in assisting families with children to leave homelessness.

It is important to note that among those adults in families who were housed, over three-quarters reported living in subsidized housing, which can be expected to contribute to their housing stability. Previous research in the United States has shown a relationship between access to subsidized housing and housing stability (Shinn et al., 1998; Stojanovic et al., 1999; Wong & Pilavin, 1997; Zlotnick et al., 1999). Our findings from the initial set of interviews indicated that economic difficulties were a central reason behind the homelessness of the subgroup of adults in families (Aubry et al., 2003).

In contrast, the housing history for single men between the two interviews reflects the continuation of homelessness and housing instability for the majority. Specifically, less than half of those re-interviewed at follow-up had successfully escaped homelessness. Moreover, single men on average were housed only about two-thirds of the time between interviews, a proportion that is significantly lower than families, single women, or female youth. Single men also experienced more moves over the course of the study than did adults in families or single women. Other research has shown the presence of greater housing instability among men when compared to women (Wong, Piliavin, & Wright, 1998; Zlotnick et al., 1999).

The differences among subgroups appear to be related at least in part to their ability to access subsidized housing. Among individuals housed at follow-up, over three quarters of adults in families and almost half of single women reported living in subsidized housing. In contrast, none of the men, who were housed, stated that they were living in subsidized housing. These continued housing difficulties for single men is of particular concern since they represent a majority (56%) of the homeless population in Ottawa (Alliance to End Homelessness in Ottawa, 2007). In light of the research findings showing the relationship between living in subsidized housing and housing stability (Shinn et al., 1998; Stojanovic et al., 1999; Wong & Pilavin, 1997; Zlotnick et al., 1999), the need for assisting single men to access subsidized housing is an important policy implication indicated by our findings.

On average, respondents rated the quality of their housing at follow-up, which included permanent housing and emergency shelters for those who were still homeless, to be in the range of “somewhat good” to “good”. Our review of longitudinal studies on homeless persons found only one other study that examined the quality of housing in a manner similar to our study. In particular, Toro et al. (1997) compared the quality of housing of persons who were initially homeless and receiving case management, with another group receiving standard care. A comparison of the quality of housing ratings in the Toro et al. study at the 18-month follow-up with those in our study, found our respondents reporting a higher level of quality of their housing at follow-up. Interestingly, less than 10% of Toro et al.’s sample was still homeless at 18 months.

Over three-quarters of respondents (79%) who were housed at follow-up rated the overall quality of their housing as being at least “somewhat good”. A substantial majority of housed respondents also rated such characteristics of their housing as spaciousness, comfort, privacy, and friendliness in a positive manner. Despite these high ratings, some respondents did indicate in their qualitative comments that certain characteristics of their housing such as overcrowding, being unsafe, and being run-down contributed to their having to move and preventing them from achieving housing stability.

Among all of the subgroups with the exception of adults in families, findings showed a pattern of housing instability between the two study interviews, with participants moving (i.e., ranging from an average of almost three moves for single women to an average of almost five moves for female youth) as well as experiencing new episodes of homelessness after being housed (ranging from an average of 0.80 for single women to 1.15 for male youth). Moreover, single men and male youth spent respectively only 58% and 62% of the time housed between interviews.

These findings suggest that single adults and youth remain at high risk of further episodes of homelessness even after successfully obtaining housing. A host of issues contribute to this tendency to housing instability, including living in inadequate housing, lacking the financial resources to gain housing stability, and lacking the necessary formal and informal supports to cope with personal crises and/or health problems and to become re-integrated into the community.

Resources and Risk Factors Associated with Exiting Homelessness

Among demographic characteristics, our results showed women, adults in families, and older people as more likely to be housed at follow-up. Women were also found to have been housed on average at follow-up for a longer period of time than men. These results are consistent with previous research conducted in the U.S. (Pilavin et al., 1996; Shinn, 1997; Wong et al., 1998; Zlotnick et al., 1999). In particular, American studies have shown women with children are more successful than single women or single men in exiting homelessness and achieving housing stability (Wong et al., 1998; Zlotnick et al., 1999). Moreover, a higher proportion of single men in these studies were found to experience chronic episodes of homelessness.

Interestingly, it has been suggested that the greater success of women relative to men in exiting homelessness is the result of the differential support provided to them by family (Wong et al., 1998). This may be a factor for the women in our study, particularly in helping to explain the high percentage of female youth who are housed at follow-up (90%); many female youth reported returning to live with family members. In addition, almost half of the single women (47%) in our study report that they are living in subsidized housing at follow-up and this likely contributed to their greater success at achieving housing stability relative to single men. Other possible explanations are the greater ease and openness for women in comparison to men to access social services. Given the smaller number experiencing homelessness relative to men, women may be better served through the available services provided by the women's shelter, drop-ins, and community agencies.

The primary reason suggested in American studies for families being able to exit homelessness quickly and achieve long-term housing stability is their access to entitlements and subsidized housing (Shinn et al., 1997; Stojanovic et al., 1999; Wong et al., 1998). Wong et al. interpreted their findings that women with children exit homelessness faster, and remain in housing longer than single homeless adults as the result of families receiving more stable and generous financial and in-kind support. They cautioned that changes in this area in the U.S., including ending federal guarantees of cash assistance to families and retrenchment of other welfare programs, will place families at increased risk of recurrent and chronic homelessness.

Our findings concerning older age as a predictor of housing status in our sample are not consistent with results emerging in American studies. These studies have either found no relationship between age and exits or duration of homelessness or a predictive relationship that is the opposite to our results, namely that younger age is associated with a shorter period of homelessness. It is important to note that age was not a predictor of the amount of time housed between the two interviews.

The predictive relationship between older age and being housed is difficult to explain in light of the high percentage of female youth (90%) who are housed and the relatively high percentage of single men (53%) who are still homeless at follow-up. Potential explanations of this finding are that housing or assistance to find housing is more available for older people or that older people are more adept at finding and maintaining housing.

Surprisingly, risk factors involving physical health functioning, mental health functioning, alcohol use, and drug use were not predictive of housing status or length of time housed between the two interviews. In line with these findings, some American studies have reported that the presence and severity of mental health problems has not been predictive of the duration of homelessness (Caton et al., 2005) or of achieving housing stability after an episode of homelessness (Zlotnick et al., 1999).

Similarly, no relationships have been found between the presence of a physical disability and housing stability (Zlotnick et al., 1999) or level of physical health and successful exits from homelessness (Piliavin et al., 1996). However, previous studies

conducted in the U.S. have found a relationship between the presence of substance use problems and living in unstable housing (Zlotnick et al., 1999), experiencing longer episodes of homelessness (Caton et al., 2005), and exiting to housing provided by family or friends (Pilavin et al., 1996).

An interpretation of the lack of relationship between risk factors and housing status at follow-up in our study is that the health and social services targeted to individuals with health difficulties and substance abuse problems are assisting them to achieve a level of housing stability similar to individuals without these difficulties. Over the past ten years, there has been a significant increase in community mental health services throughout Ontario, including Ottawa. These services have included Assertive Community Treatment and Intensive Case Management, and outreach programs that work closely with individuals to meet basic needs in the community including housing.

Research has shown these services to be effective in helping people with severe and persistent mental illness to achieve housing stability in addition to a number of other outcomes (Aubry et al., 2005; Ontario's Community Mental Health Evaluation Initiative, 2004). Moreover, many of the individuals served by these programs have concurrent disorders (i.e., mental health diagnoses and substance abuse disorder) (Ontario's Community Mental Health Evaluation Initiative, 2004).

Although the analyses presented in this report did not find a predictive relationship between risk factors and length of time housed between interviews, other recent analyses that we have conducted on the Panel Study data have uncovered some differences in the housing trajectories associated with health and substance use problems (Aubry, Klodawsky, Coulombe, & Mills, 2007). In particular, we conducted cluster analyses and found three distinct subgroups among the sample in our study, namely a "higher functioning" subgroup (44%), a "substance abuse" subgroup (30%), and a "severe health problems" subgroup (26%).

A comparison of these three groups on housing trajectory variables found the "higher functioning" subgroup to have greater success in re-establishing stable housing after an episode of homelessness than the subgroup with "substance abuse problems" or the subgroup with "severe health problems". In particular, individuals in the "higher functioning" cluster proved to be the most successful in being housed at follow-up and had the highest number of days housed in the period between the two interviews. As well, they experienced a smaller number of house moves between interviews than did the cluster of individuals with "substance abuse problems".

Our qualitative analyses also revealed that some individuals reported that their physical or mental health functioning impacted their ability to access and/or maintain housing. For some individuals, health difficulties served as a barrier to achieving housing stability. For others, particularly those individuals with mental health problems, it assisted them to access housing and supports which facilitated them becoming and staying housed since the first interview. These findings underline the importance of providing supports and services to individuals with substance abuse problems or severe

health problems in addition to helping them access affordable housing (Aubry et al., 2007).

Among individual resources, more housing moves were related to a higher probability of being housed at the follow-up interview. This relationship runs counter to what we expected and no previous research has reported this relationship. It is possible that moving, which can be an indication of housing instability, actually produced better housing situations for many of our study participants and hence a greater likelihood that they would be housed at follow-up. The large number of moves experienced by our participants, particularly by single adults and youth, does reflect the difficulties experienced with settling back into adequate and stable housing after an episode of homelessness.

Higher levels of education and a greater proportion of time working since 16-years-old also emerged as predictors of a greater proportion of time housed between interviews. In line with our findings, previous research has found a relationship between “human capital” resources including having had more extensive work experience, current or recent employment, and participation in job training and greater success at exiting homelessness as reflected in shorter homeless episodes and a greater likelihood of achieving housing stability (Caton et al., 2005; Piliavin et al., 1996; Wong & Piliavin, 1997).

A plausible explanation for the presence of these relationships in our study and other studies is that these personal resources facilitate individuals to rejoin the work market and increase their income, allowing them to more easily afford housing. It is also possible that education and work experience result in individuals having greater abilities to overcome homelessness (e.g., abilities related to accessing services and finding appropriate housing).

Interpersonal variables focusing on social support were not predictive of housing status at follow-up; however, a higher level of perceived social support was predictive of more time housed between interviews. This latter finding is consistent with some previous research that has shown relationships between greater family support and shorter episodes of homelessness for single men and single women (Caton et al., 2005), a higher level of perceived social support and a greater probability of exiting homelessness among older women (Cohen et al., 1997), and a higher level of perceived social support and housing stability among single adults with a history of housing problems (Anucha, 2003). It makes sense that having access to assistance from others such as family members and friends can prevent further episodes of homelessness and facilitate housing stability.

Our qualitative data suggests that interpersonal supports can be a two-edged sword particularly in the context of shared accommodation. A major reason for sharing accommodation was financial (i.e., being able to afford housing costs by sharing expenses). On the one hand, sharing housing expenses, receiving financial assistance and other help with basic needs from family or significant others, and having contact with people who are a good influence were cited as positive aspects of social support that

assisted people to maintain their housing. On the other hand, participants described problematic roommates, domestic abuse, and family conflicts as reasons that their housing did not work out. It is important to note here that although the difficulties encountered are described as interpersonal in nature, they are present because individuals are forced into shared accommodation for economic reasons.

Finally, among community-level resources, a higher level of income and access to subsidized housing were predictive of being housed at the follow-up interview. These findings are consistent with previous research. In fact, the relationship of having greater economic resources in the form of income, entitlement benefits, and subsidized housing to exiting homelessness and achieving housing stability has been a consistent finding in studies conducted in the U.S. with both single adults and families (Caton et al., 2005; Piliavin et al., 1996; Stojanovic et al., 1999; Shinn, 1997; Wong & Piliavin, 1997). The interpretation of the relationship between having economic resources whether in the form of income or subsidized housing and success in exiting homelessness is straightforward, namely having greater economic resources decreases the risk of losing housing because of an inability to pay the rent. Greater economic resources also allow an individual or family to live in better housing, which will also facilitate housing stability.

On the other hand, income and access to subsidized housing were not predictive of amount of time housed between interviews. It is possible that the two-year period between interviews is not long enough for a predictive relationship to emerge between economic factors and length of time housed. Another potential explanation is that access to subsidized housing and increased income occurred at different times during the follow-up period for different participants so that a relationship between these economic resources and length of time housed did not emerge.

Qualitative findings also highlighted the important role economic factors played in participants' experiencing ongoing housing difficulties. Participants noted the sizeable gap between what they could afford and what was available in the rental market in Ottawa. Economic problems were cited by all of the subgroups in the study. Individuals receiving Ontario Works or working for low wages noted especially their limited ability to find affordable housing. Adults in families frequently cited the important role that subsidized housing was playing in resolving their housing problems. Other participants described being forced for economic reasons to live in problematic and unstable housing as a result of difficult landlords or conflict-ridden relationships encountered in shared accommodation.

Predictors of Changes in Physical Health Functioning

Housing status at follow-up was not predictive of changes in physical health functioning between interviews. A potential explanation for the absence of the expected relationship is that the average level of physical health functioning of participants at the first interview was comparable to the normative sample representative of the general population, despite their homeless status (Aubry et al., 2004). A comparison of the average score for physical health functioning on the SF-36 finds the baseline score of

participants (Mean = 50.65, SD = 9.07) to be similar to the follow-up score (Mean = 50.00, SD = 10.93) and our analyses confirmed that there was no change over time.

Age was predictive of changes in physical health status in the direction of younger age being associated with greater improvements in physical health. A possible interpretation of this relationship is that the physical health functioning of younger participants is more malleable to change over time particularly in the context of exiting homelessness.

Citizenship was also found to be predictive of changes in physical health status in the direction of non-Canadian citizens more likely to experience improvements in physical health functioning over the course of the study. Participants who were not born in Canada reported better physical health than participants who were born in Canada at baseline in our study (Klodawsky et al., 2005). Our findings suggest that differences in physical health functioning, which existed at the outset between non-Canadian citizens and Canadian citizens, showed a tendency to become even greater over time in the context of becoming re-housed.

Predictors of Changes in Mental Health Functioning

Surprisingly, housing status was not a predictor of changes in mental health for participants from baseline to follow-up. This finding runs counter to our prediction as well as to previous research which shows decreases in distress for people who are homeless once they become housed (Wong & Piliavin, 2001). Overall, participants in the study did report improvements in mental health functioning from baseline to follow-up; however, level of improvement was not differentiated by housing status at follow-up.

There are a few possible interpretations of this surprising finding. Insufficient time in housing may explain the absence of a relationship between housing status at follow-up and improvement in mental health. Homelessness is a traumatic experience (Goodman et al., 1991) and it may require a longer period of time housed before normal mental health functioning of individuals is recovered. As previously mentioned in describing the housing history of participants, a large proportion of single adults and youth experienced multiple moves and further episodes of homelessness after being housed between the two interviews.

A large proportion of individuals in the study reported having experienced longstanding mental health problems and substance abuse disorders (Aubry et al., 2004). These individuals may continue to experience continued levels of distress associated with these difficulties despite being re-housed. Previous research has shown that symptom levels and substance use remains relatively stable for people with severe mental illness and chronic histories of homelessness even subsequent to exiting homelessness (Tsemberis, Gulcur, & Nakae, 2004).

Ultimately, housing quality appears to be more important in our findings than housing status. The stress of living in unsafe, poorly maintained, or crowded conditions may negate any benefits associated with being housed. Our findings show that housing

quality, as reported by participants in the study at follow-up whether housed or not, was predictive of their level of mental health functioning. In particular, better housing quality at follow-up was associated with greater improvement in mental health functioning from baseline to follow-up.

Program and Policy Implications of Findings

A number of program and policy implications are suggested by our findings:

1. It is clear in our findings that adults in families who experience homelessness in Ottawa are successful at re-establishing their housing. Our results provide evidence that services delivered to these households by family shelters and social service organizations in Ottawa are effective and should be continued. It is important to note that individual in families represented a distinct subgroup relative to other subgroups, with their homelessness tied closely to economic difficulties, as documented in the final report for the first phase of this study (Aubry et al., 2003). In this context, the fact that over three-quarters of families were living in subsidized housing should be regarded as a critical reason for the housing stability they were able to achieve in our study.
2. In contrast to adults in families, single men are at the opposite end of the spectrum in terms of exiting homelessness. Less than one-half of single men (49%) were housed at follow-up and they experienced housing instability as reflected in a tendency to move and have new episodes of homelessness between interviews. Given that the majority of individuals in the homeless population are single men, these findings suggest that a more concerted focus on them, involving different strategies than are currently used, are urgently needed. Affordability of housing appears to be a particular issue faced by single men, as none of them reported living in subsidized housing at follow-up. As well, the instability in housing experienced by single men suggests that the housing they access is either inadequate or that they are unable to retain it over time. The importance of offering support in addition to housing, even if it is episodic, seems evident for many in this subgroup.
3. Our findings also highlight the important role of subsidized housing in assisting formerly homeless people to successfully exit homelessness. In particular, participants in our study who accessed subsidized housing between interviews were more likely to be housed at follow-up. Our study joins previous research in showing the difference that subsidized housing can make in helping individuals and families who are homeless become re-housed on a long-term basis (Piliavin, Entner Wright, Mare, & Westerfelt, 1996; Stojanovic et al., 1999; Wong, Piliavin, & Wright, 1998; Zlotnick et al., 1999). A lack of affordable housing units has fuelled the homelessness problem in cities across Canada. As an indication of the need in this area, the waiting list for social housing units in Ottawa exceeds 10,000 individuals and families (Alliance to End Homelessness in Ottawa, 2007). Hulchanski (2002), in a report commissioned by the Canadian Policy Research Networks, recommended that 20,000-25,000 new social housing units be built per

year in Canada at a cost of \$1 billion in order to address the critical and growing shortfall of units that has existed since the withdrawal of federal funding in the early 1990s.

4. Our findings showed that, in addition to those who had access to subsidized housing, people with higher incomes were more likely to be housed at follow-up. The fact that economic factors and not individual-level risk factors emerged as predictors of housing status highlights the importance of developing policies that will assist people who are homeless or at risk of becoming homeless to afford housing. A straightforward strategy towards this end is to increase income support benefits. Almost 90% of participants in our study relied on social benefits as their sole source of revenue (Aubry et al., 2003). Welfare rates in Ontario have remained almost at the same level since 1996, when the provincial government cut them back by 21.6%, even though housing costs have risen substantially over the subsequent period. Recent increases to such income support programs in Ontario as Ontario Works or Ontario Disability Support Program have been small, requiring individuals and families on these programs to use a high percentage of their income on housing (Alliance to End Homelessness in Ottawa, 2007).
5. The provision of rent supplements enabling people on low income to access private market housing is another strategy that is indicated by our findings. Economic resources, whether in the form of subsidized housing or higher income, is associated with exiting homelessness. Research has shown that rent supplements are effective in assisting individuals with a history of homelessness to achieve housing stability, including people with severe mental illness (e.g., Hulbert, Wood, & Hough, 1996; Shinn et al., 1998; Sylvestre et al., 2004). Another policy strategy worth pursuing to assist people on low income to better afford housing involves increasing the minimum wage (Alliance to End Homelessness in Ottawa, 2007). A small proportion of participants (11%) in our study were working for pay at the time of the first interview (Aubry et al., 2003). At follow-up, 29% of participants were working for pay. The vast majority of those working had low-paying jobs.
6. Although risk factors related to health and substance abuse difficulties did not emerge as predictive of exiting homelessness at follow-up or length of time housed between interviews in our quantitative results, qualitative results showed that some participants identified physical health and mental health problems as well as substance abuse as contributing to their ongoing housing problems. As well, supplementary analyses of our data did show that people with substance abuse problems and more severe health problems were experiencing more housing instability (Aubry et al., 2007). For these individuals, services that focus on both housing and support appear to be needed. As discussed above, policies that target economic factors are also relevant, since these individuals are also living in poverty. An approach gaining popularity across the U.S., that has shown to be effective in housing people with severe mental illness and chronic histories of homelessness, is known as a “housing first strategy” (Pathways to Housing, 2005). The approach involves providing subsidized housing, either in the private

market through rent supplements or by accessing social housing units, and providing portable intensive support, as well as assisting individuals with financial management including through trusteeship arrangements (Tsemberis, et al., 2004; Tsemberis, Moran, Shinn, Asmussen, & Shern, 2003).

7. Another approach combining housing and support is supportive housing, where supports are integrated directly into housing. This option is intended for individuals with special needs, particularly as related to mental health difficulties (Nelson, Hall, & Forchuk, 2003). In addition, transitional housing is another type of program that can assist individuals who require some interim intensive support to help them stabilize their lives prior to moving into independent housing (Barrow & Zimmer, 1999). These programs can be especially relevant for those individuals with more severe addictions, youth and adults with minimal independent living experience, young mothers and pregnant teenagers, and new immigrants (Novac, Brown, & Bourbonnais, 2004). Although the research base on transitional housing is minimal, evaluative research on these programs has shown them to be successful in placing at least 50% of its participants into permanent housing (Barrow & Zimmer, 1999; Novac et al., 2004).
8. The perceived quality of housing at follow-up emerged as a predictor of improvements in mental health functioning over the course of the study. As well, participants reported that the quality of their housing and the neighbourhood in which it was located played an important role in their achievement of housing stability. These findings indicate the need for policies which ensure that available affordable housing is of good quality in relation to safety, comfort, spaciousness, and privacy.

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Panel Study: Phase 2

APPENDIX A

Quantitative Measures Used in the Study

Variable	Measure	Questionnaire Item Example	Scale
Demographics <ul style="list-style-type: none"> • Sex • Age • Family status • Citizenship 	<ul style="list-style-type: none"> • Observed and recorded (Phase 1) • Reported date of birth (Phase 1) • Created two items about children and whether under individual's care (Phase 1) • One-item created measure (Phase 1) 	<ul style="list-style-type: none"> • How many children normally live with you? • Are you a Canadian citizen? 	<ul style="list-style-type: none"> • Male / Female • Years • Single / In family • Canadian / Non-Canadian
Individual Resources <ul style="list-style-type: none"> • Education • Years employed since 16 years old • Housing stability • Empowerment • Total length of time homeless in past 3 years 	<ul style="list-style-type: none"> • Statistics Canada (2002) item (Phase 1) • Created one-item (Phase 1) • HIST (past 3 years) (Phase 1) (adapted from Toro et al, 1995) • 15-item Empowerment Scale (Rogers et al, 1997) (Phase 1) • HIST (Phase 1) (adapted from Toro et al, 1995) 	<ul style="list-style-type: none"> • What is the highest level of schooling that you have ever completed? • Since you were 16 years old, approximately how many years have you spend working for pay? * see note at end of table • I generally accomplish what I set out to do. * see note at end of table 	<ul style="list-style-type: none"> • Years • % of time employed since 16 years old • Number of moves • 15-60 • Months
Interpersonal Resources <ul style="list-style-type: none"> • Size of social network 	<ul style="list-style-type: none"> • 5-item Social Support Questionnaire (SSQ) sub-scale on social network (Sarason et al, 1983) (Phase 1) 	<ul style="list-style-type: none"> • Whom can you count on to listen to you when you need to talk? 	<ul style="list-style-type: none"> • number of persons identified

Panel Study: Phase 2

Variable	Measure	Questionnaire Item Example	Scale
<ul style="list-style-type: none"> Satisfaction with social support 	<ul style="list-style-type: none"> 5-item SSQ sub-scale on satisfaction with social support (Phase 1) 	<ul style="list-style-type: none"> How satisfied are you with this level of support? 	<ul style="list-style-type: none"> 5-30
<ul style="list-style-type: none"> Perceived availability of different types of social support 	<ul style="list-style-type: none"> 40 item Interpersonal Support Evaluation List (ISEL) (Cohen & Hoberman, 1983) (Phase 2) 	<ul style="list-style-type: none"> If I needed help some help in moving to a new house or apartment, I would have a hard time finding someone to help me 	<ul style="list-style-type: none"> 0 - 120
<p>Community Resources</p> <ul style="list-style-type: none"> Subsidized housing status Access to needed health services Access to needed social services Total income support Shelter quality 	<ul style="list-style-type: none"> One-item measure created for the study & identification of addresses for housing history provided on the HIST (Phase 2) matching addresses in City of Ottawa listings of social housing 8-item measure (Phase 2) (NPHS – Statistics Canada, 2002) 4-item created measures (Phase 2) HIST* (Phase 2) (adapted from Toro et al, 1995) 6-item Housing Quality Scale (Toro et al, 1995) (Phase 2) 	<ul style="list-style-type: none"> Is the rent for your current housing subsidized? (at follow-up) In the past 12 months how many times have you seen or talked to each of these types of service providers about your physical, emotional or mental health (not counting any overnight stay in the hospital)?(e.g. general practitioner) Do you get help from any of the following community services? e.g. Drop-In Centres * see note at end of table How would you rate (current site name) in terms of comfort? 	<ul style="list-style-type: none"> Subsidized housing / Non-subsidized housing 1-8 1-8 \$ per month 6-42

Panel Study: Phase 2

Variable	Measure	Questionnaire Item Example	Scale
Risk Factors <ul style="list-style-type: none"> • Physical health problems • Mental health problems • Alcohol use • Drug use 	<ul style="list-style-type: none"> • Physical summary scale of SF-36 (Ware et al, 1998) • Mental summary scale of SF-36 (Ware et al, 1998) • 4-item CAGE (Chan et al, 1994) • 20 item DAST (Skinner, 1982) 	<ul style="list-style-type: none"> • Compared to one year ago, how would you rate your health in general now? • How much of the time during the past 4 weeks have you felt downhearted and depressed? • Have you ever felt you ought to cut down on your drinking? • Have you used drugs other than those required for medical reasons? 	<ul style="list-style-type: none"> • 0-100 • 0-100 • 0-4 • 0-20
Housing <ul style="list-style-type: none"> • Housing status • Proportion of time housed 	<ul style="list-style-type: none"> • 3-items on location (type), duration, and financial contributions to rent • HIST* (adapted from Toro et al., 1995) 	<ul style="list-style-type: none"> • Where are you living now? • How long have you lived there? • Are you paying for the place you live now? Does someone help you with some or all of this payment? <p>* see note at end of table</p>	<ul style="list-style-type: none"> • Housed / homeless • % of time homeless since baseline interview

* HIST refers to a three year recorded history of housing, income and employment. In Phase 1, respondents were asked about each move that they made in the last three years, with whom they were living, type of housing, reason for leaving, whether or not they were homeless, income sources and amount and details of employment (job & sector). In the follow-up study, they were asked the same questions about their housing, income and employment history since their last interview.

APPENDIX B
Qualitative Questions Used in the Study

1. I want to ask you a few general questions about your experiences with homelessness and becoming housed.

1.a) Are you currently living in regular housing? (By regular housing, we mean a house, apartment, room or other similar housing that you pay rent for) YES_____ NO_____

- If YES:***
- 1.b) What helped you to find this housing?
 - 1 c) Are there particular services that you received that helped you get housing? How did these services help you?
 - 1 d) Are there particular people who helped you find housing? How did they help you?
 - 1.e) What has been most helpful in keeping you in this housing?
 - 1 f) What are some problems with being in regular housing? Are there positive and negative aspects of being housed? What are they?
 - 1.g) What difference has it made for you to be in regular housing?
 - 1 h) Have you noticed any changes in your physical health since being housed? If so, what has changed?
 - 1 i) Have you noticed any changes in your mental health since being housed? If so, what has changed?

- If NO:***
- 1.j) What prevents you from getting regular housing?
 - 1.k) Do you have any advice for people who are homeless and looking for regular housing?
 - 1.l) Is there anything about being homeless or getting housing that you would like to add?

- 2. What helps you get through the rough times? What are some of the things you do to cope?
- 3. What is the best place that you have ever lived?
- 4. What did you enjoy about it?
- 5. What sort of housing would be the best/most desirable place for you to live?
- 6. What would help you to achieve this?