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Indwell Video Narratives - NHS Research

Olayinka Ariba

INDWELL: MAKING SUPPORTIVE HOUSING WORK FOR CANADA'S MOST VULNERABLE

PHASE 2 VIDEO NARRATIVES

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BACKGROUND & SIGNFICANCE

Background

For those who struggle with housing stability, including those who experience homelessness, life histories are complex and unique. However, **consistent within research on ending homelessness is the fact that many individuals or families require some level of support services to achieve housing stability.** This may be **supports in relation to physical health, mental health, substance use, trauma, culture, or activities of daily living.**

This need for support explains in part the successes seen through the delivery of Housing First. With individualized supports being a key principle in the model, Housing First programs see higher levels of housing stability than usual care. However, Housing First programs are stretched for resources, and in particular those who require on-site health care support may need additional services beyond what a Housing First program offers. Secondly, **community integration is a principle within Housing First that has received the least consideration**. With Housing First program metrics primarily focused on getting people housed or re-housed, housing stability workers are stretched beyond the ability to do significant community integration work other than usual practices of referrals to other community resources.

Therefore, **two key gaps exist in our knowledge of housing stability: How on-site health services impact housing stability for persons recently re-housed; and what community integration really looks like in the lives of vulnerable persons living in supportive housing.**

Overall, this study helps us understand how to create supportive housing to meet the needs of Canada's most vulnerable people, particularly those experiencing chronic homelessness and health or mental health challenges. **This knowledge can assist current or potential supportive housing providers in overcoming the frequent gap of how to include supports in affordable housing developments.** Additionally, the knowledge speaks to how housing providers can seamlessly integrate into local housing and health services. In addition to this systems perspective, the project creates knowledge around resident-level outcomes, particularly in regard to community integration. Housing providers can gain an understanding of best practices to ensure that vulnerable residents in supportive housing environments find a sense of belonging in their building and in their neighbourhood. This report shares the stories of residents who are experiencing supportive housing at Indwell.

Significance

Homelessness was a problem in Canada created in large part through the cessation of new social housing builds in the 1980s. This led to a rapid increase in both street homelessness and emergency shelters that accelerated through the 1990s and continues today with some limited reprieve from Housing First and from new affordable housing. However, this reprieve has been short-lived with many communities seeing a returning to the increase in homelessness, such as rough sleeping, as affordable market stock has been exhausted by Housing First programs and support services are vastly over-subscribed. In the context of the increased financialization of both land and housing stock, rapidly escalating rents put both market housing and government funded affordable housing out of reach for many exiting homelessness. For those who can make rent work, such as those on Ontario Disability Support Program (ODSP) accessing affordable housing, the other significant limitation is the availability of supports to sustain positive housing tenures.
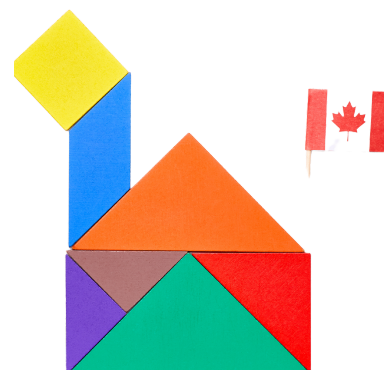
London, Ontario, like other communities across Canada, is **experiencing a significant crisis through lack of permanent supportive housing options.** The impact of this shortage disproportionately **affects some of our most vulnerable citizens by prolonging shelter use, loss of personal functioning through unnecessary, prolonged institutionalization, and exacerbating street homelessness.** Furthermore, lack of system flow of individuals moving from shelters and institutions into housing creates an unacceptable backlog in our health care and emergency shelter systems. This further exacerbates homelessness by placing vulnerable people in situations where untreated mental health and addiction threatens housing stability.

In other words, **lack of permanent supportive housing resources, and an absence of a plan to implement and replicate these resources, is ultimately creating an exacerbation of chronic homelessness.** As Housing First continues to be implemented, the lack of available housing stock combined with a lack of permanent housing supports is placing limits on who can access housing and for how long. This situation **particularly affects individuals with the most severe impairments, people who need immediate access to mental health and addiction supports.**

This research study provides an opportunity to **tell the story of how integrated health and housing systems can end individual experiences of homelessness** and create system impact that further advances the goal of reducing chronic homelessness.

RESEARCH PROBLEM & QUESTIONS

Research Problem

Supportive and affordable housing providers stand out as an anomaly in a system that prioritizes 'shallow' affordability (such as 80% of average market rent) and capital funding more than operating dollars. In order to **increase supportive housing provision for Canada's most vulnerable** we need a better understanding of how it works. In particular, little is known about the experiences of people with high needs, including health support needs, moving into permanent supportive housing. These video narratives bring to life such experiences.

Research Questions

How can we create supportive housing to meet the needs of Canada's most vulnerable people, particularly those experiencing chronic homelessness and health or mental health challenges?

In particular, from the perspective of residents, what makes supportive housing work or not work for them?

And, what are the particular impacts of COVID-19 related to living in supportive housing?

THEORETICAL PERSPECTIVE & METHODOLOGY

Theoretical Perspective

Housing First has been described as both a program and a philosophy. Our program of research is underpinned by Housing First as a philosophy. This philosophy includes the following core elements (Goering et al., 2011): 1) All people are "house-able" with no preconditions related to wellness to be successful; 2) Individuals leaving homelessness should be provided with services that are tailored to their individual needs; 3) The aim of Housing First programs should be to target community integration; and 4) Stable, permanent housing of choice is a platform from which people can enhance their physical, mental, and social well-being.

Image obtained from: Goering et al., 2014

Methodology

This project follows a community-based participatory action research (CBPAR) methodology (Minkler & Wallerstein, 2009). Western researchers, Indwell staff, and interested residents are working collaboratively through the project. These videos gave participants a chance to voice their experiences and share both positive and negative aspects of living in supportive housing.
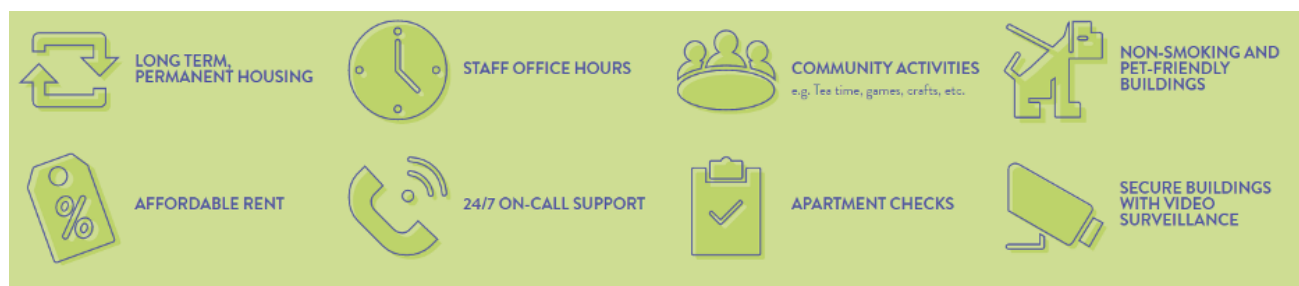
METHODS

This study uses qualitative methods, in particular case study design as described by Merriam (2009). Residents of Indwell's Woodfield Gate site have been invited to share their experiences of being re-housed into a supportive housing environment. The 'case' in this study is a single case of the Woodfield Gate site and the analysis focus is deep immersion in understanding this site in terms of processes, experiences, and culture. The narratives offer the human experiences embedded within this 'case', ie. within this supportive housing site.

Recruitment and Setting

Participant recruitment began with relationships that had been developed through phase 1 and phase 2 of the project. Those participants who had participated and were interested in further engagement were reminded of this second opportunity to participate. Additionally, we were simultaneously conducting baseline well-being data collection through on-site surveys, which gave the opportunity for our Research Assistants to share about the video narrative opportunity as well. Finally, Indwell staff also had project information available on site at the office and recorded names and contact info for interested participants. Participants shared via word-of-mouth that the project was ongoing within the building and some participants had been referred via friends or partners. Overall, this video narrative element is just one component of a multi-year engagement in the Woodfield Gate site.

LONG TERM, PERMANENT HOUSING

STAFF OFFICE HOURS

COMMUNITY ACTIVITIES
e.g. Tea time, games, crafts, etc.

NON-SMOKING AND PET-FRIENDLY BUILDINGS

AFFORDABLE RENT

24/7 ON-CALL SUPPORT

APARTMENT CHECKS

SECURE BUILDINGS WITH VIDEO SURVEILLANCE

Image obtained from: Indwell

Data Collection

Data collection in this phase involved video interviews with 7 Indwell residents. An interview guide is provided in Appendix A. Seven members of the research team (AVB, AO, AK, PC, YA, SH, EC) shared interviewing duties and interviews were conducted in a common room that allowed sufficient physical distancing. Interviews were video-recorded and participants were provided $20 compensation for their time. Videos were edited by Sharon Birdi from Western University.

Data was collected in the late summer of 2021.

Ethical Considerations

Ethics approval was granted through Western University's Research Ethics Board (protocol #116262). Informed consent was obtained from all participants. All participants were made aware and signed specific consent noting that their images and voices will be shared publicly and they will be identifiable in the work. They were given the choice to use a real name or pseudonym connected with their video.

Participants

Through the videos posted below you will get to meet the participants. Through their stories, it was notable that participants in the video narratives tended to be those who were relatively long-term residents of Indwell's Woodfield Gate and those who are relatively stably housed therein. That said, some participants shared stories of conflicts with staff and/or other residents. Participants shared stories that paralleled the challenges heard in phase 1 of this project and congruent with other research on housing loss, including histories of trauma, job loss, relationship breakdown, mental illness, and substance use. One participant was a person of colour, and one participant identified as Indigenous. 2 of the 7 participants were male. 2 of the participants identified as lesbian.

THE STORIES

PAUL

View Paul's story at: https://youtu.be/1yQXRiBbXvI

Paul shared with us a long history of alcoholism and housing instability. This included couch surfing with family members and regular use of emergency shelters. Paul's history was a difficult one with conflicts, frustrations, and many failed attempts to maintain his goal of sobriety. Coming into supportive housing has been a highlight for him. He views Indwell as finally having a place to live permanently and a place where staff will also understand and assist him related to his alcohol use. For Paul, he is optimistic that supportive housing is the end to his chronic and episodic experiences of homelessness.

THE STORIES

Eileen

View Eileen's story at: https://youtu.be/nctzfh-v7yc

Eileen's journey into supportive housing goes right back to a traumatic childhood with the death of her mother and a father who struggled. She was unstably housed from childhood and found substances a comfort in the context of a traumatic upbringing. Eileen's journey has included decades of violence, trauma, anxiety, and homelessness. Eileen left a long-term relationship and found herself homeless. She has been in-and-out of poor and difficult housing environments before being assisted to find Indwell. She values the supports and understands their necessity for her to remain stably housed.

THE STORIES

Brenda

View Brenda's story at: https://youtu.be/HOc4bcnG-ZA

Brenda grew up in Canada's east coast and lived a precarious life of low-income labour and affordable housing environments. She came to London to marry a woman she met online and lives with her now at Indwell. Brenda values her independence and wants to find stable employment in London. She uses the mental health support services and values how this helps her. However, she is also honest about her struggles in terms of living in a shared environment and some conflicts with other residents. Her goal is to move to Indwell's other site currently in progress because it will have a cafe and she wants to work there.

THE STORIES

Eugene

View Eugene's story at: https://youtu.be/Cm5C3GqJoBQ
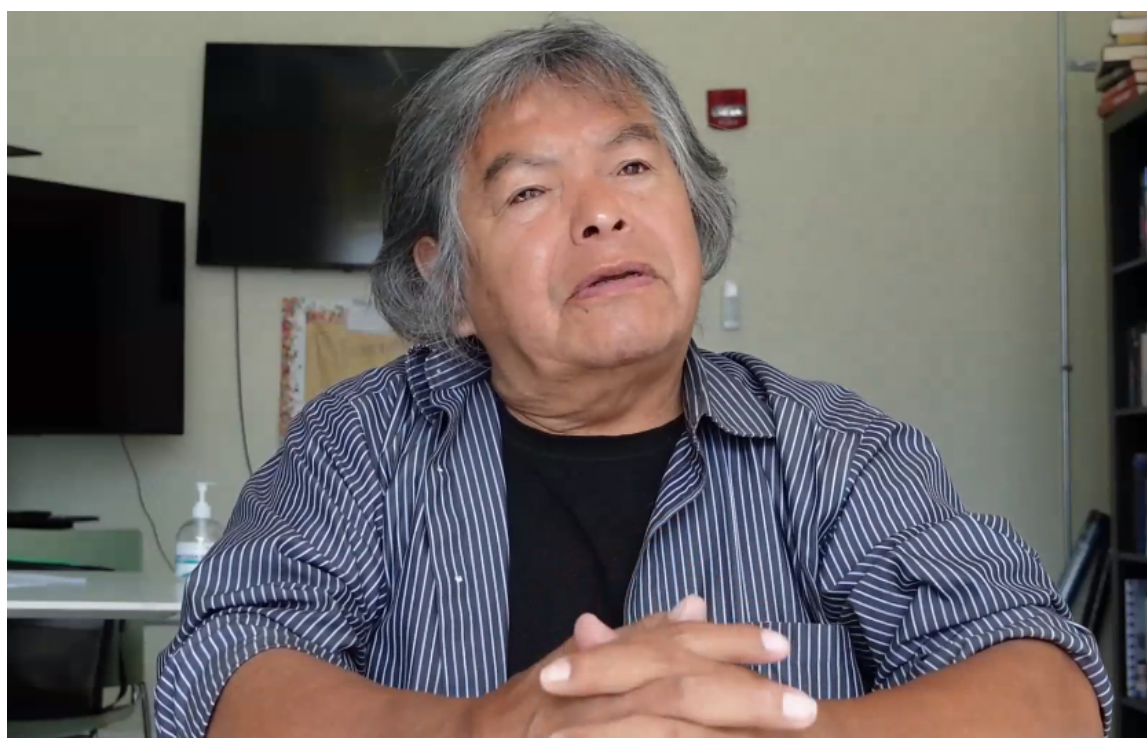
Eugene worked for decades as a welder in heavy industry, traveling the province to work in different jobs. Due to chronic injuries he eventually lost his job, he also lost a long-term relationship. Without stable income and support he stayed in several shelters in London. He describes how incredibly moving it was for him to move into Indwell where for the first time in a long time he had a brand new, beautiful apartment. He participates in a bit of the activities on site but also keeps quite a bit to himself. Eugene sees Indwell as the place he will live forever.

THE STORIES

Cathy

View Cathy's story at: https://youtu.be/Xz84nL1R9uQ

Cathy grew up in the foster system in lived in a group home followed by a rooming home. After some difficulties with housing she wound up in emergency shelter. She was able to stay with a friend after that before being accepted into Indwell. Indwell has been important do her because of her physical disabilities, including current use of a power chair. It was a staff member who noticed her worsening condition and connected her with surgical care that she believes saved her life. Cathy engages in as many social activities on site as she can. This has given her social supports that she hasn't felt she has had before.

THE STORIES

Sharon

View Sharon's story at: https://youtu.be/HY8rKQxb2Lg

Sharon lived with her mother and has had some challenges with looking after herself. When her mother aged into a home, her sister helped her into hospital out of concern. From there, she had nowhere to move to in order to be discharged from the hospital. Through the hospital, she was able to find Indwell as a permanent supportive housing option. Sharon has made friends at Indwell and considers it home.

THE STORIES

Laurie-Ann

View Laurie-Ann's story at: https://youtu.be/h_ZvPzOkYww

Laurie-Ann has had a long history of living in a variety of challenging housing environments including social housing. She uses a power chair and is on a low, fixed income. Because of this, Indwell provided her a great option both in terms of accessibility and affordability. She sees the poverty around her and tries to help out as much as she can, and wishes there were more affordable, supportive options available for everyone. Sharing the apartment with her partner, she is hoping to get into a newer Indwell building that offers her a bit more space and accessibility.

NEXT STEPS

Phase 2 of the study, which is ongoing now, has included interviews with Indwell staff and leadership. Between what we learned in phase 1, the video interviews here, and the staff/leader interviews, we are in the process of developing an instructional guide for other housing providers or non-profits who may be interested in starting to provide permanent supportive housing.

The project is waiting for some relief from the pandemic to add interviews with other community members and local service providers to add a focus on community integration both of the building/service, and of the tenants. Because people haven't really been out and about much, it's hard for integration to be happening at this time.

Finally, time 1 survey data has been collected with residents and we will do a time 2 collection in approximately 12 months time to understand health and social outcomes quantitatively.

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Merriam, S. B. (2009). Qualitative research: A guide to design and implementation (2nd ed.). San Francisco, CA: Jossey-Bass.

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Appendix A: Video Narrative Guide – Indwell – Phase 2 Residents

The following questions will support participants in sharing their stories of being de-housed, re-housed, and integrated into a community (or not).
·Confirm consent procedure is completed
·Confirm participant is comfortable and ready to start
·Remind participant that this portion of the interview is just to assist in brainstorming narrative content and they will ultimately construct the digital narrative how they choose

Narrative Moment 1:
While you are now staying at Indwell, this is a new building. We would like to help you tell the story of your life that starts as far back as you would like.
1.   Did you want to start by telling us about what life was like for you growing up?
2.Where are some of the places you have lived over the years?
3.Who are some of the people you have lived with?
4.What are some of the most meaningful accomplishments in your life?
5.What are some of the challenges you have faced through your life?
6.Have you had any challenges related to your health, both physical and mental?
7.   What has been most helpful for your wellbeing over the years? What has been least
 helpful for your wellbeing over the years?

Narrative Moment 2:
Let's think about transitions next, and coming to Indwell:
1.Where were you staying last before moving to Indwell?
2.How did you learn about Indwell?
3.What drew you to Indwell?
4.   What particular support needs do you feel you have in order to ensure best housing outcomes?
5.How have things looked for you financially in moving to Indwell?
6.What worries did you have through the transition?

Narrative Moment 3:
1.What has life been like for you at Indwell?
2.What has been working well for you? What has not been working well for you?
3.   In terms of friendships, how would you describe your social network? Who do you
 connect with the most? Are you satisfied with your network of friendships?
4.Belonging is a very personal concept. Do you feel a sense of belonging here in Indwell?
5.   What about the neighbourhood, when you leave the building, do you feel a sense of belonging in this neighbourhood?

6.What worries did you have through the transition?

Narrative Moment 3:
1.What has life been like for you at Indwell?
2.What has been working well for you? What has not been working well for you?
3.   In terms of friendships, how would you describe your social network? Who do you
 connect with the most? Are you satisfied with your network of friendships?
4.Belonging is a very personal concept. Do you feel a sense of belonging here in Indwell?
5.   What about the neighbourhood, when you leave the building, do you feel a sense of
belonging in this neighbourhood?
6.   Do you engage in social or recreational activities on-site at Indwell? What about outside
 in the broader community?
7.   Do you ever feel a sense of stigma or discrimination in London as someone who lives in
 a supportive housing building? If yes, what does this look like?
8.Overall, what does Indwell mean to you?

Demographics considerations:
As part of telling your story, you will want to think about the information you give that can help
viewers or readers understand more about you.

1.   Do you want to tell people about any experiences you have had with homelessness, such as how
many times or how long?
2.   Do you want to tell people your age?
3.Do you want to tell people about how long you have lived in London?
4.Do you want to tell people your income source?
5.Do you want to identify yourself as part of a distinct racial or ethnic group?
6.Do you want to identify your gender?
7.   Do you want to identify yourself as a person living with a general or particular chronic
health condition?

Next steps for narrative development

·Explore with the participant options for developing their narrative (audio, video, text, or images).
Understand their preferences.
·Introduce the ideas of anonymity, confidentiality, and various levels of sharing personal data.
·Arrange next time to get together to start to develop narrative content.