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Participant Perspectives on Housing and Landlords in a Canadian Housing First Program

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by

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DISSERTATION

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Abstract

Housing First (HF) is an evidence-based approach to housing and services for adults who are chronically homeless and have a psychiatric disability. Research has demonstrated that HF rapidly ends homelessness but less in known about how participants experience their housing environments and landlords. This study is a part of a larger Canadian randomized field trial of HF that included qualitative interviews with participants in five cities. The narratives of 127 participants randomized to HF (n=82) or Treatment as Usual (TAU, n=45) were collected with regard to their perceptions of housing and landlords. Participant narratives were analyzed using thematic analysis and quantitative comparison of qualitative results. Analysis revealed that HF participants were four times more likely to describe feeling safe in their housing than TAU participants. Additionally, participants across treatment groups described being unsure of their tenancy rights and responsibilities and described experiences of surveillance. Descriptions of surveillance differed qualitatively between groups with HF participants describing personal surveillance and TAU participants describing impersonal surveillance. It was observed that women and Aboriginal participants had unique challenges related to safety and surveillance in HF programs. Implications for the implementation of HF programs are discussed.

Keywords: Housing First, Landlords, Housing Quality, At Home/Chez Soi

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Opening/Rationale

Housing First (HF) is a promising evidence-based approach to housing and service provision for adults who have a psychiatric disability and who have experienced homelessness. Following the positive findings of At Home/Chez Soi – a Canadian HF field trial described below – HF is rapidly expanding in Canada. The renewal of the federal Housing Partnering Strategy (HPS) in 2013 that prioritizes HF (Government of Canada, 2015), the increased investment in HPS in the most recent federal budget (Lee, 2016), and Ontario's long-term affordable housing plan (Government of Ontario, 2016) that aims to end chronic homelessness in the next decade all signal a rise in the implementation of HF programs. A persistent challenge of the HF model is in locating and maintaining high-quality housing units from private landlords. Additionally, with the exception of the work of Padgett, Henwood, and Tsemberis (2015) on the original Pathways HF program in New York City and the At Home/Chez Soi research, there has been less qualitative research on the process of how HF participants experience their housing and relationships with landlords.

This research project seeks to document and analyze how HF participants experience their housing and their relationships with landlords, and suggest strategies through which positive housing experiences and successful tenancies can be facilitated. As many of the original At Home/Chez Soi HF programs continue and the model is adopted in communities across Canada, the procurement of private market housing units remains a persistent implementation challenge, particularly in jurisdictions with low vacancy rates. Understanding participants' experiences of their housing and the impact of landlords on tenancy is important for the implementation of HF programs because it

helps to identify areas of success and challenge in tenancy that can be used to both strengthen HF implementation and build bridges to other resources – such as legal-aid clinics – who may have a role in ensuring successful tenancies.

In this dissertation, I describe and analyze participant experiences with their housing and landlords in At Home/Chez Soi. I utilize narrative data gleaned from English-speaking project participants across five Canadian cities – Vancouver, Winnipeg, Toronto, Montreal and Moncton – from semi-structured narrative interviews which were part of a broader HF study (Goering et al., 2011). The objectives of this research are to provide insights into: (a) the experiences of program participants with regard to housing and landlords; (b) the challenges to citizenship rights experienced by participants; and (c) differences between experiences with housing and landlords for HF and treatment as usual (TAU) participants.

The At Home/Chez Soi research demonstration project was a Canadian HF field trial for adults experiencing homelessness and having a psychiatric disability. The four-year project was funded by the Federal Government through the Mental Health Commission of Canada (MHCC) and commenced in November of 2009. The intervention utilized an HF approach to ending chronic homelessness. The key features of HF are rent supplements that enable participants to access commercial scattered-site housing and flexible community-based clinical services provided by a separate agency than the agency that provides housing rent supplements (Nelson, 2010). The study is intended to generate evidence about what dimensions of HF produce housing stability and improved health and well-being for those individuals experiencing homelessness and psychiatric disability (Goering et al., 2011).

The larger study utilized a mixed-method design with qualitative and quantitative components. Participants were randomized into a treatment group, in which they received HF, or a control group, in which they received TAU in their city. There were 2,148 project participants (1,158 received HF, 990 received TAU) across Canada (Goering et al., 2014). Part of the qualitative research was the collection of face-to-face narrative interviews with a representative sub-sample (n=219) of the larger sample at baseline and 18-months. One of the sections covered in the 18-month narrative interviews asked about the experiences of program participants with their housing and landlords. This study is based on these interviews.

Background

Following the release of Senator Michael Kirby's (2006) *Out of the Shadows* report, a national mental health strategy has become a salient policy objective in Canada. The creation of the MHCC marked the emergence of a federal mental health strategy in Canada. One prominent dimension of mental health care is in providing both housing and supports to Canadians who are concurrently identified as homeless and diagnosed with a psychiatric disability.

In using the term "homelessness" to identify individuals I will be referring to a social condition that might best be thought of along a continuum from "absolute homelessness" – in which individuals are without shelter – to "relative homelessness" – in which individuals are housed in shelter that does not meet the basic requirement of health and safety (Frankish, Hwang & Quantz, 2009; Hwang, 2001). Approximately 160,000 Canadians are homeless in Canada each year (Fitzpatrick-Lewis, Krishnaratne,

Ciliska, Kouyoumdjian & Hwang, 2011). The homeless population in Canada is heterogeneous and is comprised of families, single men and woman, First Nations people, immigrants and refugees, and people of all races and ethnicities across disparate age groups (Frankish et al., 2009). Kuhn and Culhane (1998) have shown that in the United States a large percentage of the homeless population experience homelessness over a relatively short period and tend to egress from homelessness relatively quickly. There is another group who are chronically homeless in which people who have a psychiatric disability are highly represented. This group accounts for a disproportionate use of emergency health and shelter services. This pattern of homelessness has also been found in Canada (Aubry, Farrell, Hwang & Calhoun, 2013).

Goering, Tolomiczenko, Sheldon, Boydell, and Wasylenki (2002) conducted a study on the prevalence of mental illness among Toronto's homeless population and found a 67% lifetime prevalence rate. This research is the only survey of its kind in Canada (Aubry, Ecker & Jette, 2014). The MHCC (2011) estimates that there are approximately half a million people diagnosed with a mental illness in Canada who are inadequately housed with more than 100,000 of those individuals experiencing homelessness. To understand the social circumstances of people who are homeless with a psychiatric disability it is important to historicize "homelessness" within a larger chronology of mental health service delivery and housing.

Before the 1950's and 1960's the majority of people diagnosed with a mental illness in Canada were institutionalized. Between the 1960's and 1980's, there was a rapid deinstitutionalization of people living with a psychiatric disability (Nelson, 2010). This shift can be explained by at least four factors: (a) the rise of the consumer/survivor

movement; (b) commensurate critiques of the efficacy and abuse associated with institutional care; (c) the rescission of the welfare state; and (d) improved antipsychotic drugs. Post-deinstitutionalization housing has remained a significant challenge in the provision of services to people living with psychiatric disabilities in Canada. People with serious and persistent psychiatric disabilities represent the fastest growing subset of disability claims in Canada (Commission for the Reform of Ontario's Public Services, 2012). It is costly to do nothing to alleviate the circumstances of those living with a psychiatric disability because of the high costs associated with emergency service utilization and justice system involvement (Fitzpatrick-Lewis et al., 2011; Gladwell, 2006; MHCC, 2011; Commission for the Reform of Ontario's Public Services, 2012).

The challenge of caring for people diagnosed with a psychiatric disability outside of institutional care can be divided along two axes: (a) the provision of housing, and (b) the provision of clinical services. Until the mid-nineties, these two facets of care were combined under what might be termed "the continuum of care", "the staircase model" or the "residential continuum". Here it might be helpful to think of the provision of housing and supports for people with mental illness in terms of three different approaches: (a) custodial housing popular in the 1970's; (b) supportive housing popular from the 1980's to present; and (c) independent supportive housing which has been gaining popularity since the late 1980's (Aubry et al., 2014). With the emergence of independent supportive housing, housing and services have been delinked. In this next section, I will unpack the continuum of care model – which favored both custodial and supportive housing - and show how challenges with this model led to the emergence of the independent supportive

housing model in the late 1980's. Following this section, I will turn to the literature on landlords in independent supportive housing programs.

Service Provision for People with Mental Illness in the Community

Continuum of Care

Custodial housing. The 1960's marked the beginning of radical changes in the treatment of individuals living with psychiatric disabilities in Canada. Between 1965 and 1981, Canada saw a 70% decrease in the number of inpatients in psychiatric hospitals (Nelson, 2010). This wave of deinstitutionalization was contingent upon the recognition of harm caused by psychiatric institutions in addition to the retrenchment of social welfare programs (Aubry et al., 2014). The movement of individuals experiencing mental illness from institutional to community settings was challenging and in the early stages there were not well-developed strategies of community-based care (Nelson, Ochocka, Janzen, Trainor & Lauzon, 2004). In the 1960's and 1970's – the early years of deinstitutionalization – custodial housing was the most prevalent form of housing and clinical service provision. Custodial housing was privatized, based in the community, differed only nominally from that offered by psychiatric hospitals, and subsequently lacked the capacity to facilitate community integration, independence, and life skill development (Nelson, 2010).

Supportive housing. In the mid-1970's the recognition that custodial housing was ineffective led to the development of new forms of housing and service provision. In Ontario, for example, the Ministry of Health and Long-Term Care created the Community Mental Health Branch, and the provincial government began funding

supportive housing along a housing continuum based on clinical service needs (Nelson, Hall & Forchuck, 2003). This continuum was not unique to Ontario or Canada and was widely practiced in the United States (cf. Greenwood, Schaefer-McDaniel, Winkle, & Tsemberis, 2005). Supportive housing along the continuum of care was organized into a series of housing and clinical service arrangements through which individuals should achieve "housing readiness". Supportive housing is marked by a greater concern for rehabilitation and life skill development where housing and services remain integrated and service compliance is often tied to housing (Aubry et al., 2014; Tabol, Drebing & Rosenheck, 2010). Greenwood et al. (2005) suggest that the two key characteristics of the continuum model are: (a) housing readiness is determined by a service provider; and (b) housing is contingent on psychiatric and substance abuse treatment. Nelson et al. (2003) suggest three critiques of the continuum: (a) there is a lack of choice in housing and neighbors; (b) community integration is hindered by confinement to small geographic areas; and (c) relationships are disrupted by continuum based movement.

Independent Supportive Housing

Background. Independent supportive housing emerged in the late 1980's with the work of Paul Carling and his colleagues (cf. Hogan & Carling, 1992). Wong and Solomon (2002) contend there were three factors that preceded the development of independent supportive housing: (a) criticism of the continuum and supportive housing; (b) the overrepresentation of individuals diagnosed with a mental illness who are concurrently homeless; and (c) the development of Assertive Community Treatment (ACT) and Intensive Case Management (ICM) as effective community-based supports. In addition, people experiencing homelessness themselves have indicated a desire for their

own housing separate from care settings and other consumers (Nelson et al., 2003; Tsemberis, Gulcur & Nakae, 2004).

Paul Carling in conjunction with National Institute of Mental Health (NIMH) and National Association of State Mental Health Program Directors (NASMHPD) began to develop independent supportive housing in response to the above critiques of the continuum (Carling & Hogan, 1992). Central to this early vision of independent supportive housing was: (a) expanded consumer choice; (b) the use of "normal" or commercial housing; and (c) the use of flexible community-based supports. Plainly stated, with supported housing consumers "choose-get-keep" housing (Nelson, 2010; Tabol et al., 2010). This early work on independent supported housing was taken up and expanded upon by Sam Tsemberis in New York with the Pathways HF model (cf. Greenwood et al., 2005; Pearson, Montgomery & Locke, 2009; Tsemberis, 1999; Tsemberis & Eisenberg, 2000; Tsemberis et al., 2004). Housing First refers to providing housing first and treatment second, thus reversing the chronology of treatment first and housing second that characterized the continuum model. Aubry et al. (2014) note that it is important to understand that while all independent supportive housing is HF, not all HF is independent supportive housing, as it could be a modification of supportive or custodial housing.

Key elements. Nelson, Goering and Tsemberis (2012) suggest four essential principles of the Pathways HF model: (a) consumer-driven services; (b) separation of housing and clinical services; (c) a recovery orientation; and (d) community integration. In a review of the independent supportive housing literature Aubry et al. (2014), drawing on Tabol et al. (2010), note that the crucial elements of supported housing are still unclear. Tabol et al. (2010) suggest that there is a lack of clarity in the elements of the

supported housing model as well as a lack of fidelity that hinders widespread implementation and evaluation. Aubry et al. (2014) suggest that the framework of Tabol et al. (2010) is probably the most complete in terms of program elements. The key elements of this framework are: (a) normal housing; (b) normal tenancy agreement; (c) flexible supports; (d) separation of housing and services; (e) choice; and (f) immediate placement. This framework has substantive overlap with the Pathways HF model presented by Nelson et al. (2012). The key components of supported housing (Tabol et al., 2010) and the key components of Pathways HF (Nelson et al., 2012) are compared in Table 1.

Table 1

Key elements of Supported Housing (Tabol et al., 2010) and Pathways Housing First (Nelson et al., 2012)

Supported Housing (Tabol et al., 2010)	Pathways Housing First (Nelson et al., 2012)
Flexible Supports and Choice 1. Individualized and flexible support 2. Crisis service 24/7 3. Resources in close proximity 4. Choice in housing options 5. Shared decision making	**Consumer Driven Services** 1. Consumers given choice 2. Service underpinned by values of choice and social justice 3. ICM and ACT teams with peer support workers
Separation of Housing and Clinical Services 1. Absence of requirements as condition of stay 2. Housing and service agencies legally/functionally separate 3. No in house staff	**Separation of Housing and Clinical Services** 1. Housing rented from community landlords 2. No service requirements for tenancy 3. Service utilization can change without housing move
	Recovery Orientation 1. Choice and self direction 2. Person centered care 3. Empowerment 4. Strengths based orientation 5. Personal responsibility 6. Hope for the future
Normal Housing 1. Affordable housing 2. Integrated with non consumers 3. Long term/ permanent	**Community Integration** **1.** Housing is geographically dispersed **2.** No more than 20% of units in a building are leased to consumers
Normal Tenancy Agreement 1. Same agreement as market renters 2. Appearance of residence fits with neighborhood norms 3. Privacy over access to units	
Immediate placement 1. Immediate placement into housing	

Outcomes. There are three recent literature reviews that specify outcomes associated with supportive independent housing (Aubry et al., 2014; Benston, 2015; Rog et al., 2014). Within the supportive independent housing literature Aubry et al. (2014) identified six randomized controlled trial (RCT) studies in addition to three quasi-experimental evaluations. Three of the nine studies identified by Aubry et al. compared independent supportive housing to TAU and all three showed better outcomes for

independent supportive housing participants on housing stability and homelessness (Cheng, Lin, Kasprow, & Rosenheck, 2007; Hurlburt, Wood, & Hough, 1996; Stefancic & Tsemberis, 2007). Additionally, Cheng et al. (2007) observed better outcomes on measures of substance use, community adaptation, and fewer institutional care days for individuals receiving independent supportive housing. Rog et al. (2014) located seven RCT studies and five quasi-experimental studies of independent supportive housing programs. The authors concluded the independent supportive housing programs produced significant improvement on the following outcomes: reduced hospitalization and emergency service use, increased housing tenure, reduced homelessness, and increased life satisfaction. It is important to note that Rog and colleagues did not describe clearly the comparison conditions to the supportive independent housing programs.

Benston (2015) identified 14 RCTs and quasi-experimental studies of independent supportive housing. Benston found that across the literature supportive independent housing programs produce improved housing stability compared with continuum based programs. However, Benston critiqued the supportive independent housing literature and suggests that there are widespread methodological issues related to attrition, selection and response bias, and imprecise definitions and implementation of housing programs.

Housing quality and ontological security. There is a small literature that specifies the subjective experience of housing quality in independent supportive housing programs. Housing quality describes the physical characteristics of housing including its location, maintenance, privacy, and safety. The literature on housing quality might be broken into two clusters: subjective and objective measurement of housing quality and

clinical outcomes, and exploratory qualitative research that documents the phenomenological experience of housing.

Housing quality and clinical outcomes. Two longitudinal studies demonstrated that housing quality significantly predicted subjective quality of life, mastery, and negative affect after controlling for earlier levels of these outcomes (Nelson, Hall, & Walsh-Bowers, 1998; Nelson, Sylvestre, Aubry, George, & Trainor, 2007). Self-report measures of housing quality by participants have demonstrated that quality is positively related to satisfaction with housing and negatively related to negative affect and symptom distress (Kloos & Shah, 2009; Nelson & Saegert, 2009; Parkinson, Nelson & Horgan, 1999). Wright and Kloos (2007) found that a self-report measure of housing quality was related to psychiatric symptoms, housing satisfaction, functioning, and recovery. This pattern was not observed with observer-reported measures of housing quality. Adair et al. (2014) observed that HF housing quality was of significantly higher quality for HF participants compared with TAU participants and that TAU housing was of more variable quality. Additionally, Adair et al. (2016) observed that housing quality was positively related to housing stability for HF participants.

Qualitative research and experiences of housing. Padgett, Henwood, Abrams, and Davis (2008) undertook a qualitative study that sought to document factors salient to engagement and retention among formerly homeless adults with a psychiatric disability. The authors identified "pleasant surrounding" (spaces that are quiet, clean, and private) and access to independent housing as factors positively related to service engagement and retention. Padgett (2007) conducted a qualitative study that demonstrated that HF participants in independent housing displayed the markers of "ontological security."

Padgett defines ontological security as a sense of constancy and security in the material environment that produces the subjective experience of well-being and a platform for identity development and recovery.

The two research clusters described above suggest that housing quality is an important building block that has implications for perceptions of security and well-being. In the present study, it will be important to document how participants describe their housing quality, how this is related to subjective experiences of security and well-being, and what role landlords play, if any, in mediating this relationship.

Social location and HF. The literature on HF in Canada has largely been concerned with documenting the efficacy of this approach relative to TAU. Consequently, HF literature that specifies the intersection of disability and social location is much more limited.

HF and gender. The literature has shown that HF is an effective approach for ending homelessness for women (Goering et al., 2014), but currently the literature has not captured how women experience HF housing.

HF and Aboriginal people. Winnipeg was one of the At/Home Chez Soi sites and the majority of participants there were Aboriginal. Researchers have identified pervasive racism, the legacy of colonial trauma, and the institutional involvement of the justice and child welfare systems as important factors in providing housing and clinical services to Aboriginal participants (Distasio, Sareen & Isaak, 2014). Aboriginal participants in the current study have been shown to have higher rates of substance use disorders, more chronic health conditions, longer durations of homelessness and higher rates of unmet

service needs (Stergioupolous, Godzick, Nisenbaum, Vasiliadis, Chambers, McKenzie & Misir, 2016). Despite the considerable challenges faced by Aboriginal participants research demonstrates that HF can be adapted to provide culturally appropriate services while maintaining fidelity to the HF model. In Winnipeg, culturally-adapted HF programs were shown to reduce homelessness among Aboriginal participants (Distasio et al., 2014)

HF and racialized people. The evidence on health disparities among ethno-racial Canadians who are homeless with a psychiatric disability is scant (Stergiopoulos et al., 2016). Stergiopoulos et al. observed that this population faces persistent barriers to accessing healthcare. Research has demonstrated that the HF model can be successfully adapted to the needs of ethno-racial participants in Canada (Goering et al., 2014). For example, the Toronto site of the At Home/Chez Soi project developed a successful anti-racism/anti-oppression ICM program specifically for racialized participants (Stergiopoulos et al., 2012).

Current research. A recent Canadian independent supportive housing program is not included in the above reviews. The At Home/Chez Soi research demonstration project was a field trial of the Pathways Housing First Model with over 2,000 participants in five Canadian cities (Goering et al., 2011). This study utilized an RCT design where participants were randomized into receiving HF or TAU. Participants were divided into two groups – those with high needs who were served by ACT teams and those with moderate needs served by ICM teams. Participants in both groups who received HF were given rent subsidies. Researchers observed significantly better housing stability,

community functioning, and quality of life in for HF groups receiving both ACT (Aubry et al., 2016) and ICM (Stergiopoulos et al., 2015).

Citizenship and Psychiatric Disability

In addition to providing services for people who have psychiatric disabilities, it is important to consider how Canadian legislation deals with citizenship rights. People with psychiatric disabilities face barriers to accessing employment, health services, and housing. In Canada, human rights legislation is intended to protect citizens from discrimination based on disability. At the federal level, section seven of the *Canadian Charter or Rights and Freedoms* (1982) guarantees the right to life, liberty, and security of the person while section 15 guarantees people the right to equal protection under the law and equal benefit of the law, without discrimination based on mental or physical disability.

In 2010, Canada ratified the *United Nations Charter on the Rights of Person with Disabilities* (2006) which is intended to promote, protect, and ensure full citizenship rights for people with disabilities. Substantively, this treaty moves away from framing people with disabilities as recipients of charity and considers them citizens who hold rights. This treaty has not been incorporated into legislation in Canada but legal commentators suggest that it helps give meaning and context to the *Canadian Charter or Rights and Freedoms* (OHRC, 2012).

At the provincial level, administrative human rights bodies apply concrete interpretation of the *Canadian Charter of Rights and Freedoms* and provide a structure within which individuals facing discrimination can access redress. The document most

relevant to the present study is the Ontario Human Rights Commission's (OHRC) *Minds that Matter* (2012) report that documents the types of barriers to ensuring citizenship rights reported by people who have psychiatric disabilities in Ontario. This document is unique in Canada – no other province has undertaken a study specifically about psychiatric disability.

The *Minds that Matter* report has a section on housing which specifies the types of rights violations experienced by Ontarians with psychiatric disabilities. At a systemic level, respondents indicated that in Ontario there is a lack of affordable housing, a lack of adequate rental housing, a lack of social and supported housing, and a lack of access to long-term care homes. More relevant to HF, respondents identified pervasive experiences of discrimination. A pervasive experience of discrimination involves screening in which people with psychiatric disabilities are denied housing because of their appearance or disability-related behaviours, lack of rental and employment history, and receipt of social benefits. Landlords utilize strategies such as extra deposits and guarantors and invasive questions about disability as deterrent practices associated with screening. Additionally, many housing programs for people with psychiatric disability tie access to housing to treatment compliance and sobriety which *the Minds that Matter* report characterizes as violations of citizenship rights.

In addition to screening practices, the *Minds that Matter* report identifies discriminatory experiences common to people with psychiatric disabilities during a tenancy. The experiences include landlords disclosing disability status to neighbors, surveillance, entering units in violation of tenancy legislation, harassing comments, and ignoring requests for repairs. Eviction related to disability and disability-related

behaviors were also common. Substantively, there are issues with landlords either ignoring or not knowing their rights and responsibilities and not understanding or enacting their duty to accommodate tenants.

With respect to implementation, there are three levels of legislation relevant to understanding the obligations of landlords and tenants: (a) Federal legislation (*Canadian Charter of Rights and Freedoms* (b) Provincial administrative bodies tasked with enforcing the *Canadian Charter of Rights and Freedoms* such as the Ontario Human Rights Commission; and (c) Provincial landlord and tenancy legislation that outlines the rights and obligations of landlords and tenants and the landlords reasonable duty to accommodate people with disabilities.

In the present study, it will be important to document the types of violations to citizenship rights experienced by program participants and to assess what linkages to the legal system are necessary to ensure participants in HF programs can enact their citizenship rights with regard to tenancy.

Landlords and Independent Supportive Housing

The literature on landlords and independent supportive housing is emergent. MacLeod, Aubry, Nelson, Dorvil, McCullough and O'Campo (in press) suggest the literature on landlords and independent supportive housing can be broken into four areas: (a) discrimination, (b) landlords as a source of informal support, (c) support for landlords, and (d) landlord experiences with tenants with mental illness.

Discrimination

There is evidence of discrimination by landlords towards people with psychiatric disabilities. Page (1977, 1983, 1996) conducted several studies that involved responding to landlord vacancy advertisements as either a regular community member or one looking for housing following discharge from a mental health hospitalization. When researchers mentioned that potential tenants had recently experienced mental illness, landlords were two times as likely to report the unit as unavailable. This discrimination was stable over 20 years and statistically significant differences in landlords' reports of availability depending upon whether potential tenants identified themselves as having a history of mental illness were observed across studies. Interestingly, the literature has not documented any instances of discrimination related to social location (gender, race, LGBTQ status).

Landlords as a Source of Informal Support

There is evidence that landlords can play a role in providing informal supports to tenants in mental health programs. Flanagan and Davidson (2009) conducted a qualitative study in which they interviewed community members, including landlords, who had experience with people with psychiatric disabilities. The authors observed landlord experiences of benevolence and feelings of compassion towards people with psychiatric disabilities.

Foust, Kloos, Townley, Green, Davis, and Wright (in progress) conducted a self-report study that linked consumer functioning to relationships with landlords and property managers. The authors observed that the relationship with one's landlord or property manager was significantly positively associated with measures of recovery and

adaptive functioning and significantly negatively associated with perceived stress and psychiatric stress after controlling for demographic variables (e.g., age, sex, race, type of housing). It is likely that landlords have a role to play as partners in recovery in mental health housing who can enhance participant well-being.

Townley, Miller, and Kloos (2013) examined the role of casual community contacts – or distal supports – in facilitating community integration and recovery through the provision of tangible support (e.g., material supports, information sharing). Hierarchical regression revealed that community integration and recovery were uniquely predicted by distal supports after accounting for traditional support networks. This study focused on distal supports like employees of pharmacies and coffee shops and did not include landlords. However, it is likely that landlords play a similar role as casual social contacts for people who are participants in mental health housing programs.

Support for Landlords

In addition to being sources of support for tenants who have psychiatric disabilities, landlords need support in navigating the complex needs of these tenants. Kloos, Zimmerman, Scrimenti, and Crusto (2002) reported on a Landlord-Service Provider Forum based in New Haven, Connecticut. The Forum aimed to promote successful implementation of a local independent supportive housing program. In the emergent literature on landlords, this is an interesting community group through which adult education and mutual support were delivered to landlords.

The Landlord-Service Provider Forum was initiated in the context of landlord training sessions. Initially, it was intended to clarify the overlapping roles and

responsibilities of landlords and clinical service teams. These training sessions morphed into the Landlords-Service Provider Forum that met four times annually and had five objectives: (a) to clarify the responsibilities, rights, and roles of landlords, service providers and tenants; (b) to facilitate communication and shared problem-solving; (c) to increase housing stability; (d) to retain cooperative landlords; and (e) to recruit new landlords and expand known housing stock.

Kloos et al. (2002) identified three persistent challenges in landlord-service provider relationships. The first challenge was the different perspectives of service providers and landlords that entailed different goals and different understandings of responsibilities. The second challenge was engaging and communicating with landlords who are often busy and may not prioritize mental health housing programs. The final challenge was role-based where tenancy related goals differed substantively between clinical service providers and landlords. Landlords tended to prioritize tangible goals related to their rental properties such as rent payment and the resolution of property damage. Clinical teams tended to be primarily concerned with ways to prevent problem tenancies in the future.

Landlord Experiences with Tenants with Psychiatric Disability

A recent qualitative study conducted in Sweden examined the experiences of 16 landlords with tenants who have psychiatric disabilities and identified three broad themes (Bengtsson-Tops & Hansson, 2014). The first theme was landlords being confronted with difficult circumstances including participant mismanagement of apartments or premises and provocative behaviors (e.g., verbal and physical threats). Landlords identified feeling

unprepared for these experiences, felt they were time-consuming and required sensitivity to behaviors associated with disability. The second theme was providing assistance, which is analogous with the provision of informal support outlined above. Providing assistance involved being helpful and offering security. The final theme was that landlords felt neglected when they required assistance. Landlords sought collaboration and assistance from professionals but were largely unsuccessful in obtaining the support they desired.

Another recent study compared landlord and clinical and housing team perspectives on people with psychiatric disabilities in two different Toronto-based independent supportive housing programs (MacLeod, Nelson, O'Campo, & Jeyaratnam, 2015). The two independent supportive housing programs differed by lease type, one was a head lease program (agency holds the lease) while the other was rent subsidy program (tenant holds the lease). Based on qualitative interviews with 16 landlords and 24 clinical and housing team staff, they found that there was less contact between landlords and tenants in the head lease arrangement, where housing teams tended to address tenancy problems. As well, landlords tended to scrutinize tenants with mental illness more in the head lease arrangement. In head lease programs the agency as opposed to the tenant holds the lease and tenancies tend to be managed more closely by housing teams who tend to play the role of "surrogate landlord".

Finally, MacLeod et al. (in press) examined landlord experiences with tenants who have psychiatric disabilities in a multisite Canadian HF trial. Qualitative interviews with landlords were conducted in four Canadian cities as part of an implementation and fidelity evaluation. The authors found that landlords responded positively to the Housing

Frist program because of guaranteed rent and coverage for damages. Landlords had divergent perspectives on program tenants – many saw them no differently than other tenants while others held stigmatizing views about psychiatric disability that were visible during the housing acquisition process. It is important for supportive independent housing programs to educate landlords about disability and local laws that prevent discrimination in tenancy agreements. Finally, communication and positive working relationships with housing and clinical service teams were central to successful tenancies in the HF programs. When landlords felt supported and their needs were responded to they felt the program worked well.

Theoretical Perspectives on Landlords in Supportive Independent Housing

The emergence of independent supportive housing is commensurate with broader shifts in psychiatric care away from institutionalized care facilities to community-based treatment. The inclusion of people who have psychiatric disabilities in community life is significant because institutional care has historically been marked by social erasure and segregation (cf. Foucault, 1988). Understanding the process of community integration is an important component of independent supportive housing and one in which landlords likely have a role in facilitating or hindering this process. HF offers an evidence-based approach to homelessness and disability that provides meaningful opportunities for community integration, recovery, and is guided by citizenship rights. In the section below I will discuss citizenship rights and community integration and link these theoretical approaches with the role of landlords in supportive independent housing programs.

Therapeutic Values and Citizenship Rights

In approaching social intervention, Rappaport (1981) suggests that there are two competing conceptualizations of care: (a) needs based that foreground the provision of services and prevention, and (b) rights based that foreground the importance of advocacy. For Rappaport these poles exist in intervention as a dialectic; when the framing of an intervention shifts too far in one direction, intervention can ignore important dimensions of the social ill to which it is concerned to address. Rappaport suggests empowerment as a synthesis which balances the poles of needs and rights. In a content analysis of the mental health and housing literature Sylvestre, Nelson, Sabloff and Peddle (2007) identify citizenship and therapeutic values as the two dominant categories of this literature. Therapeutic values denote choice and control, quality, and community integration while citizenship values denote access and affordability, housing rights and legal security of tenure. Housing First synthesizes the dialectic between therapeutic and citizenship values. Housing First programs acknowledge a fundamental right to housing and provide legal security of tenure to housing units while providing meaningful opportunities for community integration and choice of housing and clinical services.

Community Integration

Wong and Solomon (2002) advanced an important conceptual model of community integration for persons with psychiatric disabilities in supportive independent housing. These authors define community integration as, "the extent to which an individual spends time, participates in activities, and uses goods and services in the community outside his/her home in a self-initiated manner" (Wong & Solomon, 2002, p. 9). Ware, Hopper, Togenberg, Dickey, and Fisher (2008) present a competing conception of community integration that draws on Sen's (1999) capabilities approach. For Ware and

colleagues community integration incorporates daily routines and capacities that result in the realization of citizenship rights and full social participation. Where Wong and Solomon see community integration in terms of place and its effects on functioning Ware and colleagues position community integration as about expanding agency and citizenship rights.

The role of landlords in independent supportive housing programs straddles the tension between therapeutic and citizenship values and community integration. In the first instance, landlords as "partners in recovery" (Kloos et al., 2002) or distal social supports (Townley et al., 2013) may have meaningful roles to play in supporting successful tenancies in independent supportive housing programs. On the other hand, the discriminatory attitudes and behaviors of landlords (MacLeod et al., in press; Page 1977, 1983, 1996) may be impediments to successful implementation of these programs.

In the current study, it will be important to understand how supportive independent housing participants themselves see their relationships with landlords and specifically how they help and how they get in the way. Engaging landlords and providing continued training is an important component of the implementation of independent supportive housing programs (MacLeod et al., in press). It will be particularly valuable to record the process through which landlords have a role in expanding or constraining agency and citizenship rights.

Summary

In this review of the literature I have defined and contextualized homelessness for people diagnosed with a psychiatric disability in terms of housing and service provision. I

have presented three post-deinstitutionalization models of care: (a) custodial housing; (b) supportive housing; and (c) supported housing. Additionally, I have outlined legislation pertinent to disability and housing. I have explored the existent independent supported housing literature with particular attention to housing quality and landlords. I have argued that landlords are key players in HF intervention who can both facilitate community integration and functioning and violate tenancy agreements complicating participants' community integration and recovery.

Understanding HF participants' experiences with housing and landlords is important in the implementation of HF programs particularly in jurisdictions with low vacancy rates. Research clearly shows that HF rapidly ends chronic homelessness but less is known about how this process plays out for participants, particularly in their housing environments. It is hoped that this research will add to the knowledge base on HF implementation and be useful to frontline service providers and communities planning and implementing HF by specifying the areas of success and challenge in working with landlords.

Research Questions

1. How do participants experience the quality and security of their housing? Does this differ by treatment and TAU condition? Does this differ by site or social location (e.g., gender, race)?

2. How do participants understand their rights and responsibilities as tenants? Does this differ by treatment and TAU condition? How does this differ by site or social location (e.g., gender, race)?

Methods

Sample

The sampling method for the larger clinical sample is presented in a previous paper (Goering et al., 2011). In total, 2,255 participants were recruited into the study and randomized to HF or treatment as usual condition (TAU) across the five program sites. For the narrative interviews – including the 18-month interviews – it was decided that a 10% subsample of participants from the larger study would be used. Sub-sampling took place in the following manner. Site researchers selected one of every 10 participants – starting with whatever number they wished (e.g., 4, 14, 24 etc.) - in each of the two treatment conditions for the first few interviews. As the sub-sample progressed, sites began purposeful sampling to ensure a representative sub-sample for narrative interviews from the larger sample of participants at each site. Factors like ethno-racial background and gender were foregrounded in purposeful selection (Nelson et al., 2015). The total number of 18-month interviews obtained was 195.

From this sample of 195 participants, I used the transcripts of 127 participants (HF n=82, TAU n=45), excluding those interviews conducted in French and those in which participants were unhoused, since the focus of this research was on participants experiences of housing and landlords. The location and treatment condition of participants in the current sample are presented below in Table 2.

Table 2

Participants by Site and Treatment Condition

Site	HF	TAU	Total
Moncton	5	5	10
Montreal	3	1	4
Toronto	30	15	45
Winnipeg	25	14	39
Vancouver	19	10	29
Total	82	45	127

Demographic characteristics of the sample are presented below in Table 3. Study participants had a mean age of 39.7 years and were predominately male (59.7%). The percentage of male participants in the larger study was 67%, with the percentage of male participants ranging from 64% in Winnipeg to 73% in Vancouver.

In terms of race/ethnic composition 28.7% of participants identified as Aboriginal and 24.8% identified as an ethno-racial minority group. Winnipeg had the highest percentage of Aboriginal participants, 71%, while Toronto had the highest percentage of ethnoracial participants, 49%. Social location of participants (gender, Aboriginal and ethno-racial status) is presented below in Table 4. The most common psychiatric diagnoses were major depressive episodes (17.8%), psychotic disorders (17.1%), and manic or hypomanic episodes (10.9%). Substance use disorders were common, 37.9 % of participants were dependent on alcohol and 51.9% were dependent on a substance.

Table 3

Baseline Demographic Characteristics of the 127 Participants in the Narrative Sample

Variable	N	%
Need Level		
High	54	42.5
Moderate	73	57.5
Gender		
Male	77	60.6
Female	45	35.4
Transgendered	5	4.0
Aboriginal (First Nations, Metis, Inuit)	37	29.1
Ethno-racial minority group	32	24.4
Employment		

Unemployed	122	96.1
Employed, volunteer, or in school	5	3.9
Education		
Less than high school graduate	74	58.2
High school graduate	18	14.2
More than high school graduate	35	27.6
Psychiatric Disorder		
Major depressive episode	72	56.7
Manic or hypomanic episode	25	19.7
Posttraumatic stress disorder	46	36.2
Panic disorder	35	27.6
Mood disorder with psychotic features	32	25.2
Psychotic disorder	41	17.3
Substance Use		
Alcohol dependence	49	38.6
Substance dependence	67	52.8
Alcohol abuse	21	16.5
Substance abuse	28	22.0
Age (*M±SD*)	39.7±10.9	
Last month's income (*M±SD* Canadian$)	800.2±1000.7	
Lifetime months of homelessness (*M±SD*)	64.3±94.1	
N of children under 18 (*M±SD*)	1.51±8.7	

Table 4

Social Location of Participants by Site

Site	Female	Aboriginal	Ethno-racial
Moncton	4	1	1
Montreal	2	0	1
Toronto	13	3	23
Winnipeg	12	27	3
Vancouver	14	6	4
Total	45	37	32

The HF and TAU groups were compared on more than 20 demographic, diagnostic, and outcome measures gathered at baseline. To reduce errors resulting from multiple testing, I set the alpha level at .01 as opposed to .05 when comparing measures between groups. As expected, participants in HF had a significantly higher percentage of days in stable housing, M=74.39, SD=40.47, than participants in TAU, M=54.42, SD=48.28, t(127)=-2.50, p=.01, and those in HF reported significantly more choice in their current housing, M=6.20, SD=2.10, compared with TAU participants, M=4.93, SD=1.99, t(96)=-3.03, p=.01. Also, participants in HF reported a significantly greater perception of privacy, M=3.98, SD=1.37, compared with TAU participants, M=3.30, SD=1.27, t(99)=-2.52, p=.01. The two groups appear to be comparable at baseline given that there were only three significant differences across more than 20 variables, and the significant differences were all on housing measures which are expected to favour HF over TAU participants. Finally, a previous study established that the present qualitative sub-sample is comparable between sites on demographic variables including ethno-racial background and gender (Nelson et al., 2015).

Interviews

Eighteen-month consumer narrative interviews focused on life experience after enrollment into At Home / Chez Soi. Participants in both the HF and TAU groups had achieved housing by this point in this study. The 18-month narrative interview protocols were developed by the National Qualitative Research team with input from the qualitative researchers at each site. Research assistants at each of the sites conducted interviews at 18 months. Interviews were conducted in person and took an hour or less to conduct.

Participants were paid honoraria between $20 and $50 for participating. The interviews were audio-recorded and transcribed verbatim.

The present study utilized one section of the 18-month narrative interviews that focused on participants' experience with their housing including questions that asked about experiences with landlords, participant understanding of tenant responsibilities, perceptions of neighbourhoods, and challenges and successes in retaining housing. The housing questions from the 18-month narrative interview protocol are presented below in Table 4.

Table 4

Housing Questions from the At Home / Chez Soi 18-month Narrative Interview Protocol

Housed TAU Questions	HF Participant Questions
1. How were you able to find your current housing? 2. What do you think of your housing? a. Privacy b. Quality c. Location d. Choice 3. What do you like most about your housing? What do you like least about your housing? 4. What is your understanding of your responsibilities as a tenant? 5. What have been your experiences with your landlord(s)? 6. How do you like your neighbourhood? (What do you like/not like about it?) 7. What has helped you to keep your apartment? 8. What are the challenges in keeping your apartment? 9. Can you tell me about anything you find yourself missing about the way your life was before you became housed?	1. What do you think of the housing that you have obtained through the At Home/Chez Soi project? a. Privacy b. Quality c. Location d. Choice 2. How did you select your apartment? a. Did you accept the first apartment that was presented to you? Why or why not? b. Would you make the same decision today? Why or why not? 3. What do you like most about your housing? What do you like least about your housing? 4. What is your understanding of your responsibilities as a tenant? 5. What is your understanding of the responsibilities of the At Home/ Chez Soi project? 6. What have been your experiences with your landlord(s)? 7. How do you like your neighbourhood? 8. What has helped you to keep your apartment? 9. What are the challenges in keeping your

	apartment? 10. Can you tell me about any aspects of your life before you became housed that you miss now that you have housing?

Data Coding and Analysis

I conducted a data analysis strategy that combined thematic analysis (Morse & Field, 1995) with a quantitative comparison of qualitative outcomes between groups following methods used by Padgett, Stanhope, Henwood, and Stefancic (2011). Thematic analysis involves identifying common themes in the data and identifying significant concepts in individual interviews in addition to concepts that linked interviews together. Quantitative comparison of qualitative findings was conducted to triangulate qualitative findings and test the significance of between group comparisons.

I began the analysis with initial coding by margin coding 10 transcripts and reviewed the results with my supervisor to ensure credibility. I then inserted interview transcripts into MAXQDA 12 qualitative data analysis software. I then constructed a coding framework that included definitions of broad a priori codes based on the studies research questions and initial margin coding. Next, I conducted initial coding with all transcripts on an incident by incident basis. I utilized the constant comparative method to develop thematically consistent codes and ensure clear thematic distinctions between codes (Charmaz, 2006). I then constructed a visual coding map that I reviewed with my supervisor and used to guide focused coding. In focused coding, I identified broad thematic areas that organized relationships between themes identified in initial coding. Next I divided transcripts by treatment condition and social location (gender, Aboriginal status, ethno-racial status) in order to assess differences between participant groups. I

identified two overarching themes. One of these overarching themes, safety, was comprised of six sub-themes or domains: landlord relationship, neighbour relationships, quality of housing, location of housing, housing privacy, and overall perception of safety.

To better understand safety, I returned to the original transcripts and coded transcripts based on the six domains of safety. Each participant was given a code of safe, neutral-mixed, or unsafe on each of the six domains that were weighted equally. If more domains were safe than mixed-neutral or unsafe, the participant was assigned and overall code of safe. If the number of domains with safe, mixed-neutral, and unsafe was approximately equal or if mixed-neutral codes pervaded an overall mixed-neutral code was assigned. Finally, if the number of unsafe codes was greater than safe or mixed-neutral an overall score of unsafe was assigned. A second coder who was blind to treatment conditions coded 20 transcripts following the same method. After one training session a high rate of interrater reliability was obtained (κ=.75).

Matrix displays (Miles, Huberman & Saldana, 2014) were used to compare safe, mixed-neutral, and unsafe scores by HF and TAU for each site and overall. A Pearson's chi-square test was conducted to compare the association between safety and treatment group across sites. Data from Montreal (n=4) and Moncton (n=11) were excluded for the quantitative analysis because of small sample sizes at these sites resulting from the exclusion of French transcripts.

Research Paradigm

Ponteretto (2005) suggests that the research paradigm sets the context for the study. The research paradigm I am drawing on for this study is *critical-ideological*. In

approaching this research I want to show how mental health may be understood in terms of social processes as opposed to biological determinants. In attending to social processes I am hoping to flesh out the power dynamics inherent in the process of housing for people who have psychiatric disabilities. It is hoped that this project - in addition to shifting the discourse in community mental health from biological to social determinants – will inform strategies for supporting the ability of program participants to enact their citizenship rights and challenge networks of power within their communities.

In holding this critical-ideological position I am drawing on the late work of Michel Foucault as developed by Rose (1996). Rose attempts to show how biological understandings of mental health depoliticize issues of poverty and disability in contemporary neoliberal government. While I diverge sharply with the methodological approach of Rose, I share a similar project of understanding mental health as socially and politically constituted and seeking to demonstrate the importance of social processes in responding to psychiatric disability. While thematic analysis is not typically understood within this research paradigm, it is a methodology that is familiar to community mental health and can be used to shift discourse from biological determinants towards social determinants and thus show the political dimensions of community mental health.

Ontology. My ontological stance is *critical realism* that holds that there is a reality that can be understood and measured only imperfectly (Ponterotto, 2005). In approaching landlord relationships with program participants through thematic analysis I am assuming that there is a shared understanding of the tenancy process – comprised of tenants, landlords and program staff – and that it is possible to observe commonalities within this process. In deploying critical realism I am interest in foregrounding the social

context and dynamics as relayed by participants regarding the tenancy process – which is assumed to have an inter-subjectively observable basis. Put another way, Pawson, Greenhalgh, Harvey and Walshe (2005) hold that critical realism presents a generative model of causality where the outcome of an intervention on a social process must be specified through both mechanisms and contexts. This ontological stance allows me to capture a "real" social process – housing through the lens of landlord-tenant relationships – while foregrounding the need for attention to social processes in intervention.

Epistemology. The epistemological stance of my methodology is largely post-positivist and thus holds a modified dualism/objectivism (Ponteretto, 2005). I am utilizing secondary data and thus have no contact with program participants. Additionally, because I want to publish this study in mainstream community psychology journals I am conforming to the epistemological stance favoured by these journals with regard to qualitative research and thematic analysis in particular.

Axiology. My axiological stance is critical and values drive my methodology. While I am using thematic analysis and adhering to a post-positivist epistemology, I am doing so in order to advance an argument about the nature of mental health and its (social) determinants. This vision of mental health holds that social processes rooted in inequitable power imbalances are important in explaining mental health issues – in addition to biological processes. As such my axiology forms a bridge between my deployment of the critical paradigm through post-positivist methods.

Ethical Considerations

Risks and benefits. I have accessed existing data that has previously passed through an ethics review. The risks and benefits were scrutinized by institutional review

boards. I have accessed the data as part of the National Qualitative Team of At Home/Chez Soi. Stemming from this position I was – within the framework of the project – able to access data.

It is worth noting that there still might be ethical issues to be considered in regards to accessing secondary data. On the one hand, given the considerable time and effort of both researchers and participants in the initial collection of data during the At Home project, using existing data is a way of economizing research and respecting the time and space of participants. Going back into the community to ask similar questions – particularly with a high-risk group – might be unnecessarily intrusive and wasteful of participants' time.

A second ethical issue with this secondary data stems from its collection as part of a randomized control trial in which some participants received HF while others continued to receive available services. Psychology as a discipline has a damaging history of conducting ethical research with people who have psychiatric disabilities (Foucault, 1988). Given this history, randomization is ethically complicated. On the one hand, it appears insensitive to randomize marginalized people into receiving a humane and promising treatment approach or to continue to receive inadequate services. On the other hand, nothing was taken away from participants in TAU and their circumstances were not made worse by participating in research. More importantly, this research has lead to substantive policy changes that have dramatically improved services for homeless adults who have psychiatric disabilities in Canada. Given the benefits of this research, I feel it is ethical to draw on this secondary data.

Privacy and confidentiality. The data from the 18th month narratives was stored on a secure online server and accessed through St. Michael's Hospital in Toronto. Data was downloaded and stored on an encrypted USB key and kept in a locked office. Names were not attached to the data. Only my supervisor and I had access to this downloaded data and we will deleted the encrypted USB key upon successful completion of this dissertation.

Knowledge Transfer

My research goals are to influence both research on HF and the implementation of HF interventions that are tied to my objectives of understanding the experiences of program participants with regard to landlord-tenant relationships. My target audience is thus the independent supportive housing research community in North America, many of who are involved in the At Home project. I have previously published on landlord-tenant relationships in HF programs using data gleaned from landlords, and clinical service and housing teams. This dissertation will substantively add to this area by articulating the perspectives of program tenants themselves. To this end I plan on publishing several peer-reviewed articles from this dissertation. Additionally, this dissertation produced evidence about participant understandings of tenancy rights. It will be important to develop materials that help HF participants to understand their tenancy rights and avenues of recourse in instances where violations occur. Two prospective examples of these materials might be a tenant bill or rights and a physical object like a mug that displays tenancy rights. It is hoped that this body of work will influence both implementation of HF programs and build linkages to legal tools that combat

discrimination in the housing market commonly experienced by people with psychiatric disabilities.

Findings

In the following section analysis of the data is organized by research questions. The first section deals with with question regarding tenant perceptions of quality and security while the second section deals with the question about tenant understandings of rights and responsibilities.

Tenant Experiences with Quality and Security

Differences in experiences of safety between groups. The percentage of HF participants who described feeling safe in their housing was more than four times the percentage of participants in TAU as presented below in Table 5, χ^2 (2, N =115) = 21.23, $p < .01$. Conversely, participants in TAU were three times more likely to report feeling unsafe in their housing.

Table 5

Participants Reporting Perceptions of Safety at Three Study by Treatment Group

	HF (N=75)						TAU (N=40)					
	Safe		Mixed-neutral		Unsafe		Safe		Mixed-neutral		Unsafe	
Site	N	%	N	%	N	%	N	%	N	%	N	%
Toronto	19	63.3	10	33.3	1	3.3	2	13.3	8	53.3	5	33.3
Winnipeg	11	44.0	6	24.0	8	32.0	3	21.4	5	35.7	6	42.9
Vancouver	14	70.0	4	20.0	2	10.0	1	9.1	5	45.5	5	45.5
Total	44	58.7	20	26.7	11	14.7	6	15.0	18	45.0	16	40.0

Factors related to high safety scores. As presented above "safety" is comprised of six factors: landlord relationship, neighbour relationships, quality of housing, location

of housing, housing privacy, and overall perception of safety. Landlords figured prominently in these factors and mediated perceptions of safety and threat. The above-noted factors are presented below with regard to differences between treatment groups. Perception of safety did not differ qualitatively between sites for those who reported high safety scores.

Participants who perceived their housing as "safe" were overwhelmingly in the HF treatment group. There were several factors associated with high safety ratings. Participants in both groups described *positive landlord relationships* (ranging from familiarity to mentoring and tangible support) in addition to *landlord responsiveness* to problems in housing units. One male HF participant from Toronto described his relationship with his landlord:

> I've had some dealings with my super and he's okay, he's cool. Yeah, he's had to come in and fix a couple things but you know, the building is in really good shape like I love, I love it you know, like it's just minor things that go wrong so…

Interactions with landlords were somewhat more common in the HF group because many participants in TAU had mental health housing arrangements in which the "landlord" was a clinical service organization and subsequently may have interacted with clinical managers as opposed to landlords.

Positive relationships with neighbours and *community involvement* were associated with safety. Positive relationships with neighbours denoted familiarity, companionship, and tangible support while community involvement was described as volunteering or recreational activities with neighbours. TAU participants described

community involvement largely in terms of organized mental health programs, whereas HF participants described social activities in more normative settings. A female HF participant from Toronto described positive relationships and community involvement:

> Yeah, I am responsible, like I recycle and I take my recycling down and I will sometimes pick up garbage in the court yard and like assist disabled people in our building like that are in wheelchairs so I try to help them out if they need assistance and there are people [in the building] I talk to and stuff...

Important components of safety that were heavily mediated by landlords were *building privacy*, *building quality*, *and building location*. Privacy was related to having adequate locks and doors and ensuring adequate building security so that neighbours or strangers were not "…roaming from door to door." A male HF participant from Vancouver described their perception or privacy, "Privacy's good – you don't have people knocking on your door and asking for shit or anything like that. Everybody pretty much keeps to themselves." Female participants emphasized the importance of neighbourhood quality and described it as a salient concern in choosing housing. A woman of colour in the HF program in Toronto said, "I'm very finicky with places, so they had a hard time finding a place for me...I needed to feel safe because I didn't want housing in a bad neighbourhood". An Aboriginal woman in the HF program in Winnipeg described the location of her apartment as being important in making her feel safe, "...it's [my housing far enough away that only the people that actually wanna see me will make the journey and that was planned". Housing choice in the HF programs was an important aspect of safety for women, particularly women of colour.

Participants described feeling *safe in neighborhoods* where the prevalence of substance use and crime were low. In instances where housing units were located in bad neighbourhoods, *housing quality* was an important mediator that was tied to landlords fulfilling their obligations. When landlords provided ample security through adequate personnel, doors, windows, and locks participants' described feeling safe in their units despite the surrounding neighbourhood. A male Aboriginal HF participant from Winnipeg described this situation, "But what I liked about it… it was safe for the area, like the, the outside door and the hallway doors locked, and then I had my own apartment door, eh." Similarly, a male Aboriginal TAU participant from Winnipeg talked about safety in a bad neighbourhood, "So, if your door closes properly you have your own little world."

Safety was broadly associated with the *quality of buildings* that is directly related to the responsibility of landlords to maintain units and respond to requests for repairs. One female Aboriginal HF participant from Winnipeg described having a good quality apartment, "Uh it's good, and yeah, it, it was renovated before I moved in there and... It was like brand new oak wood cupboards and stuff…I feel safer…" A female ethno-racial HF participant from Toronto described the quality of her apartment building, "… it's very peaceful…It's very nice, you know? A spot, like it's an older building, but …like they keep it very well, too." Across treatment groups positive safety ratings regarding building privacy, quality, and location was described fairly uniformly but with much greater frequency and consistency by HF participants.

Participants across treatment talked directly about their *overall perceptions of safety* that often incorporated notions of landlord responsibility. A male ethno-racial HF

participant from Toronto described feeling safe in his apartment because of adequate security:

> Yeah, my housing situation…well, it's perfect. I mean, I have no problems. I mean, nobody's knocking on my door. I don't go outside, you know, at the daytime; I only go out there for a smoke or something. But it's going well, though. It's going excellent, yeah. I don't bother nobody; nobody bothers me. Nobody comes to my place. Nobody knocks, nobody says nothing, you know. I just stay quiet, watch TV on myself. Um, it's just me and myself, you know.

A male TAU participant from Moncton talked about feeling safe after a period of turmoil in which a landlord interceded:

> For a while there was problems with one of the participants that was living here also, was being loud and obnoxious, very disrespectful at times. It was hard dealing with him but he's gone, the building is back to normal everybody knows everybody. We're all fine and now I can sleep with both eyes closed.

Factors related to low and mixed safety scores. Low and mixed-neutral safety scores were related to the above noted six sub-themes: landlord relationship, neighbor relationships, quality of housing, location of housing, housing privacy, and overall perception of safety. Low scores tended to differ substantively between treatment groups reflecting the prevalence of congregate housing arrangements for TAU participants. *Site differences* appeared in low and mixed safety scores. Participants in Winnipeg did not differ significantly in their safety scores across treatment groups, χ^2 (2, N =115) = 2.01, p = .37. In Winnipeg the housing market had a low vacancy rate, affordable housing units

were similarly described across treatment conditions as of low quality, and Aboriginal participants described racism in their interactions with landlords. Generally, low safety ratings denoted consistently low scores across the six factors whereas mixed scores tended to indicate uneven scores with some dimensions of safety being met while others were not.

Across treatment conditions, negative safety scores on *landlord relationships* reflected *poor landlord relationships* in which landlords were unapproachable and *unresponsive landlords* who did not fix problems in housing units. Sometimes participants would describe mixed experiences with landlords where they had interpersonal rapport, but the landlord was unresponsive to problems. A female TAU participant from Winnipeg described a mixed landlord experience, "…he's a good landlord but he needs to step up real quick… sometimes there's garbage everywhere." Both treatment groups talked about instances in which landlords *violated their tenancy rights* that will be discussed in more detail below.

Landlords had a role in mediating *neighbour relationships, quality of housing, location of housing,* and *housing privacy* and there were interrelationships between these sub-themes. Negative safety scores on privacy and neighbour relationships were strongly related. A lack of privacy was constituted by *intrusions by neighbours* and was particularly pronounced for TAU participants and HF participants in Vancouver and Winnipeg. For TAU participants, *a lack of privacy* was related to sharing rooms and common areas in housing, the prevalence of video cameras, and noise. Both groups talked about a lack of privacy arising from buildings in which neighbours and strangers *roamed the halls knocking on doors* – these instances were pervasive in Winnipeg and

Vancouver across treatment groups and particularly difficult for people struggling with substance use disorders. In Winnipeg, the prevalence of low quality housing reflected the intersection of poor housing stock and racism with participants describing only having access to buildings in particular neighbourhoods across treatment groups. Adair et al. (2016) found the lowest quality of housing in Winnipeg compared with the other At Home/Chez Soi sites. A female Aboriginal HF participant from Winnipeg described her difficulty with privacy and neighbours:

> I didn't wanna stay there and then there was too much people I knew in the building block …In the block I should say that were using and I didn't wanna… I didn't really wanna participate in it I guess…

A male TAU participant from Moncton describes a similar situation, "…there is a lot of noise and banging on people's doors, it is a come and go place for drugs." Buildings with cultures of door knocking and substance use appeared to be clustered in particular *locations* and to have specific problems with *building quality* related to the adequacy of security including personnel, doors, locks, and windows. Landlords played a crucial role in mediating the intersection of privacy, neighbours, location, and quality that had substantive impact on overall *perceptions of safety*. A male TAU participant from Moncton notes the intersection of these sub-themes:

> You can't escape these things you know. I can be living on a nice part of McLaughlin and all of a sudden a drug dealer who's not part of town comes knocking on my door. It happens. The attitude that I see from certain of the workers, I'm not giving any names, but a few of them have this attitude of, I'm

> getting paid and I don't care if he's got bed bugs and he's spreading it into the building you know if he brought bed bugs into your home you could bet your ass that your gonna get all the money that you get on your next paycheck and your gonna get rid of the bugs.

Similarly, a male Aboriginal HF participant from Winnipeg describes the following when asked about their apartment:

> It is good, but the one thing, the drinking part is, when they [other tenants] want me to drink which I don't really want to drink, most of the time, I like my drink, but I don't wanna do that every day…it feels like an apartment, but it's uh, it's just still the same thing, feels like a hotel. Too much free roaming around from door to door.

Finally, a female HF participant from Vancouver talked about her landlord not responding appropriately to a neighbour who routinely sexually harassed her. When she made a written complaint the landlord made the neighbour "shovel snow for a week".

Low safety scores on the *location of housing* differed qualitatively for women across treatment groups. Some women described location as a salient concern in avoiding former abusers. When women were unable to find housing that preserved their privacy, they described being at risk and sometimes needing to leave their housing. A female Aboriginal HF participant from Winnipeg described being stalked by a former partner:

> So it was going on, it was going from one extreme to another so I had to get used to that so yea I had to get used to that and, and I had a boyfriend that was still in the, under the influence of everything…So he found out where I lived and he

started bothering me and trying to come around and I still let him in a couple of times and then I thought to myself I don't want that, I don't live that way.

Participant Understandings of Tenancy Rights and Responsibilities

A dominant theme in narrative interviews with At Home/Chez Soi participants was about *tenancy rules* that can be divided into the subthemes of *formal rules* and *informal rules.* Concerning *formal rules*, participants were often unclear of their rights and responsibilities as tenants and communicated instances in which landlords or clinical programs violated tenancy agreements. Additionally, participants relayed experiences of *informal rules* expressed by landlords and neighbours either verbally or through surveillance. The combination of formal and informal rules made it difficult for program participants to understand their rights and responsibilities and often obscured avenues of recourse in instances in which tenancy agreements were violated. More significantly, violations of tenancy agreements – particularly through surveillance – were related thematically to evictions and unit transfers. In the section below, *formal rules* and *informal rules* will be explicated and differences between the experiences of HF participants are compared to TAU participants.

Formal rules. Respondents were asked directly about their responsibilities as tenants and articulated their perceptions of these duties. Participants also identified instances in which their tenancy rights were violated by landlords.

Tenant understanding of rights and responsibilities. Respondents in both HF and TAU groups described their rights and responsibilities as tenants in similar terms. Participants understood their responsibilities as paying rent, maintaining and cleaning

units, being mindful of their visitors and noise, and being friendly with neighbours. A representative response to questions about tenant responsibilities from a male TAU participant in Moncton is: “Keep the apartment clean, be quiet, don’t smoke in the apartment, don’t be an asshole to other tenants, pay your rent and everything should be fine.”

Interestingly, participants in both the HF and TAU groups spoke infrequently about their rights as tenants. Some respondents talked about frustrations with landlords restricting visits from guests and identified having a right to visitors. Other participants identified property maintenance and safety as a right of tenancy. However, when asked about rights and responsibilities, responses where overwhelmingly focused on responsibilities. It is unclear the degree to which participants in either group understood their rights as specified in their tenancy agreements. While participants talked little about their rights as tenants, they did relay instances in which the terms of their tenancy agreements were violated by landlords.

Violations of tenancy agreements. Although there was some overlap between HF and TAU experiences, violations of tenancy rights varied between the two groups. Participants in the HF condition reported *individual level* violations of tenancy agreements from landlords whereas participants in the TAU condition reported *violations of tenancy rights at a more systematic level* revolving around rules from clinical service agencies and housing providers.

Both HF and TAU participants talked about restrictions on visitors from landlords. A female HF participant from Winnipeg described landlord attempts to dissuade visitors interpersonally:

> Yea, cause they were like 'oh you're not allowed to have people here during the night and stuff' and it's like 'you're not allowed to have visitors coming at like weird times and stuff', it's like what does it really matter?

TAU participants talked about not being allowed visitors formally through written rules and the prevalence of building security desks that physically restricted visitors from units. A male Aboriginal TAU participant from Moncton said, "There's so many strict regulations here, they got cameras everywhere. You can't even bring a friend over without somebody [signing them in]."

Aboriginal HF participants in Winnipeg talked about illegal evictions from landlords in which legal protocols were ignored. These illegal evictions had the effect of creating feeling of precariousness around tenancies. A representative quote from a male Aboriginal HF participant in Winnipeg described an illegal eviction:

> And there was some false accusations that I didn't even realize, I thought they had some grounds for me to get kicked out, but they didn't have any grounds when I, I never got any papers, any warnings, any um of these papers that they claim that I had received, and none of them that I received…And so I didn't know why I was getting kicked out.

Participants in both groups talked about *landlords illegally entering units*. For HF participants, landlords entered units in one-off instances. For example, a woman of colour

HF participant from Toronto described an incident in which a landlord sent in service workers without properly notifying her:

> And during that time, everybody just came in with their shoes and so on and just, and just walk in the kitchen and so…and, um, I left one day and I…when I came back, I saw where somebody…the…because it was a mess.

Participants in the TAU condition characterized *landlords entering units illegally* in terms or formal rules that violate the rights of tenants. Central to violations of tenancy rights was the enactment of inspections that were commonly reported by TAU participants. A male TAU participant from Moncton reported constant anxiety and feelings of precariousness around housing: "So there's this kind of intrusiveness and you know since it's a month lease and people get kicked out and stuff and you get these letters under your door about inspections." Another male TAU participant from Moncton expressed feelings of anxiety and housing insecurity related to inspections:

> Yeah once in a while but you know their letters are sometimes kinda vaguely threatening you know like "you wouldn't want to lose your apartment would you?" kind of tone. And you're like, what kinda tone is that to take with people you know like especially disabled people? You wonder about how other people are stressed out about it and stuff. So you feel that they're doing you a favour by you living there.

In describing violations of tenancy rights participants in both HF and TAU groups voiced frustration and anxiety but often did not register these violations in terms of tenancy rights. It is significant that analysis of the transcripts revealed that participants are more

cognizant of their tenancy responsibilities and awareness of rights is voiced indirectly through reports of violations. This discrepancy suggests that tenants lack resources that clearly define their rights and knowledge of the channels through which violations might be reported and redressed.

Informal rules. Participants in both HF and TAU groups talked about interactions with landlords in which tenancy rules were informally communicated. These instances were more common for HF participants and this discrepancy likely reflects less contact with landlords for TAU participants.

Bad relationships with landlords. Both HF and TAU participants talked about *bad relationships with landlords* where participants felt singled out by landlords and unwelcome in their buildings. Participants described landlords as "rude", "grouchy", and "wanting to fight". One male Aboriginal HF participant from Winnipeg described leaving a tenancy because of a bad relationship with a landlord: "And I moved out and that's it, me and that caretaker didn't get along, so we sort of…He's kind of a prejudice person, so I just say 'go fuck yourself man'." A male ethno-racial TAU participant from Vancouver talked about feeling dismissed by his landlord:

> So I would never move into BC Housing ever again. Because they're very rude. The way they talk to you...like I remember trying to talk to the manager and she would talk above me, and not let me finish what I was saying and pretty much... Just very rude.

The sentiment that landlords did not want participants living in their buildings was common. One male HF participant from Winnipeg described this experience:

> Well the landlord, he got a little grouchy sometimes, like I understand why cause like the people I was having over. He didn't like that…He obviously saw what was going on there and he was trying to get me out of there as fast as possible.

Bad relationships with landlords and subsequent perceptions of not being welcome are an example of informal rules in which participants described feeling precarious about their housing, sometimes to the point of leaving housing as demonstrated above.

Verbal rules. Participants in both HF and TAU groups talked about instances in which *landlords verbally communicated tenancy rules* in violation of tenancy agreements. Interestingly, these instances occurred with much greater frequency in the HF group, likely indicating greater contact with landlords compared with TAU participants. The verbal communication of rules tended to be framed as either *threat of eviction* or *rules specific to people with disabilities*. One male HF participant from Toronto described an incident in which eviction was verbally threatened by their landlord:

> I agree with what [my landlord] is telling me, please don't have this happen or they're going to have to ask you move again and you don't want that to happen, I said I don't want it to happen and it ain't going to happen and it's yet to, it ain't going to happen.

A male TAU participant from Moncton relayed an experience with a site staff member, a cleaner, in which he was informed of an impending eviction that was not followed up with any written documentation. While the eviction never happened, the participant described spending a month thinking, "this is the day that I'm going to get kicked out".

The *verbal communication of rules specific to people with disabilities* was frequently described by participants in both HF and TAU conditions. A female ethno-racial HF participant from Toronto described one such interaction:

> Yeah, that's what keeps me from not having a lot of parties and stuff like that because the building superintendent, he… he turned to me and he said, "[Name], for being on the program, you're very lucky. Don't let anybody get it. Don't do things that you know you're not supposed to and use everything you have… Look. Good people – don't let those people get you kicked out of here and then you'll have an eviction on you and all of that badness on you and you won't be able to…"

An Aboriginal male HF participant from Toronto described a similar interaction:

> I think that the superintendent is very understanding and that he talks to me. Like the first time he talked to me he was like yelling at me about this woman, yelling in my apartment, but uh, since then we've come to an understanding a little bit, he says you know, you're a good guy as I got to know you and you know, I realized I watch some of your friends like don't let them pull you down um, one girl smoked a roach in a, in a can on the, on the balcony…

While these interactions are attempts at benevolence by landlords they reveal strategies of employing rules both specific to people with psychiatric disabilities and counter to tenancy rights established in local legislation. A female TAU participant from Vancouver described these verbal rules as a "double standards":

> They have double standards. Like our manager, she straight up does not have any skills to be a manager. She was a desk attendant. She's taking courses right now

for her manager stuff, but she has different rules and different things for certain people. She has favourites and shit like that, right.

Impersonal versus personal surveillance. Participants in both HF and TAU groups talked about experiences of surveillance from security personnel, cameras, landlords, and neighbours. The proportion of participants who talked about surveillance was low but not insignificant. About a quarter of participants from each group described incidents of surveillance presented below in Table 6. The low number of participants made statistical comparison unfeasible. Descriptions of surveillance differed substantively between HF and TAU participants with HF participants talking about surveillance primarily concerning *interactions with individual landlords, neighbours, or security desks*. For women in the HF condition, surveillance was described in terms of *sexual harassment*. Participants in the TAU condition described *impersonal surveillance* common to the housing arrangements in mental health housing programs. For TAU participants security desks, cameras, constant "carding", and restrictive rules on visitors and movements were commonplace. The key distinction between groups was that for HF participants surveillance was interpersonal (the person watching could be named) whereas for TAU participants, surveillance was impersonal (not possible to name an individual watching).

There were site differences observed with regard to instances of surveillance between participants. In Winnipeg and Vancouver, HF and TAU participants described housing arrangements in which surveillance was pronounced. In Winnipeg, surveillance of Aboriginal participants was related to racism and was pervasive in both treatment conditions. In Vancouver, the prevalence of SRO units and concentration of housing in

the lower east side appeared to be related to increased surveillance for both HF and TAU participants.

Table 6

Incidents of Surveillance by Treatment Group

Surveillance	Frequency	Percentage
HF (N=82)	21	25.6
TAU (N=45)	14	31.1
Total (N=127)	35	27.6

Surveillance from building security. Both HF and TAU participants talked about surveillance from building security. However, these experiences were relatively uncommon for HF participants and common for TAU participants. One HF participant from Winnipeg described building security, "Like I said uh they have a security at the door and…You know they, they monitor everything you know." A male TAU respondent from Moncton described building security as a panopticon:

> I guess the sense of a panopticon surveillance; there's cameras everywhere I mean you have huh inspections of the apartment and if you have an oven mitt on the stove that's been turned off for three days they still "oh that's a fire hazard, you shouldn't do that you shouldn't do that".

An Aboriginal woman TAU participant from Vancouver described the constant "carding" that occurred in her building where visitors needed to be signed in documented:

> Showing ID, like picture ID – it has to be picture ID. Sometimes other pieces of ID... But yeah. It's just stupid. They write down the ID. It's kind of funny. Being

> down there, it's like my parents... My parents used to have this guest book – 'cause they were ministers, right?

Descriptions of surveillance through both cameras and carding were common for TAU participants suggesting a more systematic basis of surveillance than for HF participants.

Surveillance from landlords. Similarly, HF participants described surveillance from landlords in which surveillance can be attributed to an individual. This surveillance happened to both men and women, however, women described surveillance in terms of sexual harassment. A female HF participant from Winnipeg described surveillance from a landlord:

> I don't know, every place they put me in, I always had a creepy caretaker that kept a very close eye on me and, it was like he was looking for a reason to get rid of me I don't know, but there was one building, one building on [name of street] that's like all the women got kicked out, so, like any woman from the program they all ended up getting evicted from there, so, I don't know…And plus the caretaker's a creep, a real creep, it's like he's listening at my door when day and I opened up the door and he like fell in…

A male ethno-racial HF participant from Winnipeg described feeling monitored by his landlord:

> Just like, I don't know its just everything I did was wrong, right…You know, even sitting out on the front steps, hanging out with a couple of friends you know, just sitting there talking, and they just, they just didn't like it for some reason, it was just like, I don't know, maybe it's just cause the first landlord he was a, he

> was an alright guy, but he just had this thing about him and you could tell he didn't like me…

Participants in the TAU conditions shared different accounts of surveillance from landlords in which surveillance was harder to attribute to a particular individual and appeared more systematic in nature. An Aboriginal male TAU participant described interactions with his landlord, "So yeah, there's no privacy, except in your own room and that's …they send you letters every two or three months. These are the rules and regulations you need to follow." Another male TAU participant from Toronto described being subject to constant inspections by his landlord:

> … yeah, rules too… you do sign a lease like that say that's a lease with the Good Shepherd, the Good Shepherd has a lease with the owner… so I go with it, like once or twice he will come by and, and the owner and want to come in and see if there's any damages.

Another male TAU participant from Toronto described access to housing being mediated by clinical surveillance:

> ….where I was living in CAMH, um, I had certain rules that I had to follow and if I was, like, uh, uh, give my urine specimen and they find it tests positive, that they were not going to go through with, um, helping me to find an accommodation.

Surveillance from neighbours. Participants in both HF and TAU described surveillance from neighbours in similar terms**.** For both groups, surveillance was unique to individual neighbours who monitored tenants. A male HF participant from Toronto described surveillance by a neighbour:

> That's the way I look at, um, sure there are people in the building that don't like certain people, that's their shit, not mine. Like I got...there's two women in our building now that are...people call them phone rats 'cause they phone head office and squeal on them all the time, but these two people used to talk to me when I first moved in, but then they see me talking to different people in the building that, that they don't associate with. So now they don't talk to me because I talk to them, and it's...there's nothing wrong with these people, they just don't like them because their own issues, whatever, um, but I don't, yeah. I don't get involved in all that shit like I say, I still have my stuff to deal with, and, you know.

Surveillance by neighbors was described by TAU participants in similar terms as HF participants. One female TAU participant from Vancouver described:

> Yeah, like the neighbours look in my windows sometimes... I was playing my music and I was dancing in my living room and see the guy come over and look in my window and like, "What the hell are you doing?" Like, who does that?

Discussion

The findings in this study capture the perspectives of HF and TAU tenants with regard to their housing and landlords. While there is clear evidence that HF rapidly ends homelessness (Gaetz, Scott & Gulliver, 2013), less is known about how participants experience the transition out of homelessness. Thematic analysis conducted in this study demonstrates that for people who have experienced chronic homelessness and who have a psychiatric disability, the process of gaining housing is largely about finding security and safety in a physical home. Participants described safety as reflecting the social

environment (relationships with landlords and neighbours) and the physical environment (housing location, quality, privacy). In the process of finding "home", participants described confusion surrounding their legal rights and responsibilities as tenants and described informal rules including surveillance. In the section that follows, I will connect these themes to the broader HF literature.

Safety

Experiences of safety and ontological security. Across treatment groups, participants talked about the process of becoming housed in terms of finding safety. Perceptions of safety were influenced by the social and physical environment of housing units. Additionally, social location was an important factor in understanding safety. Women, members of the LBGTQ community, people of colour, and Aboriginal participants all described unique challenges related to safety identifying violence and surveillance as unique concerns. Safety was marked by quality housing in which access to units was secure, landlords were described as responsive, and disruptive neighbours were absent. Participants who reported feeling safe in their housing described "ontological security" – a sense of constancy and security in the physical environment that produces a sense of well-being and a platform for identity development and well-being (Padgett, 2007). The presence of ontological security is an important qualitative description that explains "how" people coming off of the street can maintain housing and transition into new identities as tenants and community members. This is particularly salient in the context of formerly homeless adults who have a psychiatric disability for whom the experience of trauma is common (Hopper, Bassuk & Olivet, 2010). Life histories of trauma might be thought of in terms of the absence of a sense of constancy

and security in the physical environment so it is likely that ontological security has an important therapeutic value.

Padgett's (2007) study drew on the framework of Dupuis and Thorns (1998) who identified four markers of ontological security that are met when: (a) home is a place of constancy in the material and social environment; (b) home is a place in which the day-to-day routines of human existence are performed; (c) home is where people feel in control of their lives because they feel free from the surveillance that characterizes life elsewhere; and (d) home is a secure base around which identities are constructed. Padgett's research demonstrates that formerly homeless adults with a psychiatric disability are capable of living independently and that their descriptions of their housing experiences reveal a sense of ontological security. Ontological security is significant because it captures a phenomenological account of "home" that provides the experiential security required for recovery and community integration. This framing of ontological security might be framed as therapeutic because it specifies the outcomes of housing in terms of recovery and community integration. The present study adds context and description to Padgett's work and demonstrates that the physical and social qualities of housing are important in producing a sense of ontological security in addition to social location. While the present study connects ontological security to the housing environment, it is important to consider the broader context of poverty which has multiple sequelae and risk factors. It is likely that many social and economic factors beyond the housing environment are important in understanding subjective experiences of safety and security.

Differences in safety between treatment conditions. The most significant finding of this study with regard to safety is that HF participants were four times more likely to report feeling safe in their apartments as TAU participants. Adair et al. (2014) observed significantly higher objective ratings of HF housing compared with TAU, and that TAU housing was of more variable quality. The findings of this study share a pool of participants and provide qualitative texture to the research of Adair and colleagues. TAU participants who became housed described receiving housing from continuum-based mental health housing programs or congregate housing such as boarding homes. These housing arrangements had unique problems including a lack of privacy, difficult relationships with neighbours, surveillance, and locations in neighbourhoods with cultures of substance use. HF housing, in contrast, was described as of significantly better quality, affording more privacy, and with more positive social interactions with landlords and neighbours. These findings are consistent with studies in the literature that show positive subjective evaluation of housing quality are related to quality of life (Nelson et al., 1998; Nelson et al. 2007), negative affect (Kloos & Shah, 2009; Nelson et al., 1998; Nelson et al. 2007; Nelson & Saegert, 2009; Parkinson et al., 1999), and functioning and recovery (Wright & Kloos, 2007). The differences in objective quality and subjective experiences of housing quality suggest a citizenship rights component of safety. *Access to high-quality, affordable housing* is important in understanding how program participants come to feel safe in their housing and achieve a sense of ontological security. The results of this study suggest that TAU participants are routinely unable to access high quality housing and that they subsequently report feeling unsafe in their housing.

Differences in safety between sites. Winnipeg and Vancouver had unique challenges with regard to safety related to the housing markets in both cities. In Vancouver HF participants described significantly safer housing arrangements but still reported perceptions of surveillance. In Winnipeg HF participants did not significantly differ in their experiences of safety when compared to TAU participants. This suggests that the dynamics of local housing markets is an important factor in understanding safety and ontological security. Housing markets in which affordable housing is concentrated in specific, low-income areas present unique challenges to HF implementation. Researchers in Winnipeg contend that the prevalence of racism exacerbates poor rental market. The effect of this racism is that Aboriginal people are confined to particular low-income neighborhoods (Distasio et al., 2014).

Safety and social location. Interestingly, housing location was a concern for Aboriginal participants and women in their experiences of safety related to housing. For women, the portable rent supplements in the HF program meant that they had a degree of control in choosing apartments in particular neighbourhoods. This was important in understanding how female participants come to feel safe in their housing. Across treatment conditions, women reported the importance of maintaining privacy in their housing to avoid former abusers. Aboriginal HF participants in Winnipeg described limited housing housing choice and low quality units. This is in line with the observations of Adair et al. (2016) who observed consistently low housing quality scores in Winnipeg. Additionally, Distasio et al. (2014) contend that institutional racism is a challenge of HF implementation in Winnipeg.

Landlords as mediators of safety. Participant perceptions of safety reflected a housing environment where landlord relationships were one factor in understanding safety. Landlords have a role in mediating safety by ensuring their units are of appropriate quality, providing ongoing maintenance services, and ensuring building security through adequate personnel, locks, windows, and doors. In the literature on landlords and mental health programs, there is an interest in the quality of landlord relationships (Foust et al., in progress; Kloos et al., 2002; MacLeod et al., 2015; MacLeod et al., in press; Townley et al., 2013). This study suggests that the interpersonal quality of landlord relationships may be less important than the degree to which landlords fulfil their obligation to tenants as specified by tenancy agreements.

Citizenship Rights and Tenancy Agreements

Understanding tenancy agreements. An important finding of this study is that both HF and TAU participants lacked clarity in describing tenancy rights and responsibilities. Significantly, participants described violations of tenancy rights but often did not connect these violations to tenancy agreements. A practical challenge for HF programs is in educating tenants about their rights and responsibilities and providing concrete linkages to organizations (e.g., community legal clinics) that support tenant rights. This finding is congruent with the research of MacLeod et al. (in press) who observed that landlords in the At Home/Chez Soi study required education about their rights and responsibilities as landlords and about discrimination and tenancy. MacLeod et al. (2015) note that that landlords are not a homogenous group. There are differences in roles between true landlords and site staff, superintendents, and property managers and the social location of these workers. The observation that both landlords and tenants in

HF programs require education about tenancy agreements points towards a citizenship rights dimension of HF programs (Sylvestre et al., 2007). It is important for HF programs to provide adult-education about tenancy agreements to both landlords and tenants.

Surveillance and discipline. Participants in both HF and TAU groups described experiencing surveillance and rights violations in their housing. Significantly, reports of surveillance and tenancy rights violations for HF participants were personal, meaning it was possible to name an offending landlord or caretaker. On the other hand, participants in the TAU group described impersonal surveillance and tenancy rights violations that were related to a culture of clinical surveillance in TAU programs. It is significant that tenant behaviour is routinely observed and documented using strategies that fall outside of legal tenancy agreements in TAU housing arrangements.

The qualitative difference in surveillance between treatment groups signals broader issues of citizenship rights in the mental health system for people who are homeless and have a psychiatric disability. One TAU participant described their housing in terms of a "panopticon". The panopticon is a reference to Foucault's (1977) conception of a disciplinary society in which coercive power is enacted through surveillance and the measurement of individuals in institutional settings like prisons, schools, and hospitals. For Foucault, the panopticon represents a culture of surveillance in which observation itself produces a field of power differentials between authorities and subjects. Crucially, Foucault ties surveillance to knowledge, particularly in the human sciences, where the measurement of behaviour renders particular bodies – in this case, disabled bodies - as sites of discipline and coercion. In the case of continuum-based housing arrangements,

for example, surveillance should be considered in the context of establishing "housing readiness" which ties access to housing with treatment compliance.

In the descriptions of surveillance by TAU participants in this study, there is a clear pattern of impersonal surveillance that participants are forced to accept as part of their housing arrangements. Surveillance through security desks, carding practices, video cameras, and unit inspections exist in a legal grey area. The *Minds that Matter* report (OHRC, 2012) characterizes these intrusions as illegal and counter to the rights of tenants in Ontario. HF participants also describe surveillance from individual landlords. A crucial difference for HF participants is that they have a landlord-tenancy agreement with landlords and thus have access to clear legal mechanisms – municipal landlord-tenant boards – in which they might meaningfully redress both surveillance and violations of tenancy rights.

In order for formerly homeless people who have a psychiatric disability to move beyond social roles as "clients", "patients", or "mentally ill" people, it is important that they are able to enact citizenship rights including a right to housing (Ware et al., 2008). The key distinction for true "access to housing" is the separation of housing and clinical treatment. Instances of surveillance are suspect because they document and create knowledge about participants that might be shared with clinical teams and concretely demonstrate a connection between treatment compliance and access to housing. Contextualized within the history of boarding homes and continuum-based treatment models, the introduction of rent subsidies to HF programs provides access to normal market housing and tenancy agreements. The patterns of surveillance documented in this study demonstrate that tenancy agreements are concrete legal instruments that

meaningfully separate clinical treatment from housing and provide participants with a legal framework through which they can meaningfully pursue citizenship rights. An important challenge for HF programs is in ensuring that participants are educated about their tenancy agreements and have a connection to local community legal clinics when they require assistance.

Tenancy rights and social location. Participants in the HF condition described more interactions with landlords than participants in the TAU condition because of the prevalence of mental health housing arrangements for that group. The increased contact with landlords for HF participants created barriers to successful tenancies for Aboriginal participants and women. Female participants described instances of sexual harassment with landlords. Aboriginal HF participants in Winnipeg talked about illegal evictions and feelings of precariousness in their housing. The prevalence of illegal evictions and housing precarity give texture to the observations of Distasio et al. (2014) and demonstrate how institutional racism emerges in the housing process for Aboriginal participants. Social location is important in understanding the tenancy experiences of HF participants. Aboriginal participants and women may require additional supports in reporting and addressing landlord behavior that violates their tenancy rights.

Strengths and Limitations

A strength of this study is that it asked participants directly about their experiences with housing and landlords. Participants of HF programs have not been asked about their experiences with landlords in the HF literature before. The literature documenting HF participant perspectives on their housing is similarly slight. Another

strength of the present study is its large sample size (N=127) which allowed a high degree of reliability and credibility in data analysis. Additionally, conducting this research in the context of a larger RCT trial of HF allowed comparison between HF and TAU participants. The large sample size enabled quantitative analysis of qualitative themes which revealed pronounced differences between HF and TAU participants perceptions of safety.

A limitation of the study is that I was reliant on a pre-existing interview guide that I was unable to modify. The interview guide was designed to document qualitative experiences with housing that supported quantitative outcome measurement capturing program effectiveness. Subsequently, questions that asked participants about experiences related to their gender, race, and sexual and gender identities were slight. Additionally, I did not conduct the interviews and was unable to observe the non-verbal communication of participants or offer probes in instances where participants described their housing or interactions with landlords. This study was confined to relatively large urban centres in Canada and subsequently may be less relevant to stakeholders in smaller Canadian cities.

Finally, some participants in this study had children. Many children were of adult age but a few participants had or were expecting children who resided or would reside with them. While there were descriptions of housing from women living with children I was unable to identify any coherent narrative themes among these experiences related to housing quality or experiences with landlords.

Conclusion

This study documented the perspectives of 127 participants in a randomized controlled trial of HF with respect to perceptions of their housing and landlords. Data analysis in the study revealed that HF participants were four times more likely to feel safe in their housing when compared to TAU participants and that TAU participants were three times more likely to feel unsafe when compared to HF participants. Additionally, both HF and TAU participants lacked clarity about their rights and responsibilities as tenants and described the imposition of informal rules from landlords, particularly surveillance. Housing quality is an important factor in producing safety and ontological security for formerly homeless adults with psychiatric disabilities. HF programs are crucially different than TAU mental health housing programs because they use rent subsidies and legal tenancy agreements. Tenancy agreements signal a meaningful disconnect between clinical services and access to housing and are important legal mechanisms that allow participants to seek redress in instances of surveillance and other tenancy violations.

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