Social Housing with Community Support: A Study of the FOHM Experience

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March 2001

Abstract

This paper presents the results of an evaluation of the social housing program of the *Fédération des OSBL d'habitation de Montréal* (FOHM) (Montreal Federation of Housing Nonprofit Organizations). This organization directly manages 325 units occupied by tenants who suffer from physical or mental health problems, contend with drug or alcohol addiction, or have AIDS. Triangulation [Denzin and Lincoln 1994] of the data was achieved using the following strategies: 33 tenants from three different housing units were interviewed using a survey questionnaire. Focus groups were conducted with frontline staff as well as with administrators and external partners of the FOHM. Documentation of the literature on the social housing sector's management and support practices augmented the picture. The findings indicate that the program has improved the quality of life of the tenants, although this improvement was more significant in some aspects of their lives than in others. Overall, the evaluation provides evidence of the need for this type of program as well as for better integrated social policies in the areas of housing, health and social services.

Introduction

This paper presents the results of a first evaluation of the social housing program of the *Fédération des OSBL d'habitation de Montréal* that was started more than ten years ago in Montreal. This participatory evaluation research made use of the exceptional contribution of the tenants, employees, administrators of nonprofit organizations and external partners working with the FOHM.

The principal aim of the research was to attempt to evaluate how and in what specific areas the quality of life, health habits and social relations of the tenants/residents had changed since they moved into the program. We also wanted to document, at least in part, how support services were offered by the FOHM, notably through its partnerships with other resources in the community.

The residents in the FOHM programs are people who, without this type of intervention, likely would become homeless or find themselves institutionalized. The FOHM program provides a light and flexible form of supervision that enables the residents to sign a leasing agreement and to have the keys to their own apartments, just like 'normal' people.

The social housing with community support program of the FOHM represents an interesting example of a contemporary third sector or social economy initiative in the field of housing. An evaluation of this alternative program seems extremely relevant in the current context in which governments are reconsidering their roles, commitments and responsibilities with respect to marginalized segments of the population and, more specifically, with respect to housing. In Quebec, this context has made possible the rediscovery of the contribution of locally-based nonprofit organizations in the delivery of health and social services. Programs like the one presented here have not been widely studied, despite the fact that we now know that housing conditions are an important social determinant of the health of populations.

Theoretical Perspective and Literature Review

Since the 1980s, the welfare state model and the social contract that emerged in Canada after World War II have been in crisis. Within the progressive forces, two strategies have

developed in response to this crisis: a strategy of resistance and one of redefinition. Proponents of the resistance strategy cling to the past and demand that the welfare state conditions of the 1960s and 1970s be maintained or restored. Proponents of the redefinition strategy recognize the limitations of this postwar model primarily in terms of its inefficiency; its technocratic, bureaucratic, centralist and controlling characteristics; and its lack of opportunities for the input of the populations using the services.

Like other proponents of the redefinition strategy, our research team seeks a post-Fordist welfare state model that is more decentralized, more participatory, more flexible and closer to local needs [Boucher and Favreau 1997; Burrows and Loader 1994]. We are also open to the establishment of new partnerships among social actors coming from the private, public and community sectors [Vaillancourt and Jetté 1997; Favreau and Lévesque 1996; Cloutier and Hamel 1991]. In particular, we want to focus our analytic attention on the evolving roles played by nonprofit or third sector[2] organizations in what some analysts call the 'mixed economy of care' [Wistow et al. 1994; Pinker 1992]. We feel that a redefinition of roles is made necessary primarily because the social protection mechanism and the social policies of the last 25 years have not succeeded in containing the increase in the number of people who are excluded from mainstream society.

The development of programs of social housing with community support in Montreal during the 1980s and 1990s is part of a trend. Community organizations dissatisfied with the services and activities proposed by the public and the private (market) sectors took it upon themselves to explore alternative ways to combat the destruction of the social fabric [Bélanger and Lévesque 1992]. Programs of social housing with community support represent one attempt at redefining how the responsibilities of different stakeholders should be shared in the area of housing vulnerable and at-risk people coping with physical, mental or social problems.

People with mental health problems constitute an important clientele for this type of housing intervention following the deinstitutionalization movement. Estimates of the proportion of the homeless population that suffers from mental illness generally range from 30 to 40 percent [Hulchanski et al. 1991; City of Toronto 1999]. However, in some jurisdictions, this percentage is much higher – up to 63 percent [Marcos 1991]. The percentage of homeless women who are mentally ill is estimated to be between 50 and 60 percent [Buckner, Bassuk and Zima 1993], and possibly up to 75 percent [City of Toronto 1999].

These individuals have little material and social resources to help them deal with difficult situations frequently occurring in daily life. But it has been shown that they often do not require institutionalization and they can integrate themselves into the community under certain conditions. For instance, their capacity to take charge of their own health and welfare must be strengthened. The same goes for their capacity to satisfy their basic needs (i.e., food, clothing and housing) and to enjoy some degree of liberty, autonomy and control in their living environment. Both basic material needs (e.g., housing) and social support must be available for these people to integrate successfully into the community [Leff et al. 1994].

Supportive Housing

There are divergent points of view regarding what form supportive housing should

take. Advocates of the 'supported housing' approach assert that the majority of individuals want to live in permanent, regular, integrated housing, not in congregate care settings, and receive flexible, individualized support services in the community [Carling 1990, 1992, 1995; Carling and Hogan 1992; Goering, Paduchak and Durbin 1990; Ridgway and Zipple 1990; Tanzman 1990, 1993; Yeich, Bybee, Mowbray and Cohen 1994]. This 'consumer driven' or 'client centered' approach is supported by consumer preference studies and is based on principles of full community integration, citizenship and freedom of choice [Tanzman 1990; Yeich et al. 1994; Goering et al. 1990].

Three different models of supportive housing are identified by Novac and Quance [1998]. The *alternative* housing model is concerned primarily with the provision of stable, subsidized housing with community development support and an emphasis on resident participation. While *supported* housing (described above) has its roots in the patients' rights movement and is also associated with 'de-linked' services, *supportive* housing tends to be linked to support services and also can refer to a broad range of programs, from board and care homes to group homes to apartment complexes.

Trainor et al. [1993] compare models of housing for people with mental illness. They differentiate between the 'custodial' model (essentially boarding homes) and what they define as the 'alternative' model which includes all other types of housing: half-way houses, group homes, and co-op and supported housing. Although their conclusions reflect some of the negative outcomes associated with linking housing and services, such as exclusionary criteria affecting the most seriously disabled (and difficult to serve), they do not differentiate within their 'alternative' model between linked and de-linked services.

The importance of addressing the concept of continuity of care in providing support services for people with mental health problems is highlighted by White [1992]. She postulates that the concept of 'continuity of care' reflects institutional thinking that has been transferred to the provision of community-based care in the deinstitutionalization process. This hypothesis has crucial implications for supportive housing provision in that 'linked' (or 'de-linked') services seem to reflect this philosophical difference in the development of programs.

While Hurlburt, Wood and Hough [1996b] support the 'consumer driven' approach des-cribed above, they provide a qualification regarding its success when substance abuse is a factor [1996a]. They report a significant relationship between drug and alcohol abuse, and lack of achievement of stable housing in the community. The Report of the Mayor's Homelessness Action Task Force for the City of Toronto [1999] specifically recommended that harm reduction facilities be established to serve those who cannot comply with programs that require total abstinence.

A qualitative study conducted in Vermont contradicts the findings of the 'supported housing' proponents and reports that the majority of respondents preferred not to live alone and did not object to living with other consumers [Pulice, McCormick and Dewees 1995]. A Canadian study [Pomeroy, Cook and Benjafield 1992] compared social support in three residential contexts – living with family, living in a group home and living independently, and concluded that those living independently were at a 'serious disadvantage.' A recent Canadian study concluded that both common and private space were essential elements in supportive housing [Johnson 1997].

While there are divergent (and sometimes contradictory) points of view regarding what form supportive housing should take, the need for more and better alternatives is not in question [Hall, Nelson and Fowler 1987; Lightman 1997; Nelson and Earls 1986; Ridgway and Zipple 1990]. While community care is consistently held up to be the most effective and efficient means of providing services to the mentally ill, the vast majority of resources are still being allocated to institutions [Kay and Legg 1986; Lightman 1997; Nelson 1987]. At the same time as community services remain fragmented and inadequate to meet the needs of the long-term mentally ill population, a corresponding rise in poverty and reduction in employment opportunities and the supply of decent, affordable housing have exacerbated the crisis [Carling 1995; Hurlburt et al. 1996b; Yeich et al. 1994]. Nor is there a question that all persons, regardless of race, gender or ability to compete in the marketplace, have a right to decent, affordable housing as a social right of citizenship [Carling 1992, 1995; Clapham, Kemp and Smith 1990].

Quality of Life

While quality of life indicators are often divided between subjective and objective measures [Baker and Intagliata 1982], findings indicate that overall perceptions of quality of life are determined by external social problems of poverty and unemployment as well as vulnerability to crime and social isolation [Lehman, Ward and Linn 1982]. Lack of adequate financial assistance, vocational training and job opportunities, and empowerment negatively affect perceptions of 'mastery' and, consequently, perceptions of quality of life [Rosenfield 1992]. In addition to support and acceptance, internal perceptions of 'competence' are linked fundamentally to external opportunities for self-determination and democratic participation through meaningful work and other instrumental roles in the community [McCarthy and Nelson 1993; Prelleltensky 1994].

Housing is, in fact, a key component in maintaining socially fragile people in the community [Morin 1992; Mercier, Fournier and Racine 1994]. Moreover, the housing arrangement must offer a certain quality of life, privacy and safety as well as flexible and adapted support services [Hulchanski et al. 1991; Tessier et Clément 1992]. But the association between social housing programs and support services is relatively young in Quebec. While general government interventions in the field of social housing (e.g., Low Income Housing and CO-OP projects) targeted people with low incomes, the special needs of people at risk of becoming socially marginalized were not properly addressed. In Montreal, the FOHM represents one of the first programs to take a "broad coalition approach to pooling resources and delivering comprehensive services aimed at supportive permanent accommodation" for this clientele [CMHC 1995: 137].

Methodology

the instruments

The validity of this study was based on the project's global coherence and triangulation[1] of the data. Three types of data collection were used. First, a survey questionnaire was administered to 33 tenants to evaluate the impact of social housing with community support. This component of the research project was designed to provide a quantitative profile of the tenants' quality of life before and after they had moved into FOHM houses. Second, four different focus groups were conducted. The first two focus

groups included four janitors and four intervention workers (counsellors) working in three FOHM houses targeted by the study. In the other two focus groups, we met with seven housing nonprofit organization administrators and former administrators, and six external partners of the FOHM. The purpose of these discussion groups was twofold: 1) to get feedback from these individuals on some of the questionnaire results, and 2) to identify factors which contribute to improving the quality of life and the social integration of the tenants. The third component of the data collection strategy consisted of documenting the social management and community support practices developed by the FOHM in downtown Montreal.

The individual interviews with the 33 tenants lasted an average of 40 to 45 minutes and were conducted in May and June 1996 using a 29-page questionnaire about quality of life, housing and services issues. A comparison of a few sociodemographic variables allowed for an assessment of the sample's representation to the population in the three houses targeted by the study. While we cannot ensure that the sample was representative of the entire population of the nonprofit organizations that are members of the FOHM, we believe that the factors identified in these three houses also may be present in this larger population.

During the focus groups conducted between November 1996 and February 1997, we pursued several objectives. The four janitors and the four staff intervention workers ('*intervenants*') were chosen because of their field expertise and because of their knowledge of the issues of homelessness and of clients who live in social housing units. Seven of these eight FOHM employees had at least four years of practical experience in the area of social housing with community support. The discussions made it possible to better define the various aspects of their work and the community support offered through the FOHM. During the meeting with housing administrators, we sought to find out what role the administrators played, what training they had received, how they were involved in the selection of clients and how they envisioned the development of social housing with community support. The last focus group, composed of external partners with ties to the FOHM, provided an outside view of the type of intervention offered by FOHM and its impact on clients. It also yielded valuable information on joint initiatives and partnerships among these different organizations, follow-up of clients, client use of institutional health care and social service resources, and people referred to the FOHM.

Finally, in the document review phase, we reviewed the literature composed mainly of papers on social housing from academic sources and from the intervention sector. In addition, we reviewed publications from selected government departments, community organizations and public and parapublic institutions, and consulted with various players concerned with social housing.

the setting

More than 1,000 economically deprived single persons who have difficulty finding decent housing live in one of the rooming or studio apartment houses located in the central districts of Montreal. These houses are managed by nonprofit organizations that are FOHM members. Most of the tenants suffer from physical or mental health problems, contend with drug or alcohol addiction, or have AIDS. Some of them are trying to cope with several of these problems at the same time.

The FOHM directly manages 325 housing units that are clean, safe, permanent and affordable (i.e., 25 percent of personal income). The aim of this type of social housing is to maintain and develop the autonomy of the tenants, counter their social isolation, support their involvement in their living environment and facilitate their use of various resources available both in their neighbourhood and throughout the city.

On site, the FOHM relies on a team of resident janitors or 'supervisors' who, in addition to being responsible for maintenance, janitorial services and building security, provide a reassuring physical and psychological presence. The janitors give information to the tenants on how to maintain their units and, when a crisis occurs, attempt to keep everyone calm, contain the effects of the crisis and reassure tenants who are not directly affected by the events.

The FOHM also relies on a team of service providers (intervention workers) who work with the tenants individually by listening, managing, referring, accompanying, counselling, preventing crises and mediating conflicts. In addition, the service providers help to organize outdoor activities such as tenant art exhibitions or train[3] tenants for the board of directors and for selection of new tenants. These intervention workers also handle the administrative/legal aspects of the landlord-tenant relations and the unit allocation process.

Persons who are interested in a housing unit register their names on a waiting list which the FOHM believes will never run dry. Montreal reportedly has between 10,000 and 15,000 homeless people and around 35,000 persons who are vulnerable in terms of housing [Lecomte 1989]. For single persons with very low incomes, access to a decent modestly priced housing unit often represents a stabilizing factor, whereas the lack of such housing may result in greater marginalization which, in turn, can lead to a 'descent' into homelessness [Thériault et al. 1996].

In sum, social housing with community support allows low-income single persons to have an adequate home and to make decisions and assume normal tenant responsibilities while being able to benefit from flexible, individualized support services. It directly involves the tenants and provides them with the opportunity to develop a sense of autonomy and control.

The extent of the social problems (e.g., poverty, homelessness and drug addiction) that intervention workers and assistance resources confront in marginalized segments of the population has led organizations based in the community and the public and private sectors to consult with one another and to establish partnerships. The purpose of this networking is to help local communities regain control and intervene more effectively in various aspects of the crisis prevalent in society since the early 1980s [see, for example, Panet-Raymond and Bourque 1991; Guay 1991; Cloutier and Hamel 1991; Lamoureux 1994; Favreau 1995; Bélanger and Lévesque 1992; Vaillancourt and Jetté 1997].

Social housing with community support is part of this intervention trend based on partnerships and networking. It is generally recognized as a factor that positively influences the state of health and quality of life of marginalized persons. In addition, some researchers think that certain social housing programs could help curb public expenditures by reducing the use of 'heavy' services, such as hospitalization and institutionalization [Witheridge 1990].

the participants

This section presents a factual picture of the situation of the tenants at the time they were interviewed. Subsequent sections will focus on their development by comparing their situations before and after moving into the FOHM houses and by illustrating the impact of social housing with community support.

Of the 33 tenants interviewed as part of the research project, 26 were men and seven were women. They were between 32 and 60 years old, with an average age of 46 years. Eight of them had finished high school, three had obtained college degrees and six had completed university. At the time of the interviews, all were receiving social assistance, for an average monthly income of $606. There were 23 respondents who were single and 21 respondents who had no children. French was the language most frequently spoken, except for two anglophones and two Spanish-speakers.

Before moving into an FOHM housing unit, two persons had lived in public housing units; two (former prisoners) in halfway houses and another, on the street. The other 28 persons had rented on the private market. They typically had lived in small units or rooms and often under poor sanitary conditions (i.e., slums). In some cases, however, they had lived with relatives or friends in good quality housing that they had to leave due to financial reasons, disagreements or other causes. The tenants had been living in FOHM units for an average of 30 months.

Nearly 70 percent of the tenants consumed alcohol on a regular basis or from time to time. This percentage is consistent with data drawn from the 1992-93 *Santé Québec* survey, which revealed that 79 percent of Quebecers aged 15 years or older replied affirmatively to the question on alcohol consumption. Just under 67 percent of the tenants who were interviewed took prescription medication, compared to 31 percent of Québécers in the *Santé Québec* survey. The people visited are therefore heavily medicated, suggesting a tenuous state of health among this population. In fact, 17 of the tenants who took prescription medication reported that they suffered from a "major health problem," and 12 of them used psychiatric medication. While the use of psychiatric medication was significantly more prevalent among the women than among the men, this variation may reflect gender differences in compliance rather than actual need.

Of the 33 tenants interviewed, 20 (61 percent) said that they had a major health problem. Eleven of them stated that it was essentially a physical health problem, while nine mentioned a psychological problem that was possibly accompanied by a physical problem. Of the 20 persons who reported a major health problem, 17 said that this problem prevented them from doing certain things and about half of these cases (eight of 17) indicated an incapacity to work.

Only five of the tenants (15 percent) said that they often felt depressed, but no fewer than 12 respondents (37 percent) reported having had suicidal thoughts, either occasionally or often, since moving into the FOHM houses. This is a much higher proportion than that revealed by the 1992-93 *Santé Québec* survey, which did not exceed 8 percent, even for the age group most at risk among the general population.

Four of the 12 tenants who have children have no contact with them, while the other eight saw their children and talked to them on the phone from time to time. Almost half (16) of the tenants never saw the other members of their families and 12 never called any relatives. The

network of friends and health and social service professionals was important in the life of the tenants, as 30 of the 33 respondents said that they could count on someone to run errands for them. In case of illness, 24 respondents (73 percent) mentioned that they had someone on whom they could rely to help them. Only four respondents stated that they had nobody with whom they could talk openly.

It was not surprising to note that, given the socioeconomic conditions of the tenants, watching television and listening to the radio were the most common leisure activities. Among a list of 13 suggested activities, reading ranked third while going to bars and the movies were the least popular with the tenants.

At the time of the interviews, four tenants were taking part in an employability program, 11 were doing occasional volunteer work and 10 were participating in the activities of a day centre, a rehabilitation program or a self-help group. More than half of the respondents (18) said that they often lacked money, 23 of the 33 tenants (70 percent) stated that they had no money left at the end of the month and 12 of them (36 percent) reported having debts.

Nearly 80 percent of the tenants said that they now wanted to attain a goal or carry out a project over the coming months or within a few years. In slightly less than half of these cases, the projects or goals were work-related. Among the tenants who were over 50 years old, however, significantly fewer of them had projects, an observation that is not surprising under the circumstances. Just under two-thirds (64 percent) of those who said they had projects for the future felt that living in a social housing unit with community support could help them attain their goal or carry out their project.

Finally, one interesting result for the purposes of evaluating the social housing intervention was that 88 percent of the tenants said that if they had to make the choice again, they would come back to an FOHM house. Among the more educated respondents (those with a high school degree), this position was unanimous.

Results

quality of life before and after moving into an FOHM house

Forty-two percent of the tenants felt that they generally were dissatisfied with their lives before moving into one of the FOHM houses (Table 1). When the 21 percent of respondents who said that they were rather dissatisfied is added to this figure, it can be seen that 63 percent of the tenants made a negative assessment of their previous quality of life.

According to the data gathered from the survey, only 18 percent of the tenants stated that they were currently satisfied with their lives (see Table 2). However, 61 percent said that they were rather satisfied, leaving only 21 percent of the tenants divided between the rather dissatisfied (15 percent) and dissatisfied (6 percent) categories. Among the specific areas, those posing the greatest problems were financial situation and romantic relationship where the total proportions of tenants who were either dissatisfied or rather dissatisfied stood at 60 percent and 58 percent, respectively. At the other end of the spectrum, though, more than one third of respondents said that they were satisfied in the areas of housing (55 percent), neighbourhood services (49 per-

Table 1 Percentage assessment of the quality of life of the tenants before moving into an FOHM house by area (N=33)				
Areas	Dissatisfied %	Rather Dissatisfied %	Rather Satisfied %	Satisfied %
Life in general	42	21	27	9
Housing	46	27	12	15
Neighbourhood services[1]	23	19	26	32
Friends[1]	28	37	15	19
Neighbourhood[1]	40	16	16	28
Family relations[1]	42	13	13	32
Perception of others	16	48	16	20
Leisure activities	33	27	21	18
Clothing	24	15	37	24
People in general	21	33	31	15
Self-confidence	39	27	15	18
Health	33	24	24	18
Romantic relationship[1]	39	36	10	16
Food	36	21	27	15
Financial situation	42	21	21	15

Note: The percentages were rounded off and calculated on the basis of the valid cases only.
[1] Indicates missing data (N<33).

cent) and relations with friends (37 percent). For these three areas, the proportions ranged from 84 percent to 91 percent when both the satisfied and the rather satisfied tenants were considered. The areas of neighbourhood, relations with people in general, self-confidence and perception of others also displayed high percentages (between 70 percent and 85 percent) when the satisfied and rather satisfied tenants were combined.

Table 3 takes some of the data from Tables 1 and 2 to compare the tenants' situations before and after moving into an FOHM house. More than 33 percent of the tenants said that they were dissatisfied in seven areas before moving into an FOHM house. Conversely, the same proportion of tenants (more than 33 percent) stated that they were satisfied in none of the areas of their lives over the same period. On the other hand, their situation seemed to have improved after moving into an FOHM house, as more than one-third of the tenants now said that they were dissatisfied in only two areas of their lives: financial situation and romantic relationship. In addition, more than 33 percent were now satisfied in the areas of housing, services and relations with friends.

Table 2
Percentage assessment of the current quality of life of the FOHM tenants by area (N=33)

Areas	Dissatisfied %	Rather Dissatisfied %	Rather Satisfied %	Satisfied %
Life in general	6	15	61	18
Housing	3	6	36	55
Neighbourhood services	3	12	36	49
Friends[1]	6	12	47	37
Neighbourhood[1]	9	9	47	37
Family relations[1]	32	13	52	33
Perception of others	3	13	55	28
Leisure activities	18	21	33	27
Clothing	12	21	40	27
People in general	3	12	61	24
Self-confidence	15	15	49	21
Health	24	15	40	21
Romantic relationship[1]	39	19	26	16
Food	18	18	52	12
Financial situation	42	18	30	9

Note: The percentages were rounded off and calculated on the basis of the valid cases only.

[1] Indicates missing data (N<33).

Note: The threshold of one-third (or 33) of the respondents was arbitrary, but allowed for interesting comparisons between the various areas of life covered by the study.

definite improvement in quality of life

Twice as many tenants were satisfied or rather satisfied with their lives in general since moving into an FOHM housing unit than before doing so (79 percent versus 36 percent). The areas of *neighbourhood, relations with friends* and *people in general* as well as *self-confidence* and *perception of others* also registered major positive changes. It was the area of *housing* that posted the greatest variation, with a rise of 233 percent (see Table 4). This is an impressive gain; a tangible sign that the housing situation clearly has improved for people living in FOHM houses. In addition, all janitors, intervention workers, administrators of nonprofit organizations and partners in the community were unanimous. The supervision provided by the FOHM significantly contributed to the well-being and improved the quality of life of the tenants.

Table 3
Areas of life which more than one-third of tenants were either satisfied or dissatisfied (N=33)

Situation Before Moving into FOHM House				Current Situation			
Over 33% Dissatisfied		Over 33% Satisfied		Over 33% Dissatisfied		Over 33 Satisfied	
Housing	46	No area		Financial	42	Housing	55
Financial	42			Romantic relationship	39	Services	49
Family	42					Friends	37
Neighbourhood	40						
Self-confidence	39						
Romantic relationship	39						
Food	36						

An analysis by area revealed that the most significant changes can be divided into three types. First, there were changes in the *physical environment* – the housing unit, its immediate surroundings and the neighbourhood. Also observed were major positive changes in the area of *social relations,* both with friends and with people in general. This result seems to indicate that the intervention is effective in countering the social isolation of the tenants. Finally, there was a notable improvement in the level of satisfaction regarding *self-esteem,* as illustrated by the results obtained in the areas of self-confidence and self-image. These indications are important, because an improvement in self-esteem is a prerequisite for people to take control of their lives.

The tenants' relationship with their environment consequently changed after they moved into an FOHM house. This improvement is likely due to the attitude of openness and acceptance on the part of the staff towards the residents. The residents also appreciate the fact that they have access to their own private unit and do not feel judged by the other tenants who have experienced similar problems. These factors contribute to tenants' improved sense of well-being. Housing, therefore, plays an important role in the empowerment of these people, their security and their ability to take control of their lives. As one janitor commented during the focus group: "Once they have settled in, tenants tell themselves, 'I have a roof over my head, I have my own keys, I have my own mailbox.' All this contributes to giving them a feeling of well-being."

First and foremost, it is the assurance for a good number of tenants that their basic needs (i.e., having a clean, safe and affordable unit) are being met which keeps them in their housing units. The community support provided by the FOHM is indispensable not only to sustain the quality of life for its marginalized client groups, but also to ensure that they can be maintained in their housing units. In so doing, the FOHM's intervention contributes to preventing the deterioration of the living conditions of people who otherwise would end up in the street or be placed in institutions such as hospitals, psychiatric institutions and penitentiaries.

The observations gathered from the external partners corresponded in many respects to the comments made by participants in other focus groups. This agreement led to the consensus that tenants were generally much more satisfied with their lives since moving into an FOHM house. The low rental costs, the activities and especially the security aspect of the premises are such that the tenants enjoy a better quality of life, according to the external partners. They add that their clients feel more respected and that the principles of justice and equity are consistently applied within the houses.

One observation should be noted: The level of satisfaction regarding health is not linked to age as normally would be expected. This result is probably due to the fact that, in this sample, as in the FOHM population in general, there are many relatively young people (in their 30s) with major mental and physical health problems, including drug addiction and persons who are HIV positive.

little improvement in the financial situation

Finally, many individuals who moved into an FOHM house experienced a reduction in the proportion of their income spent on housing. However, this objective improvement in their financial situation did not bring about any significant change in their subjective level of satisfaction in this area. This finding may be

TABLE 4
Percentage of tenants who were satisfied or rather satisfied with their quality of life before and after moving into an FOHM unit (N=33)

Areas	Previous Situation %	Current Situation %	Change %
Life in general	36	79	117*
Housing	27	91	233*
Friends[1]	34	84	145*
Perception of others[1]	36	83	118*
Self-confidence	33	70	109*
Neighbourhood[1]	44	85	100*
People in general	46	85	87*
Romantic relationship[1]	26	42	63
Neighbourhood services[1]	58	85	56*
Leisure activities	39	61	54
Food	42	64	50
Health	42	61	43
Family relations[1]	45	55	21
Clothing	61	67	10
Financial situation	36	39	8

Note: The percentages were rounded off and calculated on the basis of the valid cases only. The test of significance was conducted on the basis of a comparison of the two proportions.
* Indicates a significance at the 0.05 level (two-tailed).
[1] Indicates missing data (N<33).

attributed to the fact that, even with the rent reduction, the tenants remained in precarious and unsatisfactory financial situations. As certain participants in the focus groups noted, the tenants were still living in poverty.

Most of the tenants remained dissatisfied or rather dissatisfied with their financial situation. There was also no significant change in the proportion of people who said that they often lacked money (55 percent now compared to 61 percent before). Nor was there a significant change in the percentage of persons who stated that they had no money left at the end of the month (70 percent now versus 73 percent before). The proportion of tenants who reported having debts also stayed essentially the same (36 percent now as opposed to 33 percent before).

According to the intervention workers who were interviewed, the money saved on rent by the tenants after moving into an FOHM house cannot be considered real savings since the budgetary surplus was immediately invested in meeting basic needs. As a result, their financial situation did not improve significantly and remained precarious. The changes that government has brought to certain aspects of its social policies over the last few years also have led to a reduction in total disposable income.

Persons who have the capacity to manage a budget adequately are most likely to improve their living conditions. It was observed that the material situation had improved among residents for whom rental costs were a problem before moving into an FOHM housing unit. At the *Résidence de l'Académie*, the janitor observed a definite improvement in the material situation of the female residents who had acquired furniture, household appliances, television sets and sound systems. This observation would appear to be consistent with the literature which has noted significant differences between men and women in terms of achievement of housing stability [Hurlburt 1997; Uehara 1994].

housing satisfaction

A good number of tenants reported that social housing brings greater stability and security, thereby reducing the level of stress since the tenants are less concerned about daily survival. They can therefore focus more of their attention and energy on self-enhancing projects. As one of the persons who was interviewed stated: "I am less stressed out and this makes certain things possible."

The tenants interviewed clearly were more satisfied and felt safer in their current units than with the units where they lived before moving into an FOHM house. In addition, this improvement in their satisfaction level was statistically significant for five housing sub-aspects: *price, tenant empowerment, regulations, cleanliness of the premises* and *the intention to stay for a long time* (see Table 5).

Of the 33 tenants who were interviewed, only two said that they felt unsafe at night while only one felt unsafe during the day. Virtually all the tenants therefore felt safe in their current units. This evaluation shows an enormous contrast with these tenants' previous housing conditions. Prior to moving into FOHM units, only 58 percent of the respondents felt safe during the day and this proportion fell to 45 percent at night. These differences in the subjective evaluation between the present and past situations are very significant for both day and night. Moreover, 77 percent of the respondents generally felt safer in their current units.

In the run-down and poorly maintained units in which a number of respondents lived before moving into FOHM units, the risk of fire

was quite real. In this respect, FOHM units offer safety standards that are generally higher than those in private sector rooming houses. In addition, the presence of janitors and the FOHM's rapid intervention capability (emergency service) in case of problems also contribute to this feeling of security. The results of our quantitative data analysis suggest that feeling safe contributes significantly to a better quality of life, especially among people with mental health problems.

These observations are reinforced by the information collected during the focus groups. For nonprofit organization administrators, in fact, the increased security provided to the FOHM tenants represents a determining factor in their enhanced quality of life. First, there is the *psychological security,* since in FOHM units, according to one of the administrators: "The tenants are not afraid of being kicked out or losing their units." *Financial security* also increases since, under the current formula, the tenants are protected against excessive rent hikes in the future. The final factor is increased *physical security,* which takes the form of reduced risk of fire in the housing units and a decline in physical and psychological violence.

Neither should one underestimate the climate of tolerance that prevails in FOHM houses with respect to social deviance. This climate allows tenants to live their lives without fear of eviction or marginalization. This is an important factor that contributes to enhancing their quality of life, considering the discrimination they suffered elsewhere.

The tenants also know that they can count on the people around them for information,

Table 5
Comparison of average scores for satisfaction with housing sub-aspects before and after moving into an FOHM unit (N=33)

Housing Sub-Aspects	Average Score Before (x/4.00)	Average Score After (x/4.00)
Housing price*	2.29	3.79
Regulations*	2.50	3.67
Liberty	3.27	3.67
Cleanliness*	2.44	3.67
Empowerment*	2.14	3.33
Privacy*	2.71	3.24
Intention to stay*	1.68	3.12
Noise level	2.50	2.49
Total Average Score* (Unit Satisfaction Index)	19.53/32	26.98/32

Note: The comparison of situations before and after moving into a social housing unit was conducted on the basis of a T-test for matched pairs.
* Indicates a significant variation at the 0.05 level.

support and company. According to FOHM staff, the first word about a tenant showing troubled behaviour usually comes from other tenants. These people are concerned about preserving their peace and quiet and do not hesitate to report to FOHM staff any questionable behaviour by tenants who could disturb their home. Through their attitudes and behaviours, the tenants therefore participate in taking charge of their environment and well-being. Their new found feeling of security thus reinforces the dynamics of both individual and collective empowerment.

The results of the questionnaire show clear tenant dissatisfaction with the noise levels in the houses, confirming the data collected in the focus groups. According to the majority of the people surveyed (intervention workers, janitors and administrators) in these focus groups, noise represents a major problem and is a source of conflict within the houses. A number of tenants, those with mental health problems in particular, complain about the poor quality of soundproofing in the buildings. This situation requires a great deal of tolerance on the part of the tenants if they wish to live together in harmony. Part of the problem also could be due to the tenants' lifestyles. Their virtually continuous presence in their units increases the likelihood that irritating situations will develop. Everett and Steven [1989] also highlight the issue of noise and the need for soundproof apartments in their consumer participation project regarding the development of supportive housing.

impact on physical and mental health

The tenants have not really changed their substance utilization habits, but it is clear that they have fewer suicidal thoughts and seem to take fuller control of their general health. Those consuming alcohol (70 percent), illegal drug users (33 percent) and regular smokers (79 percent) seem to have retained the habits they had before they moved into their social housing unit. The tenants are heavily medicated (67 percent), an indication of a poor state of health. But here again, it seems that this situation predated their arrival in FOHM houses. The tenants' state of health according to these parameters has therefore not really changed, as approximately 60 percent of the people interviewed reported that they suffered from a chronic health problem.

The proportion of tenants with suicidal thoughts decreased from 50 percent to 37 percent once they entered FOHM houses. Although the figure is still high, this is a very positive result indeed. As for the use of health services, the 'younger' tenants are the ones who consult professionals – especially psychologists – most frequently. The use of these services remained almost unchanged except for consultations with GPs and nurses, which increased significantly. Overall, 'visits' to establishments and agencies providing social and health services did not really increase, and the tenants now make slightly greater use of hospital and CLSC (local community service centre) facilities than they did before moving into FOHM houses.

While alcohol or drug users did not change their habits, they did feel less stigmatized in their new surroundings. Our focus groups revealed that the tenants' new attitude was not completely unrelated to the fact that the staff showed more tolerance about drug and alcohol use provided that the users respected the rules of the houses. As to whether this situation could be an incentive to use drugs and alcohol, certain partners counter by saying that it merely normalizes the situation experienced by the tenants. This tolerance is based on the principle that the tenants are responsible people who are free to

do what they choose in their units as long as their utilization habits do not interfere with the manner in which the FOHM house operates or with the lives of the other residents.

According to certain staff members, this approach makes it possible to empower tenants in relation to their substance utilization habits. In the Chambredor residence, for example, special containers for used syringes were installed to prevent accidents. Any incentive to use likely comes from the outside environment instead. These houses accommodate a marginalized client group with a greater proportion of problem drug users than in the general population. While the integration of certain residents in other spheres of activity may be seriously hampered by their habits, it is important to acknowledge that the possibility of returning to the labour market or of undertaking any other type of greater social reintegration is virtually nonexistent.

FOHM intervention workers generally believe that it is better for their tenants with drug addiction problems, who often suffer from AIDS as well, to remain in FOHM units instead of being back on the street. This way, they are provided with minimal supervision, thereby preventing their condition from getting unnecessarily worse.

Even if most of the houses show great tolerance towards drug and alcohol use, the debate over the issue continues among both the staff providing community support in the houses and administrators of the housing nonprofit organizations. In fact, the focus groups did not produce a consensus on this matter.

The increase observed, albeit not a significant one, in the proportion of respondents using prescription medication could be explained by the fact that certain tenants are now monitored more closely in terms of medical care. These observations are corroborated by what the FOHM staff have told us about their experiences.

A comparison of frequency of consultations with health care professionals before and after moving into FOHM units shows slight increases for all the professionals consulted, except for social workers who showed a decrease (see Table 6). The increases were only statistically significant, however, for nurses and general practitioners. But should an increase in visits to health care professionals be interpreted as the result of a deteriorating state of health? Or is it an indication that the tenants are being better monitored psychologically or medically for preexisting health problems? Overall, the health consultation index consequently does not present any significant increase. The tenants' consultation practices increased very little since they moved into social housing units.

A comparison of visits to health care institutions or agencies before the tenants moved into social housing units indicates a significant increase for hospitals and a marginally significant rise in the case of CLSCs (local community services centers) (see Table 7). Statistically, however, it cannot be established that the health consultation index for institutions or agencies has really gone up since the tenants moved into an FOHM unit. The increase, as indicated by the total average consultation score shown at the bottom of Table 7, is minimal.

The consultation frequency index does not make it possible to conclude that there has been a significant change in the use of health care resources. However, most of the intervention workers, janitors and administrators affirmed during the interviews that the tenants have made greater use of institutional resources since

Table 6
Comparison of average scores for consultation with health care professionals before and after moving into an FOHM unit (N=33)

Professional Consulted	Average Score Before (x/3.00)	Average Score After (x/3.00)
GP*	1.88	2.06
Dentist	1.58	1.70
Street worker	1.36	1.49
Nurse*	1.21	1.49
Psychiatrist	1.27	1.42
Psychologist	1.39	1.39
Social worker	1.49	1.33
Ambulance attendants	1.18	1.21
Total Average Score (Health Consultation Index)	11.36/24	12.09/24

Note: The health consultation index is based on a three-point visit frequency scale: 1 = never, 2 = sometimes, 3 = often.
* Indicates a significant variation at the 0.05 level.

moving into FOHM units due to closer monitoring of their cases and more systematic referrals. In addition, it would seem that this increase is reflected more by visits to 'light' resource establishments such as local community service centres or by short hospital stays. These remarks were not based on a rigorous scientific evaluation of the tenants' circumstances but rather on observations made on the basis of lengthy experience working with the clients.

Nevertheless, the results obtained from the questionnaire and the accounts given during the focus groups are sufficiently consistent to suggest that the increased supervision of resource use is due to closer supervision of the tenants in the houses. This supervision allows for earlier and more systematic detection of physical and mental health problems among the residents. Consequently, these residents were more rapidly directed to the services required by their respective conditions. Previously, their state of health could deteriorate substantially before they would seek assistance which, under the circumstances, necessarily would involve 'heavier' resources.

The presence of the janitors seems, in this respect, to represent a major preventive component within the tenants' living conditions. Given their proximity, live-in janitors are in a position to rapidly detect behaviour changes in tenants and can take immediate action. Janitors also can quickly identify behavioural changes resulting from overly rapid drug withdrawal or psychiatric deterioration. The presence of janitors therefore ensures improved monitoring of tenants with physical or mental health problems and helps prevent them from becoming destabilized.

In addition, between one-third and one-half of the tenants who move into FOHM units come with what the staff refers to as the 'care cortège.' The new residents are generally under the responsibility of several health care and social

service professionals such as probation officers, psychologists, psychiatrists, social workers and street workers. In these cases, the role assumed by the FOHM intervention workers is more like 'traffic director' in order to avoid intervention 'pile-ups.' This work also makes it possible to ensure that the people requiring help are really getting the services they need.

taking charge of one's life again: autonomy and control

It was very clear from our group discussions that, for a good number of tenants, moving into an FOHM unit undeniably corresponds to regaining control of their lives. In this respect, it would seem that a more sustained use of health and social service resources could be a sign that these people are recognizing their basic needs in terms of health care and independently pursuing their greater integration into the community. A number of these tenants virtually had never consulted a health care professional on their own before moving into an FOHM house.

The provision of housing units with community support therefore makes it possible to prevent longer-term hospital stays and incarcerations. This conclusion is reinforced by the fact that a good number of tenants who previously had been institutionalized for lengthy periods have managed, since their arrival, to remain in the community and successfully live outside institutional walls while enjoying a respectable quality of life.

It can be argued that even if the tenants make greater use of health care services, the costs associated with this use are lower because long-term hospital stays involving heavy and expensive resources are avoided. In addition to preventing the abuse of services, the effectiveness of the interventions is enhanced by the fact that they are part of a follow-up process which makes

Table 7
Comparison of average scores for visits to health care institutions and agencies before and after moving into an FOHM unit (N=33)

Agency	Average Score Before (x/3.00)	Average Score After (x/3.00)
CLSC*	1.67	1.88
Hospital*	1.49	1.76
Community group	1.58	1.76
Private clinic	1.73	1.73
Rehabilitation and shelter centre	1.15	1.12
Psychologist	1.39	1.39
Social worker	1.49	1.33
Ambulance attendants	1.18	1.21
Total Average Score (Consultation Frequency Index)	7.62/15	8.25/15

* Indicates a significant variation at the 0.05 level.

it possible to act at the right time and thereby optimize the impact of the interventions. This preventive dimension represents an important component of social housing with community support. However, these observations will have to be validated in a more systematic manner in subsequent research.

making friends and socializing made easier

The tenants' social relations clearly improved. They spent more time with friends, could count on people in their immediate circles and participated more in social activities. On the other hand, moving into an FOHM house did not significantly change their romantic relationships or their level of satisfaction with the frequency of relations with their children or with other members of their families.

The data gathered from tenants showed significant improvements since moving into social housing units in terms of being able to confide openly to someone (91 percent versus 61 percent before), and to find someone willing to do small services for them (88 percent versus 67 percent before). As for having someone who would be ready to help them in case of illness, the increase (73 percent versus 58 percent) was not statistically significant. This social support comes mostly from friends, although family members and health care and social services professionals also provide support.

Finally, the average cumulative social relations index tends to show an improvement in the tenants' situations. These results coincide with the observations made by FOHM staff that a spirit of camaraderie exists within the houses. Many residents suffer from loneliness and boredom. The simple fact of being able to smoke a cigarette, have a coffee or chat with another tenant in the community room or the courtyard, for example, represents a major plus for them.

It is now easier for these marginalized people to develop friendships because they feel more on the same level as the other tenants and are no longer looked on as 'the fool on the block,' which may have been the case in their previous environment. According to the intervention workers, the climate of tolerance and acceptance prevailing in the houses constitutes an important factor in getting people closer together and socializing.

The staff intervention workers who were interviewed confirmed the results of the survey indicating that the tenants' romantic relationships had scarcely improved since they had moved into an FOHM house. Still, couples are accepted and respected by the other tenants and even enjoy a certain social status within the houses. The difficulties encountered by the tenants in establishing romantic relationships are not very different from those experienced by the general population: lack of self-esteem, emotional deprivation and unresolved family conflicts. Given that coping with these constraints already can be a major hurdle for anyone, one can easily imagine the challenge that these feelings represent for people contending with much greater social problems. The mere fact of having the opportunity to establish a relationship today represents, in itself, considerable progress and a tangible sign of improvement in their quality of life.

the partnerships

The *Accueil Bonneau* is a hostel known for the relief services that it provides to the homeless. During our focus group with external partners of

the FOHM, the representative from this hostel indicated that:

> The rents are cheap, and the available units are of much better quality than anything that the applicants have ever had until then. Finding and staying in a housing unit is a way out of homelessness and also allows these people to regain their independence and to once again become full-fledged citizens like everyone else. And it is possible for clients of this type to take this step towards greater social reintegration, given the tolerance and support provided by the FOHM.

The *Accueil Bonneau* administers the budget for around 250 persons and referrals to the FOHM are frequent.

During the same focus group, the representative from Correctional Service of Canada stated:

> Personally, if I am asked to assess the services provided by the FOHM in relation to what can be obtained elsewhere, the type of services offered at the FOHM is extraordinary. I would have no problem promoting these services... . The janitors always attempt to resolve problems in a tactful and respectful manner – I find this astounding.

Correctional Service of Canada is responsible for providing support to prisoners who present high risks of reoffending because they are isolated and have no resources. The typical profile of these clients could be summed up as follows: They are isolated people who suffer from drug addiction problems but who do not show any aggressive behaviour nor represent any threat to the safety of the other tenants or the staff. The representative of Correctional Service of Canada added that, as a result of a portion of his clients moving into FOHM housing units, he has seen a reduced number of subsequent offences, acts of wrong-doing, and drug and alcohol consumption among persons so referred. He continued: "The supervision provided by FOHM staff makes it possible to keep track of the situation of the individuals and to intervene smoothly but promptly in case of need."

The Préfontaine Centre (a substance abuse centre) is a resource working with homeless people and drug addicts, and has had ties with the FOHM since its inception in 1987. Recently, these relations got closer once again with a project called FOHM-AIDS, under which an FOHM worker monitors seven tenants. According to the Préfontaine representative: "The project is working beyond our expectations." The cooperative efforts are bilateral, with the FOHM referring tenants suffering from drug addiction and alcohol abuse problems to the centre.

COSAME (a community mental health organization affiliated with the Saint-Luc Hospital in Montreal) has been referring a portion of its clients to the FOHM for about 10 years. Relations between the two organizations are maintained on an informal, as needed, basis. The FOHM intervention workers promptly contact the resource person at COSAME upon the first signs of disorganization on the part of a tenant. As for the follow-up services ensured by COSAME, the persons under its administration are met with once or twice a week, allowing its social workers "to get a feel for what is happening in these people's housing units," according to the representative. Still, contacts with the FOHM remain essential to really know what is going on. The representative added during the interview that "often, for an external consultation, a person will get organized so that everything looks fine, but if this person screamed at night or had other problems, we would not know."

In fact, some respondents stated that the social paths of many residents practically become success stories, considering the heavy burden of past institutionalization or homelessness. "The CLSC, Préfontaine, the mental health centre, the *Accueil Bonneau*, none of them had ever seen three or four years of stability for some of the people living in our houses," commented one administrator during the interview.

scarcity of resources and estimation of need

Representatives from the external partners all agree that the formula which has been implemented adequately meets the objective of social integration through housing. The balance achieved between the autonomy of the tenants, on the one hand, and the provision of supervisory support services, on the other, characterizes the great success of the FOHM. This balance is an integral component of its intervention.

Private landlords cannot be expected to provide these types of support services. Consequently, the greatest obstacle to the integration of at-risk people remains the scarcity of resources needed to accommodate these clients who could benefit from social housing with community support. And, in the current context, the demand keeps rising given the transformations that are taking place with respect to service provision in the health and social services sector and the continuing deinstutionalization processes [Vaillancourt and Jetté 1997].

The representative from Correctional Service of Canada specified that the vast majority of individuals who are referred to him have the capacity and the ability to live normally within society. Still, it seems that there always will be 5 to 10 percent of these clients who need additional supervision and support to function adequately within the community and who would do well to be accommodated in the FOHM houses. This potentially represents a fairly large number of applicants considering that "with 5 percent of 1,000, you can easily fill up a few houses."

At the *Accueil Bonneau*, it is estimated that the number of persons referred to FOHM houses could be doubled, while at the *CLSC des Faubourgs* it is deemed that almost all the clients of the 'homelessness' team could benefit from this form of housing. It is mainly through this team that the FOHM developed relations with the *CLSC des Faubourgs* in 1990. The mandate of this service unit is to implement individualized service plans for persons with multiple problems, those people "who are written off everywhere, who are at the end of the line in the system." The FOHM and the *CLSC des Faubourgs* entered into a cooperative agreement in 1995, providing for better recognition of the expertise of the FOHM intervention workers who can now be the ones to submit a request for services to the CLSC on behalf of the tenants.

During the focus group, the representative of the Échelon explained that "it's the old story of many people calling for FOHM assistance but few being chosen." The Échelon is a transitional shelter for persons with mental health problems, comprising nine groups of supervised apartments and a day centre. Of a total of 300 persons who benefited from the shelter, only a dozen or so now live in FOHM houses because of the limited supply of social housing units with community support, while one-third of these people potentially could be housed by the FOHM.

At the Échelon, the people who are directed to the FOHM are gradually withdrawn from their services and feel capable of living and

integrating in a neighbourhood. For them, the symbols that their situation is becoming normal are of utmost importance as they are being directed towards less specialized and less psychiatric community services. Even the architecture of the building into which they will be moving is important, since it must blend in with the 'normal' urban landscape and therefore no longer be identifiable with a psychiatric environment. When these people settle into social housing units, they are consequently no longer in a shelter, and this is an extremely significant transition in their eyes. The representative of this organization indicated that: "For these people, gaining access to a new housing unit, without supervision and without any social workers on site, is like a type of social promotion."

conditions for successful partnerships

In addition to the formal structures that must be implemented, a number of conditions must coexist in order to foster cooperative relationships that are to be effective and useful to the targeted client groups. The principal characteristics of the partnership between targeted client groups and the organizations working in the area of social housing are:

- importance attached to people rather than structures
- cooperative efforts allowing for more effective interventions with a greater preventive value
- respect for the mission and the expertise of everyone involved
- cooperative relations and service exchanges based on equality and openness to innovative practices
- tenant follow-up – a particularly effective form of cooperation aimed at maintaining tenants in their environment.

Partner relationships seemed to be more difficult with public, institutional resources like hospitals than with community resources. It would appear that the differences observed in the organizational cultures of each of these partners encourage institutional workers to view the FOHM as a shelter resource when, in fact, it is devoted to providing social housing to marginalized segments of the population. "They speak of beds, we speak of housing," noted one FOHM worker during the focus groups.

Some external partners emphasized the importance of not grouping together too many former homeless persons in a single house, for fear of creating ghettos that might reproduce within the house, the conditions and culture of the resident's former environment. Attention to client mixes is embedded within the policy and practices followed by the FOHM since the beginning [Drolet 1993]. Although the FOHM houses can be viewed as congregate settings, each house has its own unique profile. During admission interviews, one of the major selection criteria consists of verification by the directors as to whether the applicants would be able to integrate into the 'culture' of a given house. The social life and unity within a house therefore depend largely on the ability of its administrators to preserve a certain balance among its different client types. The representatives from the external organizations who were surveyed all favoured development of a range of housing and shelter resources adapted to the specific needs of the various client groups.

While some partners perceive the janitor's role as ambiguous and would like to see it clarified as 'intervention worker,' others see it

as integral to the perception of the FOHM as a 'housing' resource and not a social service. The janitors play an important strategic role in the success of the operation, as they ensure a discrete presence, while being acutely aware of the dynamics of the tenants. Therefore, other partners feel that it would be advisable to be cautious and to analyze carefully the implications before reinforcing the level of supervision in the houses. There is a risk that the social housing would end up being converted into a shelter-like formula that would steer the FOHM away from its original mission of providing 'housing' and not support services like those provided in shelter resources.

Finally, the partners point out that the FOHM has proven itself in its interventions with people requiring social support and that it has been able to adapt to the needs of the people it serves. It is a partner "within the full meaning of this term," observed one of the participants. The partners believe that the number of available units must now be increased and that a variety of new housing formulas should be made possible based on the capacity of marginalized populations to take control of their lives.

Discussion and conclusions

This evaluative study has identified some of the ways that social housing with community support has positively affected the quality of life, health habits and social relations of its tenants. The study also has set out a number of areas for further study and clarification. It has documented how local organizations can come together to cooperatively and successfully provide needed services to marginalized segments of society.

The FOHM provides an example of how third sector or 'social economy initiatives' can successfully partner with other community resources to fill the gap being created by governments' redefinition of their roles and responsibilities. The study also considers the need for more of these kinds of resources in order to meet the needs of disadvantaged people.

Regarding current thinking on what form supportive housing should take, the FOHM appears to represent a supportive housing approach most consistent with the *alternative* model in which support services are separated from housing provision [Novac and Quance 1998]. While the resident janitors perform a supervisory function, the division of labour between them and the intervention workers serves to de-link the housing/support roles that often are embodied by one worker in other similar housing programs [Boydell and Everett 1992] and also effectively limits the inherent conflicts when both roles are performed by one staff person.

While representing a form of congregate housing, the FOHM is also consistent with many of the principles of the 'supported' housing approach [Carling 1992, 1995; Tanzman 1990, 1993; Ridgway and Zipple 1990; Yeich et al. 1994; Goering, Paduchak and Durbin 1990]. Autonomy and control by tenants are primary goals of the FOHM. The housing units are permanent and not contingent upon requirements of program participation or abstinence from substance abuse. Supports are flexible, individualized and drawn from existing community resources.

As noted by Novac and Quance [1998], however, all three approaches (alternative, supported and supportive) have more in common than they have differences. And given the broad range of need in terms of supportive housing provision and the present inadequacy to meet that

need, it is also reasonable to conclude that the FOHM provides a good example of one approach to addressing the problem.

Considering the high percentage of people with addictions that the FOHM serves and their traditional lack of success in retaining consistent independent housing [Hurlburt 1997], and complying with programs that require total abstinence [City of Toronto 1999], it would seem reasonable to conclude that the FOHM approach could well be an effective model for this difficult-to-serve population. This model will require more study to determine its effectiveness.

The improvement of tenants' social relations may be related to the climate of tolerance and acceptance with respect to social deviance that prevails in the FOHM houses. While this feature contradicts the principles of noncongregate housing, it is one which bears further study considering recent literature which reports consumer preferences to live together [Pulice, McCormick and Dewees 1995] as well as that which reports independent living to be a serious disadvantage in terms of social support [Pomeroy, Cook and Benjafield 1992]. It may be, in fact, more 'normalizing' than living in mainstream society where stigmatization creates intolerance and rejection.

As noted by McCarthy and Nelson [1993], stigmatization may be the greatest barrier to community integration. Although clearly an evaluation of *supportive* housing programs, McCarthy and Nelson's findings regarding the major processes in supportive housing which are linked to increased competence – support, acceptance and participation – are also key components of the FOHM approach. These components are reflected in the rating of satisfaction with quality of life before and after moving into an FOHM unit. Carling also notes the emergence of consumer 'safe houses' and 'collective' living situations, where *choice* is the key principle and not necessarily independent living.

Boydell and Everett provide perhaps the most comparable evaluative study of supportive housing [1992]. They stress the setting or environment and not individual characteristics as the primary indicator of outcome measures. In terms of the residential milieu, their findings of above-average satisfaction in the areas of involvement, support, spontaneity as well as autonomy, practical orientation and personal problem orientation – although based on different instruments – appear to be consistent with the general findings and themes of the FOHM evaluation.

In terms of physical environment, the FOHM houses are consistent with Johnson's [1997] consumer preference study which identified both privacy and community as essential to the built form of a supportive housing complex.

While all factors affecting the quality of life cannot be addressed through housing provision (e.g., poverty; unemployment), the FOHM has appeared to positively address those aspects where it can make a difference. These include personal safety and security of tenure; a decent, affordable home environment; the provision of support services as needed (and wanted); opportunities for making friends; and socializing within an environment characterized by tolerance and acceptance.

Given the chronic (and sometimes terminal) nature of some tenants' ill health, it is not surprising or negative that use of health services is high. What is important, and another aspect that merits further study, is the apparent transfer of use from 'heavy' to 'light' resources once in

FOHM housing. This shift would represent a move from acute to preventive care and it likely represents an economic saving to the state as well as an improvement in the quality of life of tenants.

Because supportive housing is a relatively recent development, the literature tends to be descriptive [Novac and Quance 1998]. Although there are many innovative housing programs, evaluative studies and published research are rare. The few evaluative studies that have been done stress the need for both quantitative and qualitative measures [McCarthy and Nelson 1993], as well as triangulation [Boydell and Everett 1992] in order to refine the understanding and analyses of outcomes and to better plan future housing projects with both consumer and professional viewpoints represented.

While the results of this study are not generalizable, it does provide a valuable contribution to the literature. This evaluation of the FOHM program presents both quantitative and qualitative data, as well as the triangulation of broader social policy documentation into the analysis. The results of this evaluation mirror to a large degree the findings of other studies [Boydell and Everett 1992; McCarthy and Nelson 1993] and are also consistent with much of the literature on supported housing principles and the consumer preference studies upon which that approach is based.

The 'community support' aspect of the program, provided in cooperation with external partner organizations, attempts to empower the residents by involving them in the work of various committees and social activities. These measures seem to help residents act as responsible tenants and probably contribute to the fact that many of them chose "residential stability" (staying in their unit) rather than returning to their previous experiences with some forms of transiency. For some, this stability can offer an important basis for further personal development (e.g., addiction treatments).

For now, the results of this study emphasize the relevance of public support for the development of this type of social housing initiative. Governments need to play a supportive role at this time to enable third sector organizations like the FOHM to become more effective. Moreover, our examination of this integrated or comprehensive approach to social housing also points, in the final analysis, to the need to harmonize social policies in the areas of housing, health and social services.

In closing, it is important to note that the ongoing crisis of the welfare state produces changes in the delivery of health and social services. Those advocating use of market forces are taking this opportunity to push for the privatization of some of these services. Progressive social forces cannot, in this context, limit their action to a defense of the old welfare state model. They should, in our view, work actively to propose a redefinition of how health and social services (including housing programs for the disadvantaged) will be financed, produced and delivered in the years to come. What will be the respective role of the state, the market and the third sector in this redefinition remains an open question. While the state hopefully will continue to play a key role in financing and regulating services, it might be less directly involved in their delivery.

One interesting avenue to pursue towards this redefinition is the 'cross-sector approach' *(approche intersectorielle).* This approach invites public institutions to break with the compartmentalization characterizing their interventions and to establish bridges between the

different needs of people with social problems [Rodrigue 1994]. This approach could help us take a broader, integrative perspective on the social determinants of health and welfare that include poverty, employment, housing and education. In an integrative perspective, the resources must follow the clients. Currently, mental patients are being deinstitutionlized, but the money does not always follow them into the community [Quebec 1997]. This lack of integration is not unique to Quebec. Pomeroy [1996], Nelson [1987] and Lightman [1997] in Canada, and Clapham, Kemp and Smith [1990] and Kay and Legg [1986] in the United Kingdom have noted a similar problem. Of particular importance are the gaps between housing policies and other social policies.

In concrete terms, institutional barriers signified that a 'housing' organization like the FOHM has been able to receive financial supports from the municipal housing authority for the type of intervention it does, but not from the Quebec Department of Health and Social Services. This situation is somewhat surprising since much of what the FOHM program does can be associated with a form of prevention. Nevertheless, there are some signs that the climate is changing as shown, for instance, by the interest of the Quebec Department of Health and Social Services in funding this present research.

In the near future, it will be of interest to see whether researchers continue to study third-sector organizations in housing and other fields elsewhere in Canada. Such a focus could make possible the construction of an interprovincial comparative knowledge base about the experiences of nonprofit organizations delivering human services. In this way, the lessons learned through a series of case studies could form the building blocks of a new understanding on the role of such organizations in our social safety net in the 21st century.

Acknowledgements

This research was funded by the Quebec Department of Health and Social Services. The support from Human Resources Development Canada is also acknowledged. The authors would like to thank Fiona Douglas and Joanne Kowalchuk for their contribution to the improvement of this paper.

Endnotes

1. 'Triangulation' refers to the use of multiple methods.

2. Organizations are part of the 'third sector' (or the 'social economy') when they belong neither to the market (for-profit) sector nor the public (state) sector. On this notion, see Defourny and Monzon Campos [1992], Taylor and Hoggett [1994] or Rifkin [1995].

3. They perform both support services and management (landlord) roles.

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Focus groups

INTERVIEW 1. 1996. *Focus group with the FOHM janitors on November 5, 1996.* By Christian Jetté and Luc Thériault, Department of Social Work.

INTERVIEW 2. 1996. *Focus group with the FOHM service providers on November 7, 1996.* By Christian Jetté and Luc Thériault, Department of Social Work.

INTERVIEW 3. 1996. *Focus group with the FOHM non-profit organization administrators on December 19, 1996.* By Christian Jetté and Luc Thériault, Department of Social Work.

INTERVIEW 4. 1997. *Focus group with the FOHM external partners on February 18, 1997.* By Christian Jetté and Luc Thériault, Department of Social Work, UQAM.

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