

Evaluating the Housing First Approach in the Metro Vancouver Region

Prepared By:

Sarah Canham, PhD, Eireann O’Dea, Andrew Wister, PhD

Simon Fraser University, Gerontology Research Centre

April 22, 2017

Acknowledgements

This research was commissioned and funded by Metro Vancouver. For valuable contributions to the coordination of this project, we acknowledge Rebecca Bell and Chloe Good; and for research support, we would like to thank Emily Lonsdale and Ian Fyffe. We would also like to recognize the time and contribution of all research participants.



EXECUTIVE SUMMARY

The Homelessness Partnering Strategy (HPS) Community Entity for the Metro Vancouver region, Metro Vancouver, administers the Homelessness Partnering Strategy program, a federal program that provides funding to address homelessness. The HPS is in year three of a five-year funding cycle and is currently reviewing the HPS program across Canada through a consultation process that engages HPS-funded Housing First projects and other Housing First providers in the region. The current study is an HPS-funded project to evaluate Housing First delivery in Metro Vancouver. This report will present findings from a literature review on best practices in Housing First, followed by a report on the strengths, weaknesses, opportunities, and threats to the delivery of Housing First in Metro Vancouver based on interviews and focus groups with stakeholders. Lastly, recommendations to enhance Housing First in Metro Vancouver will be highlighted.

Based on the literature review of best practices, the Housing First approach has been shown to achieve remarkable success on a number of homelessness outcomes for homeless persons with mental health and/or substance use problems. However, there remain several sub-populations for whom Housing First interventions have not been sufficiently tested as a best practice in Canada, including older adults, LGBTQ2 youth, and Aboriginal persons. Future research should test adaptations of the Housing First model for these under-served populations, while recognizing their unique needs and experiences.

Primary data were collected from thirty-four Housing First clients and providers, from 10 organizations, aged 19+ between March and April 2017. Research participants completed one-on-one phone or in-person interviews or participated in a focus group. Based on their unique positions and experiences, participants reported on the strengths, weaknesses, opportunities, and threats to the delivery of the Housing First approach in Metro Vancouver, which have been outlined here for planning purposes.

Strengths are internal characteristics of the Housing First program that research participants described as working well in Metro Vancouver. There were numerous strengths reported by participants, including the fact that Housing First offers people an immediate place to live where they can stabilize and begin achieving goals. Participants reported on the significant strength in being able to offer Housing First clients intensive case management and wrap-around support during their tenure in the program, as well as the strength in providing start-up funds for household goods, furniture, cleaning supplies, and food. There was strength reported in having workers who can offer peer support to clients and be flexible in their case management. Providers highlighted cross-sector collaboration and knowledge sharing as a strength for Housing First. Lastly, the increased duration of the Housing First rent subsidy from 4 months to 12 months was regarded as a strength of the program.

Weaknesses are internal characteristics of Housing First that detract from its value. Participants reported that the Housing First program weaknesses include the program's eligibility criteria that persons be chronically or episodically homeless; the program's

funding model, which is based on a claims model with rigid definitions for purchases; the rental subsidy's limited duration and number; providers' workload burden, including difficult caseloads and onerous reporting mandates; and the limited provider capacity, among both those funded by the Housing First program and those working in other community organizations in the region. Because of many of these weaknesses, participants suggested that the way in which Housing First is currently delivered in Metro Vancouver does not align with how the At Home/Chez Soi project was implemented and delivered, which ultimately compromises the value of the program.

Opportunities are external factors that could have a positive impact on Housing First and allow it to prosper. Participants outlined ideas on factors external to the Housing First program that could provide opportunities to better support Housing First within Metro Vancouver, including streamlining the federal and provincial rent subsidy and reporting systems and building friendly landlord networks.

Threats are external factors that could undermine Housing First in the region, putting it at risk. Participants described a number of potential threats to the viability of Housing First in the region, including limited housing, low vacancy rates, housing costs, social stigma and discrimination toward homeless persons and persons with addictions or mental health issues, and inadequate income assistance. In addition, though participants had reported on the strength of community collaborations, the limited support and opportunity for cross-sector collaboration was identified as a possible threat to Housing First.

Based on the qualitative data and SWOT analysis, some program and funding recommendations are provided so that the strengths and opportunities of Housing First can be leveraged to overcome the weaknesses and threats. Program recommendations include: modify Housing First eligibility criteria to include couch surfing; build friendly landlord networks; provide support for the Human Rights Act which prohibits tenancy discrimination; incorporate client feedback into the program; increase staffing levels; provide more tools for workers; provide educational training to workers; and promote cross-sector provider collaboration. Funding recommendations include: improve flexibility of funding to support client-centered work; extend the rental subsidy timeframe past 12 months; and provide awarded funds at the outset of new Housing First contracts. Finally, as the provision of housing lies at the crux of being able to have a successful Housing First program in Metro Vancouver, a final recommendation is to build more housing.

TABLE OF CONTENTS

EXECUTIVE SUMMARY	i
TABLE OF CONTENTS	iii
BACKGROUND	1
LITERATURE REVIEW ON HOUSING FIRST AS BEST PRACTICE	2
STRENGTHS, WEAKNESSES, OPPORTUNITIES & THREATS	7
S – STRENGTHS	8
1. Gives people a place to live and to stabilize	8
2. Intensive case management	8
3. Provision of housing start-up costs	9
4. Providers who offer peer support and are flexible	10
5. Cross-sector collaboration & knowledge sharing	10
6. Rent subsidy increase from 4 to 12 months	11
W – WEAKNESSES	12
1. Eligibility criteria for chronically and episodically homeless	12
2. Rigid, claims-based funding model	13
3. Rent subsidies	14
4. Burden of reporting	16
5. Limited provider capacity	17
O – OPPORTUNITIES	18
1. Streamline federal and provincial rent subsidy and reporting systems	18
2. Landlord engagement: Build friendly landlord network	19
T – THREATS	21
1. Limited availability of affordable housing	21
2. Landlord discrimination	22
3. Inadequate income assistance	24
4. Lack of community capacity and collaboration among organizations	24
RECOMMENDATIONS	26
Program recommendations	26
Funding recommendations	28
References	29
Appendix A: Interview and Focus Group Methods	31

BACKGROUND

The Homelessness Partnering Strategy (HPS) Community Entity for the Metro Vancouver region, Metro Vancouver, administers the Homelessness Partnering Strategy program, a federal program that provides funding to address homelessness. The HPS is in year three of a five-year funding cycle and is currently reviewing the HPS program across Canada through a consultation process that engages HPS-funded Housing First projects and other Housing First providers in the region. The current study is one HPS-funded project to evaluate Housing First delivery in Metro Vancouver. The objectives of the current evaluation project were to:

1. Identify the strengths, weaknesses, opportunities, and threats to the delivery of the Housing First approach in Metro Vancouver.
2. Provide connection between qualitative and quantitative data and outcome results.
3. Identify best practices in Housing First service delivery in Metro Vancouver and other jurisdictions that might be applied to the local context.
4. Provide recommendations to enhance Housing First service delivery in Metro Vancouver, including considerations of the Homelessness Partnering Strategy funding model.

Notably, while the second aim was to utilize secondary data from the Homeless Individuals and Families Information System (HIFIS)¹ to analyze confidential, non-identifiable outcome data from homeless service providers in Metro Vancouver, there are limitations to this data source. As well, as of March 2017, use of HIFIS was discontinued and most Housing First programs switched to the use of Excel to report outcomes, though at least one organization collects data using a reporting system developed internally. Thus, quantitative data are not presented as they portray an incomplete picture of the current state of Housing First.

This report will first present findings from a literature review on best practices in Housing First service delivery that might be applied to the local context; followed by a report on the strengths, weaknesses, opportunities, and threats to the delivery of Housing First in Metro Vancouver based on interviews and focus groups with stakeholders (i.e., providers currently or formerly delivering Housing First and clients); lastly, recommendations to enhance Housing First in Metro Vancouver will be highlighted.

¹ See: <https://www.canada.ca/en/employment-social-development/programs/communities/homelessness/nhis.html>

LITERATURE REVIEW ON HOUSING FIRST AS BEST PRACTICE

A “best practice is an intervention, method or technique that has consistently been proven effective through the most rigorous scientific research (especially conducted by independent researchers) and which has been replicated across several cases or examples” (Canadian Homelessness Research Network, 2013, p. 7). In order to be considered a best practice, an intervention or program must produce better results compared to alternative approaches—for example, the Housing First program as compared to Treatment First programs. A best practice program should also have the potential to be successfully applied to multiple contexts and populations or even as a systems-wide approach (Canadian Homelessness Research Network, 2013).

Based on randomized control trials comparing homeless individuals enrolled in Housing First programs to individuals receiving standard, Treatment First, housing services, Housing First has been deemed a best practice (Gaetz, 2014; Gaetz, Dej, Richter, & Redman, 2016; Gaetz, Scott, & Gulliver, 2013; Goering et al., 2014; U.S. Interagency Council on Homelessness, 2015; Waegemakers Schiff & Rook, 2012). Beginning with the New York Housing Study in 1997, the evidence base for Housing First has grown over the past two decades (Padgett, Henwood, & Tsemberis, 2015). The “At Home Chez Soi” project was conducted across five Canadian cities (Goering et al., 2014), with results providing a significant evidence base for this Housing First intervention (Gaetz, 2014). Following this national pilot project, the federal government of Canada began funding Housing First initiatives for chronically and episodically homeless individuals through the Homelessness Partnering Strategy (Government of Canada, 2014).

As a best practice, Housing First has been effective in consistently producing several outcomes (Gaetz et al., 2013; Goering et al., 2012, 2014):

- ***Housing First has a positive impact on housing stability.*** The results of the At Home/Chez Soi project found that, compared to Treatment First participants, Housing First participants were more likely to find housing and remain housed. During the final six months of the study, 62% of Housing First participants were housed “all of the time” (every night during that six months) compared to 31% of Treatment First participants. Over the two-year study, Housing First participants spent an average of 73% of their time in stable housing, compared to 32% of Treatment First participants.
- ***Housing First reduces unnecessary emergency visits and hospitalizations.*** Housing First results in increased use of community treatment services and improved access to healthcare resources, resulting in fewer emergency visits and hospitalizations. This outcome often follows housing stability as individuals who have access to a safe environment find themselves in fewer situations requiring a hospital visit. Fewer At Home/Chez Soi Housing First participants used institutional, crisis-type healthcare services, including psychiatric hospital stays, general hospital stays, emergency room visits, and crisis centers, compared to Treatment First participants.

- ***Housing First can lead to improved physical and mental health outcomes and the stabilization or reduction of addictions.*** Stable housing can help reduce the risks associated with mental illness and addiction and increase the likelihood of effective healthcare management. The At Home/Chez Soi project enabled Housing First participants to improve their mental health, substance abuse issues, and quality of life, as well as stabilize chronic disease progression. Qualitative accounts from participants indicated that obtaining stable housing empowered and motivated participants to care for their health.
- ***Housing First reduces client involvement with police and the criminal justice system.*** Results of the At Home/Chez Soi project suggest that stable housing can play a role in decreasing criminal activity, as well as interaction with police or other authorities. Housing First participants experienced a decline in altercations with the criminal justice system, including with police, security services, and the courts. Housing First participants also reported fewer arrests for public nuisance offenses and drug-related crimes compared to Treatment First participants.
- ***Housing First improves quality of life and community and social engagement.*** After participating in the At Home/Chez Soi project, Housing First participants were found to have achieved a higher quality of life and improved community functioning compared to Treatment First participants. Outcomes related to quality of life included satisfaction with one's home and neighbourhood; safety and satisfaction with finances; and satisfaction with social lives and family relationships.

While these are significant findings, the At Home/Chez Soi project limited their study population to homeless individuals with significant mental illness over the age of 18 (Goering et al., 2014) and other randomized control trials of Housing First have focused on homeless persons with mental health and/or substance use problems (Gaetz, 2014). Waegemakers Schiff and Rook (2012) reviewed 66 Housing First programs in the United States and noted that “all of the [Housing First] studies found in the literature focus on single adults, the majority of whom are identified as having a mental illness, serious mental illness, with (dually diagnosed) or without a substance abuse problem (pg. 11).” Based on this, Waegemakers Schiff and Rook concluded that Housing First has only “been shown to be effective in housing and maintaining housing for single adults with mental illness and substance use issues in urban locations where there is ample rental housing stock (pg. 17-18).”

By contrast, there have been few randomized control trials—and thus limited best practice evidence—with specific sub-populations of homeless individuals, including youth, older adults, families, immigrants, and Aboriginal individuals (Waegemakers Schiff & Rook, 2012). For Housing First to be considered a best practice in Canada, its efficacy needs to be determined for individuals in underrepresented groups, including older adults, LGBTQ2 youth, and Aboriginal persons, all of whom currently face increased risk of becoming homeless (Gaetz et al., 2016, 2013). Here, we describe unique issues of three sub-groups of homeless persons and suggest potential best practice Housing First adaptations.

Older adults. Older adults have been recognized as a demographic that is increasing as a proportion of the homeless population within Canada (Greater Vancouver Regional Steering Committee on Homelessness, 2014). In both research and practice, age 50 has been used to characterize older homeless persons, largely because the mental and physical health of these older homeless adults most closely typify those of persons 10 years older (Cohen, 1999; Gonyea, Mills-Dick, & Bachman, 2010; Ploeg, Hayward, Woodward, & Johnston, 2008). Within Metro Vancouver, there was a 75% increase in homelessness among persons aged 55+ and a tripling among persons aged 65+ between 2008 and 2014 (Greater Vancouver Regional Steering Committee on Homelessness, 2014). Research suggests that homeless older adults differ from younger cohorts both in how they become homeless and how they experience homelessness (Brown et al., 2016). For example, it is estimated that approximately 50% of older homeless adults are newly homeless, having become homeless in later middle age as a result of low income, unemployment, unexpected health or financial crisis following retirement, a lack of affordable or subsidized housing, minimal job training or employment, and an inability to receive income entitlements before age 65 (Brown et al., 2016). As a result of accelerated aging, unique health issues experienced by homeless adults over the age of 50 include high rates of medical comorbidity, high rates of psychosis among those with mental illness, memory loss, functional impairment, chronic disease, and falls (Brown et al., 2016; Chung et al., 2017).

Some recent work with older homeless adults with mental illness suggests that, compared to Treatment First, Housing First results in better housing stability, mental health, and quality of life after 24 months (Chung et al., 2017). In addition, Henwood, Katz, and Gilmer (2015) have found higher rates of independent living and fewer days spent homeless among older adults after one year of Housing First participation. Literature on Housing First and supportive housing for older homeless adults suggests several best practices for this population, including healthcare support to address multiple morbidities and age-related health issues; a “scattered-site” Housing First intervention that enables individualized support (Chung et al., 2017); improved accessibility for individuals with mobility challenges; hiring staff with knowledge of geriatric healthcare and the specific needs of older homeless adults; imposing universal design principles to allow older tenants to “age in place;” and instituting wellness groups with a focus on chronic disease and end-of-life issues (Miller, n.d.).

LGBTQ2 youth. Lesbian, gay, bisexual, transgender, transsexual, queer, questioning, and 2-spirited (LGBTQ2) youth are overrepresented in the homeless population in Canada (Abramovich, 2012; Gaetz et al., 2016; Turner, 2016). Current estimates suggest that youth who identify as LGBTQ2 make up 25-40% of the youth homeless population in Canada (Turner, 2016). Despite such high rates of homelessness, services are limited for this sub-population in the areas of housing, employment, education, and homelessness prevention. LGBTQ2 individuals often face unique issues when compared to the general homeless population, including significant trauma experiences; familial and community rejection; a higher risk of sexually transmitted infections; and various mental health issues, including suicide ideation and substance abuse (Ferguson-Colvin & Maccio, 2012). While research

on LGBTQ2 youth is limited, some recommendations for preventing and treating homelessness and improving services for homeless LGBTQ2 youth have been made, including: provide LGBTQ2-specific services and LGBTQ2-specific housing with LGBTQ2 staff; provide mental health services that address LGBTQ2 youths' high-risk mental health challenges, including trauma, substance use, and high-risk sexual behaviours; provide services to help LGBTQ2 youth develop social networks and skills to alleviate the impact of earlier experiences, and to prevent future homelessness; engage in preventative work in schools; provide family reunification services; and involve medical providers familiar with LGBTQ2 issues (Cull et al., 2006; Ferguson-Colvin & Maccio, 2012).

Aboriginal persons. Aboriginal individuals are overrepresented among individuals experiencing homelessness across Canada (Gaetz et al., 2016) and are steadily increasing in several Canadian cities (Belanger, Weasel Head, & Awosoga, 2012). In addition to those living with no shelter, the housing conditions for Aboriginal individuals living on reserves are often extremely poor and do not meet traditional housing standards. Though technically housed, the quality of life for individuals living in substandard housing may be similar to those experiencing homelessness (Patrick, 2014). Limited research has been conducted on the unique, lived experiences of Aboriginal persons who are homeless in Canada (Oelke, Thurston, & Turner, 2016; Patrick, 2014). However, there are a number of unique factors thought to contribute to and sustain the high rates of homelessness experienced by this population, including: historical dispossession of Aboriginal lands; colonial and neo-colonial practices of cultural oppression and erosion; intergenerational traumas, including the forcible removal of Aboriginal children from their homes and placement in residential schools; systemic racism by government agencies and the general public; governmental policies, such as the Indian Act; and the current economy and housing market (Patrick, 2014).

Oelke et al. (2016) examined current homelessness services in seven metropolitan areas across four provinces in Canada, with the goal of creating a best practices framework to eradicate homelessness among Aboriginal people. Best practices included: ensuring cultural safety in homelessness programming and not generalizing all Aboriginal groups into a single category; establishing partnerships among various groups (e.g., between Aboriginal and non-Aboriginal organizations); establishing an Aboriginal governance, leadership, and coordination in the area of homelessness and housing; providing adequate program funding to ensure sustainability; prioritizing the hiring of Aboriginal staff members; providing cultural reconnection to homeless participants; and research and evaluation of homelessness services to ensure effectiveness (Oelke et al., 2016).

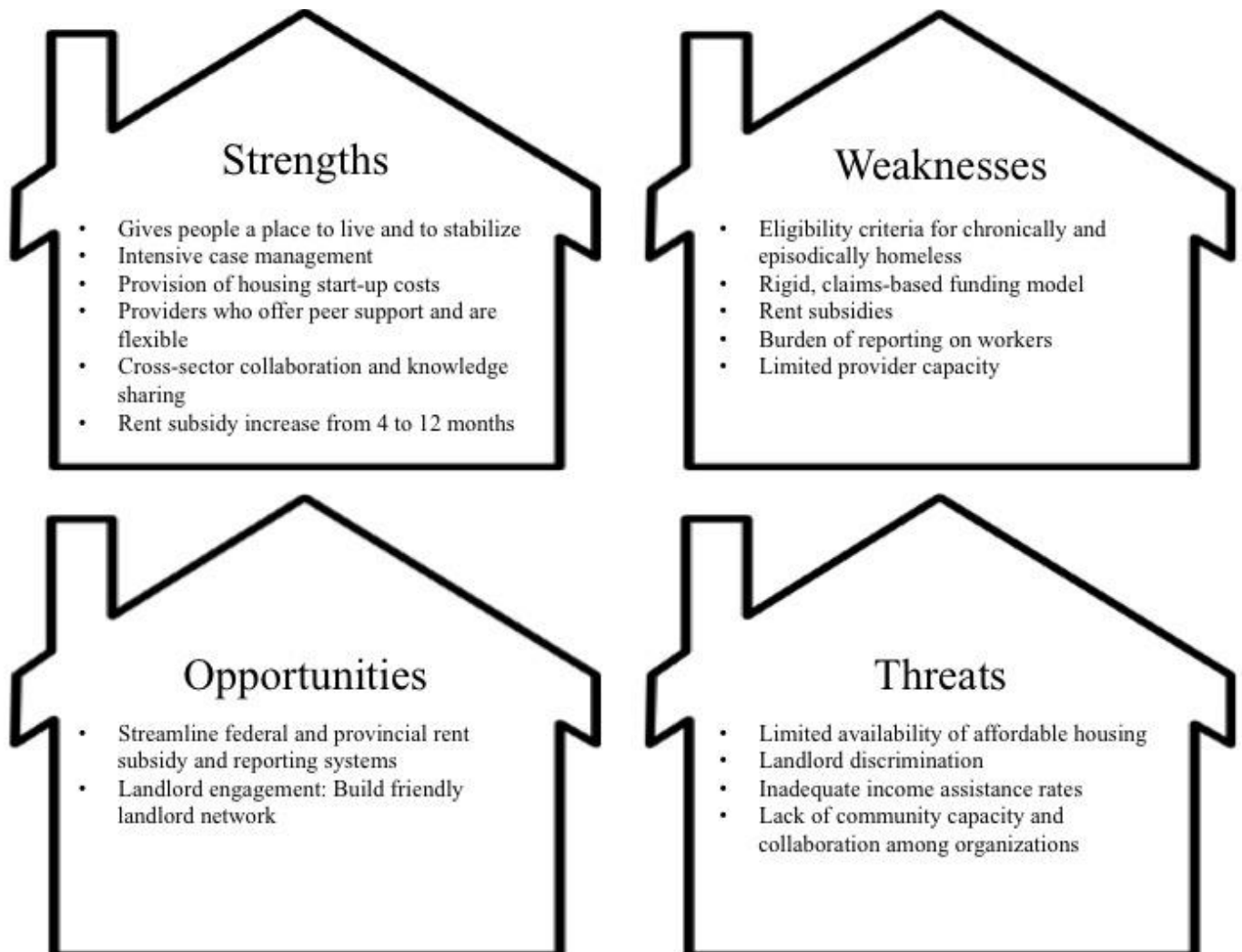
A notable example of Housing First best practice was reported from the At Home/Chez Soi Winnipeg site, in which 71% of the research participants were of Aboriginal descent (Distasio, Sareen, & Isaak, 2014). Adaptations included ensuring that Aboriginal values, practices, and traditions were incorporated into the services provided; Aboriginal leaders were involved and engaged with site coordination, housing support and service teams, and

research and advisory committees; providing staff training in Aboriginal history, trauma-informed care, and vicarious trauma; utilizing a “cultural lens committee” made up of Aboriginal elders and teachers; engaging a “lived experience circle” comprised of Aboriginal participants who brought examples of lived experiences to the project; utilizing a holistic approach, which incorporated either the Seven Teachings or Medical Wheel approaches; and participation of staff in traditional cultural ceremonies and teaching circles (Distasio et al., 2014).

Based on the literature review of best practices, the Housing First approach has achieved remarkable success in a number of homelessness outcomes for homeless persons with mental health and/or substance use problems. However, there remain several specific populations for whom Housing First interventions have not been sufficiently tested and proven to be best practice in Canada, including older adults, LGBTQ2 youth, and Aboriginal persons. Future research should test adaptations of the Housing First model for these under-served populations, while recognizing their unique needs and experiences. Continued evaluation of existing Housing First approach across Canada will be essential to its success.

STRENGTHS, WEAKNESSES, OPPORTUNITIES & THREATS

Based on their unique positions and experiences, participants reported on the strengths, weaknesses, opportunities, and threats to the delivery of the Housing First approach in Metro Vancouver. See Appendix A for data collection methods. To be used for planning purposes, we outline the findings below.



S – STRENGTHS

Strengths are internal characteristics of the Housing First program that research participants described as working well in Metro Vancouver. There were numerous strengths reported by participants, including the fact that Housing First offers people an immediate place to live where they can stabilize and begin achieving goals. Participants reported on the significant strength in being able to offer Housing First clients intensive case management and wrap-around support during their tenure in the program, as well as the strength in providing start-up funds for household goods, furniture, cleaning supplies, and food. There was strength reported in having workers who can offer peer support to clients and be flexible in their case management. Providers highlighted cross-sector collaboration and knowledge sharing as a strength for Housing First. Lastly, the increased duration of the Housing First rent subsidy from 4 months to 12 months was regarded as a strength of the program.

1. Gives people a place to live and to stabilize

At the most basic level, both clients and providers identified the strength in the Housing First program being about to get people off the streets and into homes where they can stabilize. When clients have a location from which they can stabilize and have a place in which they can identify an address, they can then begin to work toward additional goals.

“I agree with the Housing First pillars. I think the biggest benefit of using Housing First is you’re giving a guy a safe place to start his life...I think that in itself, when you are able to secure a unit, even when it’s kind of rougher, it makes them want to get some kind of routine in their life, which helps them get back on track to living... contributing more positively to their communities.” (Housing First provider)

“The biggest benefit of having Housing First? I think is to allow a person to stabilize before they access supports because I think that stabilization piece is what’s needed to make that connection happen.” (Housing First provider)

“I can finally focus on my goals. ...Now that I finally have a stable home and have the luxury of free rent I can focus all of my time on catching up and doing what I didn’t have a chance to do when I was younger, which is nice. I feel really fortunate that I have the second chance for that.” (Housing First client)

2. Intensive case management

In addition to the strength in getting people off the streets and into housing, Housing First clients and providers identified the benefit of having intensive case management (ICM). Alternately called wrap-around support, ICM assists in connecting clients to resources of their choosing in the community of their choice. Because it is client-directed, ICM was reported by providers to be meaningful, as well as in alignment with both the original tenets of Housing First and contract requirements for delivering Housing First. In general, participants reported that at program entrance case management is more intense, typically involving once or more meetings per week. Over time, case management intensity reduces for clients who remain housed and became stabilized. Providers then reallocate their energy

to new clients with higher needs. Related, the 12-month Housing First subsidy provided to some clients is reduced over time as they become more self-sufficient. One Housing First client described their views on this:

“One year, that’s it. I’ve never seen a program like it, it’s awesome, because three months and then they lower it, three months and then they lower it. The thing is, is that they want me to be comfortable paying everything and still being happy with everything at the end of the year without them helping me anymore.”

Ultimately, however, participants reported that the frequency with which case managers meet with clients is dictated by the preferences of clients.

“Housing First fits this part of the continuum of services so we’ve changed the way we’re doing things which has had some good results and that is intensive case management; once someone is housed with wrap around supports and linking them to the community so they’re actually stabilized in the community.” (Housing First provider)

“They’ve helped me a lot in connecting to community resources for low-income people, people with disabilities, people who qualify for such assistance. They’re mobile, they have cars, and they can come meet you out in the community. I was actually in the hospital recently and they came to visit me and they’re working on helping fulfill the discharge plan...I appreciate this program because the help is there, and I can reach out and say, ‘I want help’ or ‘I want you to help me work such that I can better my position in life.’ I don’t want it shoved down my throat; I don’t want it knocking on my door; or opening my door without my permission and saying ‘get up, we’re going to help you’—because that’s not helping me.” (Housing First client)

3. Provision of housing start-up costs

Participants conveyed a strength in being able to not only house Housing First clients, but also being able to provide household items, furniture, cleaning supplies, and food in order to give clients a fresh start in their new homes. Often, according to providers, they will leverage the supports available through other programs (either from within their organization, from donations, or from community partners) to provide clients with items they need. As one provider described, “There’s apartments set-up costs that is attached to it so we have the ability to set them up with some groceries and some furniture through Housing First.” Some providers also indicated the strength in being able to fund damage deposit costs for their clients, which would otherwise be a barrier to housing. While there was some slight variation between what start-up costs organizations offered to clients, a typical report is offered by one provider:

“The way we broke apart the start-up money: The rent subsidies will be \$450 a piece. Deposits are \$250 a piece. We do \$100 for food start-up, around \$100 for food, we do about \$300 for moving, another \$100 for bed bugs, another \$90 or so for supplies...all that start up money does go into a pool and can be used for different things if it’s not used all for clients, but it’s kind of the allowance we gave all our employees.”

Housing First clients, as well, indicated the value of having start-up funds for their homes:

“I got some really good things out of it, and pans and stuff like that—stuff that I really needed that I didn't have and couldn't afford to buy. This program has helped me a lot. My fridge is still packed; I'm still stocked. I ...fruits and vegetables are really expensive.”

4. Providers who offer peer support and are flexible

While not an embedded feature of the Housing First program, participants described provider qualities that contribute to the strength of Housing First. In building trust with clients, workers who are able to relate to clients and understand their lived experiences were a noted strength. While one program used a peer support model, in which many of the providers had lived experiences similar to clients, another program used a family model, whereby clients are provided with a sense of family that is experienced by their non-homeless peers. In addition, providers who have cultural competency and are flexible in their work, able to “think outside the box” in response to issues that arise, were identified as contributing to the success of Housing First programs.

“There's some visible representation and a bit of natural mentorship that comes along with [being a peer-based team] ...that relational work has been very pivotal to the success of our individuals, our participants getting the skills, learning the skills...”
(Housing First provider)

“The program in general, it's great to have the support and people to call and talk to and ask for help when needed. I don't have any family in town and I'm pretty disconnected from my actual family, so it's like a good pseudo-family community.”
(Housing First client)

5. Cross-sector collaboration & knowledge sharing

From the perspective of providers, a strength in their Housing First programs was their connection to providers in other sectors, ranging from healthcare to shelter staff to food resources, which improves their ability to identify and subsequently offer wrap-around support to clients. As one provider stated, “Our strengths are the relationships we build.” Some providers reported that collaborative relationships have developed over time as they have been variously employed in different sectors and have maintained their connections as they move into new roles.

“Different outreach workers have worked for all the different organizations so they have this kind of real colleague sense and...they have a friendly feeling and they connect with each other quite often and it's also because we have a lot of shared clients. We tend to knock on every door. It kind of necessitated us, to some extent, being able to kind of triage...” (Housing First provider)

For other providers, collaborative working was enabled by the formation of advisory boards and community tables in which cross-sector knowledge sharing was supported. These opportunities for collaboration and knowledge sharing were helpful in being able to

provide continuity to clients. While Housing First was reported to fund one interagency working group, others were supported through different means.

“I think it’s out of necessity that the community advisory meeting that we have with community partners once a month, is really helpful. We do really effective brainstorming and piecing together supports for clients.” (Housing First provider)

6. Rent subsidy increase from 4 to 12 months

As part of many of the Housing First program contracts in Metro Vancouver, clients can access up to \$450/month in rent subsidies. This money could be used in combination with the \$375/month shelter portion of their income assistance toward market rental costs. A final strength identified by research participants was the Metro Vancouver programmatic change that enabled clients’ use of a rent subsidy for 12 months, an increase from the previously funded allotment of 4 months per subsidy per participant. Having 8 additional months of funding for rental subsidy provided participants additional time to stabilize in their homes without worrying about their inability to pay rent.

“I feel like they have been a bit more flexible, like our emergency housing funding, the extension has gone from four months to twelve months now. They have been working with us and have been listening to some degree. I just feel like there is still room for improvement to sort of meet the need.” (Housing First provider)

W – WEAKNESSES

Weaknesses are internal characteristics of Housing First that detract from its value. Participants reported that the Housing First program weaknesses included the program’s eligibility criteria that persons be chronically or episodically homeless; the program’s funding model, which is based on a claims model with rigid definitions for purchases; the rental subsidy’s limited duration and number; providers’ workload burden, including difficult caseloads and onerous reporting mandates; and the limited provider capacity, among both those funded by the Housing First program and those working in other community organizations in the region. Because of many of these weaknesses, participants suggested that the way in which Housing First is currently delivered in Metro Vancouver does not align with how the At Home/Chez Soi project was implemented and delivered, which ultimately compromises the value of the program.

1. Eligibility criteria for chronically and episodically homeless

The Housing First initiative funded by the Homelessness Partnering Strategy (HPS) aims to rapidly move individuals who have been chronically and episodically homeless into long-term stable housing with supports (Government of Canada, 2014). In this context, “chronically homeless” identifies those who are currently homeless and have spent more than 180 nights in a shelter or place unfit for human habitation in the past year, while “episodically homeless” identifies individuals who have experienced 3+ episodes of homelessness in the past year (Government of Canada, 2014). Participants across the region found limitations to the use of chronically or episodically homeless as eligibility criteria. For instance, participants representing both youth and seniors reported challenges.

“I think that Housing First as a principle is wonderful but it can’t be to the exclusion of those who are not street-entrenched or who do not meet the chronically, episodically homeless criteria. And seniors are a glaring example of those who are now falling through the cracks because not only our agency, but even the agencies that deal with the full spectrum of homelessness, have less money for folks who aren’t street-entrenched or chronically homeless.” (Housing First provider)

“I didn’t really understand why I couldn’t get somebody to step in and say, ‘We’re not letting that happen [becoming homeless]’. That was upsetting. I understand why the criteria might be such that only episodically or chronically homeless individuals are to be accepted. Because...you want to take the people who have been really hard hit and help them. But I do think, at the same time, we could put some more thought to preventative measures.” (Housing First client)

In addition, participants reported that while the Homeless Count in Metro Vancouver counts individuals who are “couch surfing”—i.e., staying temporarily with others—this does not count toward the chronic or episodically homeless criteria, preventing these individuals from being eligible for Housing First.

“One of the big barriers is not having defined couch surfing as homelessness. Although the [Metro Vancouver] Homeless Count counts it, Housing First doesn’t...I think most organizations have actually questioned that a couple times but they have made it very clear that that does not count.” (Housing First provider)

While participants recognized the need for programs that focus on the hardest to house, inclusion of only chronic or episodic homeless persons at the expense of all other homeless programming places those who do not meet the eligibility criteria at-risk of going unassisted.

“65% of the funding from the federal government now has to go to homeless Housing First projects and the other 35% goes to non-Housing First projects: it goes to research projects... it goes towards bricks and mortar. So there is very little funding for outreach workers for folks who are not chronically or episodically homeless.” (Housing First provider)

Providers suggested that if Housing First was the only program to their agency, and it continued to exclude those who have not been chronically or episodically homeless, the homelessness support system for the region would be an incomplete.

“Seniors don’t often qualify for Housing First because they don’t meet the 180 day [criterion]...Housing First doesn’t answer all the questions and sometimes I feel like some of the bureaucrats think it will...it’s just part of the continuum.” (Housing First provider)

2. Rigid, claims-based funding model

Housing First providers reported on challenges with how the funding operates. In comparison to other contracts held by the organizations, for example with BC Housing, whereby the organization receives a lump sum of money at the beginning of the contract and must then submit a report on the money spent over the tenure of the contract, for Housing First contracts, the organization is expected to pay costs upfront and to submit claims at the end of the billing cycle. This claims-based model of funding was reported to be difficult for many of the organizations.

“Most funders give us a chunk of money and then trust us to administer it and at the very end we produce a report on what we spent the money on. The federal government has a claim model where each month you have to submit your exact expenses and then they reimburse you, so the agency is actually putting out the money for the first month and then you claim the money and get it back, that’s our model, it’s different than any other funder.” (Housing First provider)

“January 1st you start your program, billing is due the 15th of February, then it takes a while [to] reconcile everything...they have a few questions...by the time you see the money it’s the end of March. So, your January funding you’re receiving in March. Now, once it gets rolling every month you should receive some money, but to me it’s just a really bad practice. We’re managing, we do it.... I don’t agree with the way that they are funding the project.” (Housing First provider)

A second weakness of the Housing First funding model, as described by participants, was that it is “very rigid.” As one provider stated, “The HPS funding is very rigid and monitored more so than any of our other funding streams.” This restrictive funding reportedly creates barriers in delivering client-centered service. Providers from a variety of organizations reported on their inability to get reimbursed for particular food items that did not fit into a strict funding category. Instead, providers suggested that in order to build relationships and trust with clients they need to be able to be flexible in meeting clients where they are. Being scrutinized for whether specific purchases fit within narrowly defined budget lines takes away from the other work that providers could be doing.

“The funding for different things are very narrowly defined, like you can purchase one-time groceries for people that move in, but if they need something before they move in or they need a second batch after they move in, we can’t do that...it’s just, it kind of makes it hard for us to do our job because we’re just trying to meet client needs, not meet funder whatever. ...[There is] so much control and administrative requirements because we have to document everything. So that’s kind of tough about Housing First compared to our other funders, the amount of documentation and explanation needed.” (Housing First provider)

“I feel like we’re incredibly restricted to what we can spend any money on so, whereas we may have been able to in the past take somebody, take them shopping for groceries or support them in a way that was going to prepare them for work or an interview or that kind of stuff or just general kind of lifting someone’s spirits up. Now we’re only able to spend a very certain amount of money per week on that person, which comes down to a small amount of money that, given the economy that we’re in here, it ends up translating to a coffee and a muffin or a meal at McDonalds, budget meal you know. It’s not actually healthy or sustaining.” (Housing First provider)

3. Rent subsidies

As noted, Housing First program clients can receive a monthly rent subsidy of up to \$450/month; these subsidies are referred to as “emergency housing funding”. While participants found strength in this subsidy being available for up to 12 months per client, a noted improvement over previous contracts’ 4-month limit, participants also reported that weaknesses of these subsidies are that they do not extend beyond 12 months, are low given the cost of market housing in the region, and organizations having a limited number to offer clients. These factors were reported to differ from what was found to be successful in the At Home/Chez Soi project.

Because the goal of the Housing First program is to help clients become self-sufficient, the aim is to give clients start-up funding that can then be replaced by other sources of income once clients are stabilized, for instance, from income assistance or person with disabilities (PWD) assistance. In cases where it is deemed that a client will never be able to fully become independent, it was reported that such clients are not to be given a subsidy, as these clients would be forever dependent on the subsidy in order to be successfully housed.

“The idea with the subsidies originally were that you temporarily subsidize people and then their income comes in that’s going to then be enough to pay for housing and

whatever other costs, and then people go on their merry ways, but that's really not realistic given the income, PWD, income assistance... given the housing costs, market housing costs and I do have to note that the most recent communication came down that we could in fact give people rental subsidies for even more than a year if needed, but I believe that's still in special cases where something has been taking forever to come in. If you have no hope that this person's income is ever going to increase you basically can't give it in the first place." (Housing First provider)

"The idea too is to set them up for success. They do know from the get-go they're receiving this top-up, it's not forever, there's a timeline attached to it. So what can we do so we're not setting them up for failure? They do know they have a timeline to start working on other pieces, whether it be employability or education or something. For some it is just looking for another subsidy top-up because they are still working through their addictions and mental health..." (Housing First provider)

"But having somebody for 12 months... and then saying sorry about that, not exactly my definition of success. If we can find a place where we're putting in \$250, and maybe we can frontload it at the beginning, and get them started, and take that pressure off, but as we get closer to that 12 month mark, maybe pulling back a little bit. So that when that rent subsidy period elapses, they can actually afford it on their own. That's success." (Housing First provider)

Participants reported that for many clients, 12 months is not a sufficient time period to change from being chronically or episodically homeless to being financially stable.

"We get \$450 for 12 months, which I will say is just not near long enough...what do you do when somebody's been there for 12 months, the first 3 months are getting stabilized, maybe they have a relapse, maybe they go backwards, maybe they have something happen with their family and then the year's over and their money's gone and they're back on the streets." (Housing First provider)

"The biggest stumbling block that we have with the current contract is that the subsidy is only good for 12 months, so for many of our people, it can be quite challenging to resolve their financial issues in only a 12-month period so that they can be independent of the subsidy." (Housing First provider)

While providers suggested that 18-month or 24-month subsidies would be more appropriate, one provider suggested that ICM support be available to clients for up to three years as this would be a better timeframe for clients. During this time clients would also have access to a subsidy, which would slowly decrease over time as clients became more financially stable. This provider stated:

"But we were told this would be the limit. I think that might not be enough for somebody. It depends on each client and it depends on where they are in their life, of course. Somebody who is into addiction and they've been living in the streets or homeless for a number of years, for them to change all that, to...think about improving their life, one year is not enough." (Housing First provider)

In addition to the 12-month limit, participants reported that subsidy amounts are not high enough given the current housing market in the Lower Mainland. When asked if the rent supplements provided to clients are sufficient, a provider stated:

“No. No, no they’re not. I mean our rent supplement would top somebody support through income assistance or disability, assistance up to \$825. And you know, five years ago you could still find the occasional one bedroom apartment that was decent, in a nice neighbourhood say East Vancouver, Commercial Drive or that kind of stuff but it’s near impossible now so, and our placement’s out in Surrey and...they have not been successful... because...most folks who are struggling and who are battling poverty are also battling isolation and the further you get away from service, the more isolated you are.” (Housing First provider)

Lastly, there are a limited number of subsidies that each organization can give to clients, based on the organization’s contract with Metro Vancouver, so the ability to assist with financing of market rate rentals is restricted. Providing clients with monthly rent subsidies can make all the difference in whether a client can be successfully housed.

“At the time, the program had just started 6 months prior, so they still had room for people and they still had rent subsidies to give out, so the process was really, really fast. I feel really fortunate that I got in at that time because they don’t have anymore rent subsidies to give to people. So a lot of people have kind of come to the program, but didn’t really stay around because there wasn’t much else that they could do for them.” (Housing First client)

On account of these limitations on rental subsidies, participants suggested that part of the weakness in how Housing First is delivered in Metro Vancouver is that provision of rent subsidies differs from the At Home/Chez Soi pilot project.

“You know the At Home/Chez Soi study? In that study, the Federal government actually gave people significant rent subsidies that ran for the entire duration of the project. And that significantly contributed to the success of Housing First and to introduce a Housing First program saying, well the Chez Soi project worked, but we’re not going to give any ongoing housing subsidies anymore, is difficult. ... If you’re saying this is a successful model then duplicate it, right? Replicate it ... don’t just change the model and then say we’re still working on the same model.” (Housing First provider)

4. Burden of reporting

In addition to the labour burden imposed by the funding model, providers reported on other onerous reporting duties. Because reporting into HIFIS (the Homeless Individuals and Families Information System) is a requirement for funding (or had been prior to March 2017), these duties were done at the expense of engaging and assisting clients.

“The reporting for HPS is very rigorous, it’s an invasive process that is admin-heavy and we’re a super small team...there’s only three staff and if I have to ask them to do a couple hours of admin work a week. That’s time that they don’t get to spend with their primary people...sadly.” (Housing First provider)

“If you just do the hours, if you have 10 clients and you’re spending two hours a week with each one of those 10 clients, that’s 20 hours a week. And if you’re on a 35-hour work week or even a 40 you’ve got to have time to do the HIFIS, you have to do the case, we have soft files, we have electronic files [laughs]. For each hour of work

you're probably doing at least 20 minutes of logging in the information." (Housing First provider)

Providers reported that a factor that added to their reporting burdens were the concurrent reporting requirements of other funders of other programs, including that of BC Housing, which supports housing programs at the provincial level.

"I don't know if you heard about the HIFIS - that was a debacle - but for two years they required everyone to enter federal information into HIFIS and BC Housing information into the BC Housing database and we all had to learn how to use both databases." (Housing First provider)

5. Limited provider capacity

In working with the hardest to house clients, providers engage with individuals who often have significant substance use and mental health issues, requiring a lot of attention toward housing placement and case management. Yet, providers reported on the challenges they experienced in program delivery as a result of the limited capacity within their organizations to implement Housing First as intended. Participants suggested that the limited funding for workers makes it difficult to deliver intensive case management for clients given the limited number of hours that workers are paid.

"I think our weakness is the lack of capacity. With very little funds in terms of staffing for Housing First and yet the requirements are that we do basically weekly visits and it's intensive case management and the reality is that is really difficult... Lack of capacity has been a huge issue for us...I think the staffing model, there just needs to be more hours. Working with the population that's technically the hardest to house, part-time staff is just not going to work." (Housing First provider)

An outcome of the limited capacity, alongside heavy caseloads, is provider turnover as they experience burden and burnout. Providers also reported feeling a sense of frustration in not being able to successfully house clients.

"It starts getting really frustrating to be a service deliverer when you can't even deliver these services. Plus, we work at a non-profit so we don't get paid enough to go and deal with these people's problems. It takes a lot out of one person to conquer these obstacles for people that are really marginalized, so I think that's one of the biggest barriers. ...I just feel like...these positions are...not being funded properly. Like if you paid any of these workers \$30/hour they would be doing their job so well... But people just end up quitting time and time again, because it's just discouraging." (Housing First provider)

The strain of the job does not go unnoticed by clients. As one client stated, "Some of the staff seem really anxious and overworked at times because there's sometimes only one person working or two people."

O – OPPORTUNITIES

Opportunities are external factors that could have a positive impact on Housing First and allow it to prosper. Participants outlined ideas on factors external to the Housing First program that could provide opportunities to better support Housing First within Metro Vancouver, including streamlining the federal and provincial rent subsidy and reporting systems and building friendly landlord networks.

1. Streamline federal and provincial rent subsidy and reporting systems

Providers suggested that they do not strictly distinguish between their funding streams in order to provide services. Instead, client needs are determined and then providers identify which of their programs are most suitable. If clients are not eligible for Housing First, providers will refer them to another organization that might have a housing program they are eligible for or will see what other programs within their own agency can be used.

“It’s okay because we have other complimentary programs, so if people don’t fit one program, then we can route them to another program. So, in that sense it works for us. If it was only Housing First and that was the only funding we had and that’s the only program we had, it would be a disaster.” (Housing First provider)

Among the programs reported to be most valuable as concurrent offerings to the Housing First program were BC Housing’s Homeless Outreach Program (HOP) and Homeless Prevention Program (HPP), which fund outreach workers, rent subsidies, and other support. While the federal (Housing First) and provincial (HOP and HPP) programs are managed by separate entities (i.e., Metro Vancouver and BC Housing, respectively), streamlining these programs could present several opportunities for reporting and rental subsidy support. Indeed, this is how many agencies are currently operating, though because these systems are not aligned, it creates some challenges and barriers to housing.

“If you’re an agency that has the Outreach Program, be able to blend the two while keeping both funders happy. We wouldn’t be successful with Housing First if we didn’t have the Outreach Program, and the Outreach Program wouldn’t be having some of the successes they are having if it wasn’t for the Housing First program. Because the Outreach is spending rent supplement money that we might not necessarily be able to spend... if not for Housing First. And Housing First would not be housed if it weren’t for the rent supplements in the past. They play off each other.” (Housing First provider)

Participants reported that as Housing First clients become stabilized and continue to work on their goals, those who require longer than 12 months to become financially independent, could be transferred into HOP or HPP to receive a subsidy in order to “carry them forward,” as described by one provider. This continued funding would ensure that clients are able to maintain their housing, whereas without the subsidies many clients are unable to afford their rent. Moreover, though providers recognized the value in being able to track program and client performance data, they reported being burdened by having two separate

reporting systems. Streamlining these systems could lighten the reporting burden and allow for more time to engage clients in intensive case management.

“My recommendation is to align the process of BC Housing, because right now as it stands, we have a completely different format for the federal government and for BC Housing and so our staff have to learn multiple different systems and keep track of clients in multiple different ways.” (Housing First provider)

“The less time staff are having to sit down and figure out how, and enter data, and get confused about where it’s supposed to go... the less time staff are doing paperwork, the more time they’ll have to be doing follow-up. That would be a win-win situation.” (Housing First provider)

2. Landlord engagement: Build friendly landlord network

Both clients and providers consistently reported that relationship building with market rental landlords was key to the success of the Housing First program. Renting private units is one of the few options for housing in Metro Vancouver and in order to achieve this, clients need to be accepted by landlords. However, due to low vacancy rates and high rental costs (see more below under Threats), when affordable and appropriate rental units become available, there is significant competition. Thus, Housing First clients, who have been chronically or episodically homeless, are competing in the open market against persons who may have strong rental and employment histories. Housing First workers often begin building trust among landlords by explaining the program: that there is guaranteed rent paid by the agency and 24-hour support available to both clients and landlords should any problems arise. Providers reported the importance in matching clients with landlords in a way that would lead to the greatest success. As one provider stated: “That’s definitely a benefit if we can get on good terms with landlords, it’s very helpful, but then again, not just placing anybody in these homes—once you build these relationship with people you have to have it fit with the landlord as well.”

“What we’ve done is built a relationship up with the landlords, so there is somewhat of a stock, but sort of just a relationship. So, there may be an apartment building that we have a good relationship with, that doesn’t necessarily mean that they have apartments waiting for us, they just understand the work that we are doing and so if it is a client that is coming is that is Housing First eligible, we sort of give [the landlord] a pamphlet, and they understand that we are available 24 hours if there are any issues that arise...” (Housing First provider)

Engaging with landlords and developing relationships with landlords was one opportunity agreed upon by both providers and clients. While providers reported greater success in housing clients when they had ongoing relationships with landlords, clients similarly reported how quickly they were housed as a result of relationships that providers had made with landlords. Thus, building up a network of friendly landlords who have well-maintained units for rent was reported to be one avenue for Housing First success.

“It was a huge fluke that I finally got my unit, but what happened was, my worker ... had this connection to this landlord—this nice landlord...It happened in all of 30 minutes—a problem that had been going on for two years, solved in 30 minutes because of this connection to this landlord...Maybe I’m an idiot, maybe I don’t understand the logistics of it, but I think that getting these strong connections to landlords in the community and building trust with them, such that we can do things like that, that’s going to be a huge part of any solution to this housing crisis that the Lower Mainland sees itself in—the whole province really.” (Housing First client)

Other participants agreed that engaging in campaigns to build relationships with landlords and getting their support in opening up their homes to clients was a significant opportunity. One client suggested that a Housing First portfolio, displaying Housing First clients be developed and used as a marketing tool with landlords:

“Get a little portfolio and go to people that they know have properties and say, Listen, we have this program, we’d like you to help, and this is why, here’s the argument. Maybe 50 people are going to say no, but that 51st person is going to say, ‘I’m a real Christian, Muslim, Jew, I believe in helping others, I believe that’s my job on Earth and I believe that you’re right and I should do this.’ And that could happen to someone else as it did for...me.” (Housing First client)

The importance of building relationships with landlords was also widely recognized by providers who reported having invested a great deal of time in finding landlords who could be relied on to provide appropriate housing and who were open to clients being housed in their units.

“Initially the strength of our team was focused on building relationships with landlords. Initially we had a lot of clients, and nowhere for them to move into...there’s not a lot of subsidized housing or welfare-friendly buildings. So it took quite a while at getting good at finding landlords that would take our clients. After a while we started to meet landlords that had—they had a specific personality type where they wanted to actually give back and help people. So right now, we’ve got a couple of landlords, they take pride that they are helping people that are homeless, but those kind of landlords are not easy. It takes a while to procure those kind of landlords, so the team was really focused on that...” (Housing First provider)

Of note, one Housing First client reported that information sharing with landlords needs to be done mindfully. Clients should have the ultimate say over what information is disclosed to their landlord, including that they have been homeless. This client suggested that the language used by providers be more vague in order to reduce the opportunity for landlords to discriminate against homeless people. For instance, instead of using the word “homeless,” providers could explain that they offer support to various individuals who are living in the community. This client also suggested that landlords be vetted through background checks in the same manner in which clients are: “They should go through a process as well, where they get interviewed” to see whether they are suitable landlords.

T – THREATS

Threats are external factors that could undermine Housing First in the region, putting it at risk. Participants described a number of potential threats to the viability of Housing First in the region, including limited housing, low vacancy rates, housing costs, social stigma and discrimination toward homeless persons and persons with addictions or mental health issues, and inadequate income assistance. In addition, though participants had reported on the strength of community collaborations, the limited support and opportunity for cross-sector collaboration was identified as a possible threat to Housing First.

1. Limited availability of affordable housing

At the top of the list of threats to Housing First in Metro Vancouver is the severely limited housing availability in the region, often referred to by participants as “the housing crisis.” One provider made a statement representative of this issue: “Finding the housing stock, that’s the most difficult part. So that’s what’s making things really unsuccessful.” Another provider noted that because the Housing First program is limited by available housing, clients cannot be housed and provided with additional supports needed in order to stabilize: “Not having housing for Housing First, dedicated to the program that we can put people in so they can stabilize and then plug the supports in, right?”

The type of affordable housing available to clients included private market housing rented by landlords, subsidized housing managed by BC Housing, or low-income housing managed by community agencies. Providers without access to agency-run housing reported that the primary places where they find housing are “private SROs, market rentals, and subsidized [housing].” However, there are lengthy waitlists for subsidized housing, with reports suggesting a minimum of a 2-year wait. As one client stated, “I’m on everything [waitlist] under the sun for BC Housing, but that’s a 3-year wait, so what are you supposed to do?” Thus, market rentals have become the primary source of housing for Housing First clients.

Limited housing leads to competitive market rental situations whereby providers are not only competing with one another, but clients are competing in the open market, giving landlords the ultimate power in whom to house.

“We’re basically competing for market rent spaces with other service providers... when you’re in an environment where it is as competitive as it is, and is challenging to find placements that would be successful fits for clients, or potential successful fits for clients.” (Housing First provider)

“We’re competing with the average housing search so you know, you go to a housing appointment or open house or what you think is a one-on-one meeting with someone and there might be 30 people there and they’re outbidding each other.” (Housing First provider)

Related to availability, available housing was reported to not be affordable for many who rely on housing subsidies, income assistance, or disability assistance.

“The biggest challenge that I have found is the lack of housing...there’s just not enough and within a price point...the affordability of housing is just not there, so I think that’s the biggest thing that we struggle with.” (Housing First provider)

“The subsidized housing—the rents are too high. The only way you can get a place is if you rent with someone else, and no one wants to do that—they steal, they never work out.” (Housing First client)

Participants also indicated that available housing is poorly maintained and run-down. Landlords across the region who do not maintain their properties and allow their tenants to live in unsafe and bug-infested rooms were referred to as slumlords. Oftentimes, however, these housing options were all that clients can afford. As one provider stated, “The challenge is just the non-existence of market rentals, so a lot of our clients are being housed in less than desirable apartment buildings.” The lack of available housing led providers to question whether Housing First was being effectively implemented.

“You can have Housing First principles all you want, but if you don’t have the tools and the things in place in order to achieve those, then what’s the point of having that as a model in the first place.” (Housing First provider)

“One of the key principles of Housing First is the principle of choice, the client has choices in housing in that you try and accommodate the client needs and wants and be able to present them with more than one choice, but given the housing market, that has been really hard... We’re not going to have two or three options... landlords have options of who they want to take, it’s not the other way around, unfortunately with our market.” (Housing First provider)

2. Landlord discrimination

Second on the list of threats to Housing First in Metro Vancouver is the challenge in engaging with landlords who will lease market rental units to formerly homeless persons, persons with disability, and individuals with mental health and/or substance use issues. Participants described the discrimination experienced by clients.

“The other thing is probably just dealing with society’s stigmas with the populations we’re working with... taking someone to an apartment viewing because of the clothing they can afford, or the haircut they can afford, or they’re a young person, or whatever the stigma is for those people. You know, fundamentally, I think our society believes people without homes are dangerous, but really people without homes are the ones being hurt.” (Housing First provider)

“Landlords, they don’t like to rent to young people, they don’t like to rent to people who show up looking like homeless people... I had a lot of trouble getting someone who would rent to me. Again, I have no criminal history, and I’m still being treated as scum of the Earth, worth less than nothing...I think there’s a huge communication barrier and there’s an inability to have people recognize that I’m not a person who made terrible decisions...I feel my problem was largely systemic. I feel I did all I could within reason and given my abilities to get housing, and it took two years to get a place that’s reasonable.” (Housing First client)

“I feel scared about my whole identity. I want to be as passable as possible. I had anxiety to find work because I was scared of discrimination... I was scared of judgment...”(Housing First client)

A reported screening method utilized by landlords is the requirement that applicants provide tenancy and employment histories and references. However, by definition, Housing First clients have been chronically or episodically homeless and do not have strong employment, housing, and credit histories. Moreover, landlords may ask clients to provide their criminal records or identification cards, which present additional challenges.

“Apartments are usually in buildings where landlords are asking for criminal record checks, they’re asking for credit checks, and they’re asking for tenancy history, and ID might be in there as well, so a lot of my clients don’t have any of those things, so they don’t have ID, their credit might be poor or non-existent because they haven’t been paying bills for so long. And then they wouldn’t maybe have a tenancy history or maybe not a positive one, because they might have been living in places in the past that are sort of shared accommodation so single-room occupancy and those situations break down very fast and the landlords can often take full advantage of their clients because they know that they don’t have a lot of money or associates or protection to defend themselves and the tenancy law is not enforced.” (Housing First provider)

“They’re looking for references, they’re looking for credit checks. Come on, I’m living on the street, I’m collecting a PWD check, I don’t have a credit card, my credit sucks. Who else you gonna be renting to at \$750 bucks a month? ...I doubt a doctor is going to come through your door looking for your basement suite. You’re gonna get close to the bottom here. It’s unfortunate when someone turns up their nose at you and sends you on your way. It’s frustrating...especially when I know I’m not such a bad person. I respect people’s privacy, I respect people’s homes, and I try to respect the way I live too. It’s very frustrating.” (Housing First client)

Though participants reported that there are anti-discrimination laws² in place to protect tenants, participants also reported that these laws are difficult to enforce. Thus, according to both clients and providers, landlords discriminate against potential tenants based on their gender, criminal history, income assistance status, or persons with disability status.

“I have a client who is wanting to move into a local building and there was an ad so he called it up and the landlady said ‘okay, I have to ask a few questions’, and said ‘are you on PWD?’ and the client said ‘yes’ and she said ‘we’re not taking anybody on PWD’. And I said ‘you know that’s a human rights violation, you’re not allowed to ban’ and she said ‘well it’s been working for us so far’. So really these laws are not enforced, so landlords continue with it until they are literally stopped and that usually doesn’t happen. People are not usually in a position where they’re ready to go to the BC Human Rights Tribunal and [Laughs] try and gather evidence, they’ve got more important things to worry about of a personal nature so that doesn’t usually get pursued.” (Housing First provider)

² See: Section 10 of the British Columbia Human Rights Code:
http://www.bclaws.ca/Recon/document/ID/freeside/00_96210_01#section10

To build a rental history and get landlord references, one client began by staying in a hotel for 6 months and then another short-term accommodation until a more permanent situation was arranged. This process was described as “hectic”; the client stated:

“I started by being homeless. And then I went on from that to try and get a place I could stay until I could get some kind of paperwork. And kept on moving on step-by-step, up like that.”

3. Inadequate income assistance

A third threat to Housing First in Metro Vancouver is the provincial income assistance rate, which has remained unchanged since July 1, 2007.³ For an employable single person under age 65, the current rate is \$610 per month, which includes a shelter allowance (\$375) plus a basic needs allowance (\$235), though rates vary based on age as well as marital, family, and employability status. Working on the assumption that most clients qualify for and can access the \$375/month shelter portion of income assistance, providers are often looking for market housing that costs no more than \$825/month (\$375/month shelter portion + maximum \$450/month Housing First subsidy). However, in many areas of Metro Vancouver, these supports are insufficient, as described by several providers:

“When you look at welfare rates, \$375 for rent, even if they get a \$450 rent subsidy for one year you can’t even get housing for that. You can’t.”

“The only barriers I see are that we need more housing and we need it to be more affordable. \$375 doesn’t get anyone, anywhere; and even with our \$450 rental supplement that only makes \$825 and it’s really hard to find...a bachelor [suite] here goes for \$1,100 [a month].”

Inadequate income assistance rates threaten Housing First, which was not designed to be able to provide rent subsidies to clients for the remainder of their lives; and are only provided to clients in Metro Vancouver for up to 12 months.

“We try to roll back subsidies from people as they become more independent and more able to pay a little bit more rent, but if welfare rates aren’t going to go up and support rates aren’t going to go up...they’re only allowed to make a certain amount of money. We’re basically just battling poverty constantly. So, that’s the bigger underlying issue if you can’t really get around that. You pay all your money to rent and not have any food and then your well-being suffers...” (Housing First provider)

4. Lack of community capacity and collaboration among organizations

Another threat to the successful delivery of Housing First is the lack of capacity to support the ICM needs of Housing First clients without external organizations equipped to support the wrap-around services needed for those who have been chronically or episodically homeless, and often have significant addictions and mental health issues.

³ See: <http://www2.gov.bc.ca/gov/content/governments/policies-for-government/bcea-policy-and-procedure-manual/bc-employment-and-assistance-rate-tables/income-assistance-rate-table>

“One could very well be [at] capacity within the community. We don’t necessarily have those agencies that have the staffing or the resources to do that kind of work anyways, so you have to make due with what you got in the community.” (Housing First provider)

In particular, participants reported on the lack of mental health and addictions services available to support clients in the community. Without these resources, clients have more difficulty in remaining successfully housed.

“That’s the thing that’s kind of hard about the Housing First approach—there’s not enough resources readily available, and the mental health part is the hugest thing for everybody, all of the Housing First programs, even the ones that are mental health, they don’t do mental health plus drug addiction...” (Housing First provider)

“As far as what I can say towards that, is maybe better funding—like, a lot of the people don’t need to be on their own. A lot of people need 24-hour, like, they need help. And there’s not enough of that either. For people that actually need Housing First is cool, but there’s not enough funding for getting these people the treatment they need...Substance treatment, mental health is a big issue...and that’s why you can’t get into a shelter—because the hospitals don’t want them, they can’t put them in jail, so they end up in the homeless shelter. It’s the only place they can go. There’s not enough funding...” (Housing First client)

While the provision of mental health and addictions’ resources in the form of an Assertive Community Treatment (ACT) team has been tied to Housing First program success in other regions (de Vet et al., 2013), this service is inaccessible to many of the Housing First providers and clients.

“One barrier that we’ve had is very limited access to the ACT team in the community. And we’ve sent out several referrals, but the feedback we get back is that the participant has to exhaust all mental health and support in the community first before they will be looked at, they are technically not in need enough. So, we’re not getting that support where the model is based on having access to this ACT team in the community that we don’t have.” (Housing First provider)

“Yeah they’re disabled, and...realistically if there was more access to the ACT Team. Like, this [client] is totally eligible for the ACT team, however he hasn’t exhausted a mental health team and that’s what you need to do to before you get on an ACT team, and the ACT team only has 70 clients, like they’re not a big team. A lot of these people need the ACT team, but because we don’t have the mental health workers here... our workers kind of get like blocked. Like, what do we do if we can’t get them to meet with the mental health worker, and keep working with that, there’s a block there? It’s so hard.” (Housing First provider)

In order for Housing First providers to offer ICM, opportunities to build relationships with other providers and organizations is needed, though these cross-sector collaborations receive limited support.

RECOMMENDATIONS

Based on the qualitative data and SWOT analysis, some program and funding recommendations are provided so that the strengths and opportunities of Housing First can be leveraged to overcome the weaknesses and threats. Program recommendations include: modify Housing First eligibility criteria to include couch surfing; build friendly landlord networks; provide support for the Human Rights Act which prohibits tenancy discrimination; incorporate client feedback into the program; increase staffing levels; provide more tools for workers; provide educational training to workers; and promote cross-sector provider collaboration. Funding recommendations include: improve flexibility of funding to support client-centered work; extend the rental subsidy timeframe past 12 months; and provide awarded funds at the outset of new Housing First contracts. Finally, as the provision of housing lies at the crux of being able to have a successful Housing First program in Metro Vancouver, a final recommendation is to build more housing.

Program recommendations

Participants identified a number of recommendations for improving Housing First program delivery in Metro Vancouver.

1. Count days spent couch surfing

An identified weakness of the Housing First program was the misalignment between including individuals who are couch surfing in the Homeless Count for Metro Vancouver, yet not counting this time toward the eligibility criteria for chronically or episodically homeless.

2. Build friendly landlord network

As described in detail above (under Opportunities), a resounding recommendation for Housing First in Metro Vancouver is to continue to build relationships with landlords. A landlord-tenant matching tool could help to align client characteristics with landlord preferences.

3. Provide support for Human Rights Act that prohibits tenancy discrimination

To minimize the identified threat of tenancy discrimination, more should be done to enforce cases in which tenants have been discriminated against. Without the resources or power to pursue violations of their human rights, clients often experience discrimination, while landlords go unmonitored. Housing First workers should be supported in working with legal teams that will assist clients in pursuing cases of tenancy discrimination.

4. Get client feedback

To better understand how the Housing First program is functioning in Metro Vancouver, one provider recommended that ongoing client feedback be collected to know what does and does not work for clients; providers only know so much.

5. Increase staffing levels

Limited provider capacity was identified as a weakness of the Housing First program, though the ability to provide intensive case management was identified as a strength. In order to overcome this weakness, while leveraging this strength, “Everybody needs more funding and more workers,” according to one provider.

6. Provide more tools for workers

Participants suggested that in addition to increasing staffing levels, their workloads could be better managed if they were equipped with the appropriate tools. Recommendations by providers ranged from the provision of “a data recording tool that is efficient and very user-friendly” to a smart phone or tablet that frontline workers could use when they’re out of the office coordinating services for clients. Clients, on the other hand felt their workers needed to have access to “more vehicles” in order to help get clients to appointments.

7. Provide educational training to workers

Another set of recommendations provided by participants included the need for ongoing staff educational training in areas such as Housing First and motivational interviewing. As one provider suggested, “it would be good for frontline workers in HPS to have more specific training in how to transition people from substance use to reduction of substance use or eliminating their substance use. And how to keep people housed when their alcohol and substance use behaviours are [interfering] with the longevity of their housing.” Another provider recommended the development of introductory and refresher courses on Housing First—“Housing First 101” and “Housing First 102”—that providers would receive upon initiation and renewal of a funding contract. These educational opportunities would also provide a platform for Housing First provider to meet one another and learn from one another.

8. Promote cross-sector provider collaboration

A final recommendation made toward better supporting Housing First workers to perform challenging ICM work, was the affordance of opportunities for knowledge sharing across sectors. Because of the importance in leveraging additional resources and services from other community organizations to support clients’ needs, it’s important for providers to collaborate across sectors. While providers currently engaged in cross-sector collaborations reported these to be a strength in the work they do, providers without connections to other organizations felt that this was a weakness in the Housing First model and indicated a desire to build relationships with other providers. Strong provider networks in which counsellors and mental health providers can provide input into challenging client cases is recommended for as important to supporting clients.

Funding recommendations

With an understanding that funding is limited and there are constraints to what can be provided, participants identified a few key funding recommendations to improve the implementation and delivery of Housing First Metro Vancouver.

9. Funding should be flexible to support client-centered work

One of five core principles of the Housing First program is the concept of “individualized and client driven supports” that acknowledge that “one size does not fit all” (Abramovich, 2012; Gaetz et al., 2013; Goering et al., 2014). Thus, in order for HF to be considered a best practice, it must be flexible and adaptable to various contexts and sub-populations. To achieve a client-centered program, participants recommended that the Housing First program “allow for more flexibility around how money is being spent,” as declared by one provider. Relationship building between providers and clients does not necessarily occur within an office or coffee shop setting, and providers need the financial freedom to be able to meet their clients where they are most comfortable.

10. Extend rent subsidy beyond 12 months

Among the Weaknesses identified with the rent subsidies that are currently provided through Housing First was the limit to 12 months, which for many people is an insufficient time in which to become financially independent, particularly in Metro Vancouver, where the cost of housing is extremely high. Recommendations were made that the rent subsidy be extended to 18 to 36 months for those clients in need of additional support while working on goals toward independence.

11. Provide awarded funds at the outset of new Housing First contracts

One aspect of the current Housing First funding model that providers found to be challenging was the claims-based system in which their organizations were required to pay costs upfront. This was particularly difficult as the start of new contracts; and recommendations were made to provide organizations with some portion of their awarded funds upfront so that they can successfully begin the program and ensure clients are housed and supported in their housing.

12. Build more housing

The final recommendation—and, perhaps the most important—is that Metro Vancouver build more housing. In order for Housing First to be a viable model in a region with high housing costs and discriminatory landlords, lower barrier homes need to be more accessible to clients. To achieve this, providers indicated that new housing should be built and agency-managed by the organizations delivering Housing First. Providers recommended building container homes or trailer parks and incorporating maintenance, cleaning, and security services into these communities.

References

- Abramovich, I. A. (2012). LGBTQ Youth homelessness in Canada: Reviewing the literature. *Canadian Journal of Family and Youth*, 4(1), 29–51. <http://doi.org/10.1017/CBO9781107415324.004>
- Belanger, Y. D., Weasel Head, G., & Awosoga, O. (2012). Assessing Urban Aboriginal Housing and Homelessness in Canada. Final Report prepared for the National Association of Friendship Centres (NAFC) and the Office of the Federal Interlocutor for Métis and Non-Status Indians (OFI), Ottawa, Ontario. Retrieved from http://homelesshub.ca/sites/default/files/Final_Belanger_Housing_and_Homeless_-_6_May_2012.pdf
- Brown, R. T., Goodman, L., Guzman, D., Tieu, L., Ponath, C., & Kushel, M. B. (2016). Pathways to homelessness among older homeless adults: Results from the HOPE HOME study. *PLoS ONE*, 11(5), 1–17. <http://doi.org/10.1371/journal.pone.0155065>
- Canadian Homelessness Research Network. (2013). What Works and for Whom? Part 1: A hierarchy of evidence for promising practices research. Retrieved from http://homelesshub.ca/sites/default/files/PPFramework_Part1.pdf
- Chung, T. E., Gozdzik, A., Palma Lazgare, L. I., To, M. J., Aubry, T., Frankish, J., ... Stergiopoulos, V. (2017). Housing First For older homeless adults with mental illness: A subgroup analysis of The At Home/Chez Soi randomized controlled trial. *International Journal of Geriatric Psychiatry, e-pub*. <http://doi.org/10.1002/gps.4682>
- Cohen, C. I. (1999). Aging and homelessness. *The Gerontologist*, 39(1), 5–14. <http://doi.org/10.1093/geront/39.1.5>
- Cull, M., Platzer, H., & Balloch, S. (2006). *Out On My Own: Understanding the Experiences and Needs of Homeless Lesbian, Gay, Bisexual and Transgender Youth*. University of Brighton: Health and Social Policy Research Centre. Retrieved from <http://webarchive.nationalarchives.gov.uk/20120919132719/http://www.communities.gov.uk/documents/housing/pdf/outonmyown.pdf>
- de Vet, R., van Luijtelaaar, M. J. A., Brilleslijper-Kater, S. N., Vanderplasschen, W., Beijersbergen, M. D., & Wolf, J. R. L. M. (2013). Effectiveness of case management for homeless persons: A systematic review. *American Journal of Public Health*, 103(10), e13–e26. <http://doi.org/10.2105/AJPH.2013.301491>
- Distasio, J., Sareen, J., & Isaak, C. (2014). *At Home/Chez Soi Project: Winnipeg Site Final Report*. Calgary, AB: Mental Health Commission of Canada. Retrieved from http://www.mentalhealthcommission.ca/sites/default/files/At%252520Home%252520Report%252520Winnipeg%252520ENG_0.pdf
- Ferguson-Colvin, K. M., & Maccio, E. M. (2012). *Toolkit for Practitioners/Researchers Working with Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning (LGBTQ) Runaway and Homeless Youth (RHY)*. Retrieved from [http://www.hunter.cuny.edu/socwork/nrcfcpp/info_services/download/LGBTQ_HRY Toolkit September 2012.pdf](http://www.hunter.cuny.edu/socwork/nrcfcpp/info_services/download/LGBTQ_HRY_Toolkit_September_2012.pdf)
- Gaetz, S. (2014). *A Safe & Decent Place to Live: Towards a Housing First Framework for Youth*. Toronto: Canadian Observatory on Homelessness Press. Retrieved from http://homelesshub.ca/sites/default/files/HFFWYouth-FullReport_0.pdf
- Gaetz, S., Dej, E., Richter, T., & Redman, M. (2016). *The State of Homelessness in Canada 2016*. Toronto: Canadian Observatory on Homelessness Press. Retrieved from <http://homelesshub.ca/SOHC2016>
- Gaetz, S., Scott, F., & Gulliver, T. (2013). *Housing First in Canada: Supporting Communities to End Homelessness*. Toronto: Canadian Homelessness Research Network Press. Retrieved from <http://www.homelesshub.ca/sites/default/files/HousingFirstInCanada.pdf>
- Goering, P., Veldhuizen, S., Watson, A., Adair, C., Kopp, B., Latimer, E., & Ly, A. (2012). *At*

- Home/Chez Soi Interim Report*. Mental Health Commission of Canada.
- Goering, P., Veldhuizen, S., Watson, A., Adair, C., Kopp, B., Latimer, E., ... Powell, G. (2014). *National Final Report: Cross-Site At Home/Chez Soi Project*. Calgary. Retrieved from http://www.mentalhealthcommission.ca/English/system/files/private/document/mhcc_at_home_report_national_cross-site_eng_2.pdf
- Gonyea, J. G., Mills-Dick, K., & Bachman, S. S. (2010). The complexities of elder homelessness, a shifting political landscape and emerging community responses. *Journal of Gerontological Social Work*, 53(7), 575–590. <http://doi.org/10.1080/01634372.2010.510169>
- Government of Canada. (2014). *Types of Supports*. Retrieved from <https://www.canada.ca/en/employment-social-development/programs/communities/homelessness/housing-first/supports.html>
- Greater Vancouver Regional Steering Committee on Homelessness. (2014). *Results of the 2014 Homeless Count in the Metro Vancouver Region*. Vancouver. Retrieved from <http://www.metrovancouver.org/planning/homelessness/ResourcesPage/2014MVHomelessCountExecutiveSummaryResults.pdf>
- Henwood, B. F., Katz, M. L., & Gilmer, T. P. (2015). Aging in place within permanent supportive housing. *International Journal of Geriatric Psychiatry*, 30(1), 80–87. <http://doi.org/10.1002/gps.4120>
- Miller, K. (n.d.). *Best Practices for Serving Aging Tenants in Supportive Housing*. Retrieved from <http://www.csh.org/resources/best-practices-for-serving-aging-tenants-in-supportive-housing/>
- Oelke, N. D., Thurston, W. E., & Turner, D. (2016). Aboriginal homelessness: A framework for best practice in the context of structural violence. *International Indigenous Policy Journal*, 7(2). <http://doi.org/10.18584/iipj.2016.7.2.5>
- Padgett, D., Henwood, B. F., & Tsemberis, S. J. (2015). *Housing First: Ending Homelessness, Transforming Systems, and Changing Lives*. New York, NY: Oxford University Press.
- Patrick, C. (2014). *Aboriginal Homelessness in Canada: A Literature Review*. Toronto: Canadian Homelessness Research Network. Retrieved from <http://homelesshub.ca/sites/default/files/AboriginalLiteratureReview.pdf>
- Ploeg, J., Hayward, L., Woodward, C., & Johnston, R. (2008). A case study of a Canadian homelessness intervention programme for elderly people. *Health & Social Care in the Community*, 16(6), 593–605. <http://doi.org/10.1111/j.1365-2524.2008.00783.x>
- Turner, A. (2016). *A Way Home: Youth Homelessness Planning Toolkit*. Toronto: Canadian Observatory on Homelessness Press. Retrieved from <http://homelesshub.ca/toolkit/way-home-youth-homelessness-community-planning-toolkit>
- U.S. Interagency Council on Homelessness. (2015). *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*. Washington, DC: United States Interagency Council on Homelessness. Retrieved from https://www.usich.gov/resources/uploads/asset_library/USICH_OpeningDoors_Amendment2015_FINAL.pdf
- Waegemakers Schiff, J., & Rook, J. (2012). *Housing First: Where is the Evidence?* Calgary, AB: University of Calgary. Retrieved from http://www.homelesshub.ca/sites/default/files/HousingFirstReport_final.pdf

Appendix A: Interview and Focus Group Methods

Primary data were collected during interviews or focus groups with program providers and clients of organizations that currently deliver or recently delivered Housing First in Metro Vancouver. Based on private contact lists, the GVSS recruited participants. In consultation with providers, the GVSS determined whether one-on-one interviews or focus groups were more appropriate for clients. As organizations serve distinctive populations, it was important to utilize a data collection format most appropriate to clients to enable collection of their unique opinions and experiences. All focus groups and interviews were conducted in English.

Thirty-four participants aged 19+ years were recruited between March and April 2017 and signed an informed consent form. Eighteen phone interviews were conducted with providers from 10 organizations. In-person interviews were conducted with 8 clients and 2 focus groups were conducted with 8 clients (one focus group had 2 people; the other had 6 people). Focus groups lasted for between 34-68 minutes, while one-on-one interviews lasted 17-77 minutes. Clients received an honorarium for their time and contribution to this project. All data were audio recorded and transcribed. Names of individuals and organizations have been removed from the transcripts and anonymized for this report so as to de-identify participants and their data.

Research participants were asked to discuss the strengths, weaknesses, opportunities and threats to the delivery of the Housing First approach in Metro Vancouver. Sample questions for providers included: What does your Housing First program look like? What about your Housing First program has been a success? What about your Housing First program has been challenging? Sample questions for clients included: What has been your experience of participating in the Housing First program? How can the program better help people in their journey to achieving stable housing?

Two researchers conducted thematic analysis to identify themes and patterns in the data.^{4,5} Analysis involved a read-through of the data for general and potential meanings. Units of text were coded and labeled as themes with a word or phrase closely related to participants' accounts.⁶ To be used for planning purposes, this report outlines the strengths, weaknesses, opportunities, and threats to Housing First in Metro Vancouver.

Limitations of this research include the sample of participants (i.e., clients and providers) who had the time and willingness to participate in interviews or focus groups. As well clients who have had the most success in a Housing First program may have potentially been more willing to participate. Thus, findings should be interpreted within this context, as these groups may not be comparable to individuals who did not know about the research or felt they had no contribution to make.

⁴ Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*, 77-101.

⁵ Patton, M. Q. (2002). *Qualitative Research and Evaluation Methods* (3rd Ed.). Thousand Oaks, CA: Sage.

⁶ Boyatzis, R.E. (1998). *Transforming Qualitative Information: Thematic Analysis and Code Development*. Thousand Oaks: SAGE Publications.