

PEER SUPPORTIVE HOUSING IN MONCTON

**IMPLEMENTATION EVALUATION OF A PEER SUPPORTIVE HOUSE IN THE  
MONCTON AT HOME/CHEZ SOI PROJECT**

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## EXECUTIVE SUMMARY

At Home/Chez Soi is a complex community-based intervention using a Housing First model for addressing issues of homelessness in people with severe and persistent mental illness. The At Home/Chez Soi Demonstration Project, sponsored by the Mental Health Commission of Canada, is implemented in 5 cities across Canada, namely Moncton, Montreal, Toronto, Winnipeg and Vancouver. As part of the Housing First program in Moncton, a Peer Supportive House was created in order to house participants who experienced multiple evictions over their participation in the program. A secondary goal of the Peer Supportive House was to house participants who needed emergency housing while waiting for an independent apartment to become available. The hope was that the Peer Supportive House would help participants stabilize enabling them to move into regular housing on a permanent basis. In-person interviews were conducted with clients, superintendents and key informants involved in the Peer Supportive House in Moncton. The objectives of the evaluation were: 1) to determine overall impressions of the supportive housing by different stakeholders; 2) to assess how the created housing and associated services are helping clients; 3) to identify implementation challenges; 4) to evaluate if there is a common understanding of the program goals and anticipated outcomes among stakeholders; and 5) to determine how services could be improved. Findings from this evaluation are presented in the form of common themes emerging from the conducted interviews. In particular, results indicate that there is no common shared understanding of the program theory amongst key informants and clients, and part of the difficulty is the fact that the Peer Supportive House has two main goals which are quite different from each other. Multiple challenges have been faced by the Peer Supportive House and most have been successfully addressed. Key informants described that they still needed to work on client engagement. Peer superintendents were seen as very valuable to clients having experienced chronic housing instability, but not to clients housed for temporary

reasons. Significant perceived impacts were reported for clients housed due to chronic instability. The main recommendations that emerged from this evaluation are that 1) clients housed for temporary reasons and clients housed due to chronic housing instability should be separated in different buildings offering different services; 2) a logic model should be developed for the Peer Supportive House; and 3) staff should continue to focus on facilitating community integration and increasing the social support of tenants.

### **ACKNOWLEDGEMENTS**

We gratefully thank the participants of the implementation evaluation for taking the time to share their perspective concerning the Peer Supportive House. Participants included program staff, key informants, superintendents and current and past residents of the Peer Supportive House. This evaluation would not have been possible without them.

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## INTRODUCTION

This paper presents the results of an implementation evaluation of a Peer Supportive House that was created as part of Housing First Services in the At Home/Chez Soi project at the Moncton site. The Moncton site is one of five projects initiated across Canada and funded by the Mental Health Commission of Canada (MHCC). In addition to Moncton, the At Home/Chez Soi project is implemented in Montreal, Toronto, Winnipeg, and Vancouver. It is part of a 5-year research demonstration project testing programs intended to assist people with a mental illness who have experienced housing problems of a long-term nature.

The Housing First program implemented at the Moncton site entails the delivery of supported housing based on the Pathways to Housing approach originally developed in New York City (Greenwood, Schaefer-McDaniel, Winkel, & Tsemberis, 2005; Tsemberis, 1999; Tsemberis & Eisenberg, 2000; Tsemberis, Gulcur, & Nakae, 2004). Specifically, the intervention includes a combination of Assertive Community Treatment (ACT) and subsidized housing in the private rental market. The large majority of individuals housed in the At Home/Chez Soi project experienced no difficulties pertaining to their housing stability. A small subset of approximately 15% of participants experienced frequent evictions and were considered “hard to house” (Tsemberis, 1999; Tsemberis et al., 2000; Tsemberis et al., 2004). The Moncton site implemented an innovative housing strategy for participants who experienced multiple evictions in the Housing First program whereby they created a Peer Supportive House.

The Peer Supportive House is located within walking distance to most services that need to be accessed regularly (e.g., social worker, physician, etc.) and is also within walking distance to Main street in Moncton. The house has 6 large apartments, including one that houses the peer

support couple. Peer support is offered to clients who live at the house through a couple, both of whom have lived experience with substance use, mental illness, and housing instability. Services are offered on site through direct assistance from the peer support couple and through home visits from the ACT Team. As well, the house has increased security that would not be found in regular housing (e.g., security cameras, key card access) to limit and regulate access by visitors. It also has tenant rules (e.g., no visitors after 11p.m., no smoking indoors, etc.).

The Peer Supportive House was created at the Moncton site in order to be able to continue to house clients in the At Home/Chez Soi project who had experienced ongoing difficulties with housing stability in the Housing First program that included multiple evictions. In addition, the house was used as emergency housing for clients who were waiting for an apartment to become available to them. Thus, the main goal of the Peer Supportive House is to house clients immediately and to reduce the likelihood of a return to homelessness. A secondary goal is to provide immediate and short-term housing for program participants. Though the Peer Supportive House was created within the At Home/Chez Soi project, it is different in three important ways from the Housing First approach in that some supports are offered on-site, there are rules that need to be followed, and the apartment block houses exclusively tenants from the program. Thus, the Peer Supportive House is more typical of what would be found in a supportive housing program that offers satellite apartments with some support offered on-site, while the Housing First approach involves supported housing (i.e., housing in private market apartments with services off site). The staff at the Moncton site developed the Peer Supportive House in this fashion because it was thought that clients who had chronic housing instability needed in-house supports and structure in a controlled housing environment in order to maintain their housing stability.



Research on supportive housing has demonstrated positive outcomes for clients in the short-term. Although there is no set of standards associated with supportive housing, it is generally defined as congregate housing without time limits combined with some on-site services (Lipton et al., 2000). Various forms of services can be offered both on-site and off-site, including but not limited to case management, vocational services, addictions treatment, mental health support, and crisis management. The Peer Supportive House in Moncton is organized in this fashion and offers these types of services.

The literature on supportive housing spans several decades now and for the purpose of this article, research published in the last ten years was examined. From this literature, two recent pertinent articles were retained that examined recently the effectiveness of supportive housing models. In the first study, Buchanan, Kee, Sadowski, and Garcia (2009) assessed the health impact of supportive housing with case management for homeless individuals with HIV, most of who had suffered from substance abuse and/or mental illness, in Chicago. A total of 105 participants with HIV were included in this study. Of those, 54 were randomized to the experimental group receiving supportive housing and case management and 51 were randomized to the control group receiving treatment as usual with the possibility of case management in the community. This experimental study included a 12 month follow-up where the primary outcome was survival with an intact immunity against the virus, whereas secondary outcomes included viral loads, undetectable viral loads and CD4 counts. One year following enrollment in the study, of the 54 participants who were randomly assigned to the supportive housing group, 65% were assessed as having achieved housing stability. When examining the undetectable viral loads, they found that there was a trend towards significance ( $p = .051$ ), as 36% of the supportive housing group and 19% of the usual care group had undetectable viral loads. However, they found a

significant difference in the median viral loads, in that the median viral loads were lower in the supportive housing group than in usual care group. The authors concluded that supportive housing improved the health outcomes of HIV positive homeless individuals.

Kessell, Bhatia, Bamberger and Kushel (2006) conducted a retrospective cohort study of 249 applicants to a supportive housing program, who were previously chronically homeless and where many suffered from mental illness and addictions. Of this sample, 114 were in the experimental group including supportive housing with supports (i.e., including but not limited to case management and benefits counseling) and 135 were in the control group with treatment as usual. This quasi-experimental study was undertaken in San Francisco and included a 24 month follow-up of clients. Over this follow-up period the pattern of service use across multiple domains was measured and compared (i.e., physical health care, mental health care, and substance abuse treatment). All participants had originally applied to supportive housing but due to limited space only 45.8% of applicants received housing, the remaining applicants were included in the comparison group. Publicly funded services and vital statistics were used to measure service use outcomes. Of the 114 people who moved into supportive housing, 74% had remained housed, 22% had been evicted, incarcerated or moved to unknown conditions, by the time of the 24 month follow up.

The researchers failed to find any differences in service use outcomes between the supportive housing group and the treatment as usual group. Specifically, they found no difference between groups and no change over time in ambulance use, primary care provider visits, ambulance services, emergency visits resulting in a hospitalization, substance abuse treatment and outpatient mental health services. Interestingly, they found that there was no difference in emergency department visits, but that both groups appeared to decrease their visits

over time. Similarly, they found no difference in inpatient hospitalizations, but found that both groups had fewer hospitalizations over time. They concluded that the consistently high use of services across multiple domains and across multiple years demonstrated the level of dysfunction and the high associated costs for caring for this population.

Just like other published research on supported and supportive housing, the outcome results of these two studies are mixed with supportive housing achieving superior results to standard in terms of housing outcomes but no differences in other areas relating to functioning and service utilization. These mixed results may be accounted by the lack of a set operational definition of what supportive housing entails. As well, it is possible that the studies are too short to capture differences in outcome areas beyond housing stability. It can be expected that individuals who have experienced chronic homelessness will need a period of adapting to becoming stably housed before major improvements in their lives occur.

In addition to the literature on supportive housing there is a very limited amount of research on peer support in the context of offering mental health services. Peer support can be offered in various forms, including self-help groups, drop-in centers, advocacy programs, internet online support groups, and peer delivered services. In terms of the peer support offered at the Peer Supportive House it is most similar to services commonly associated with peer delivered services at drop-in centers. The services are peer delivered because they are not necessarily mutually beneficial and the peers deliver the services as part of employment duties. These services are also more typical of drop-in centers because they are not offered on a scheduled basis but on a drop-in or as needed basis. According to Solomon (2004), peer support includes social support (i.e., be available to consumers in need) and experiential knowledge (i.e., information and perspectives gained from having lived through an experience). Solomon also

states that in order for peer support services to be most effective, peer providers should have experience with the mental health service system, should be stable in their recovery, and should not be experiencing substance abuse problems.

There is some very limited evidence that peer delivered drop-in services can be beneficial to consumers, and once again a small number of pertinent recent studies will be reviewed here. Nelson, Ochocka, Janzen, and Trainor (2006) found a marginally significant difference between active participants of a peer delivered drop-in center in comparison to non-active participants over a period of 18 months. Active participants were found to have fewer emergency room visits, better overall quality of life, greater social support, greater instrumental role involvement, and decreases in psychiatric hospitalization. In contrast, Burti and colleagues (2005) found that there were no differences in outcomes between consumers receiving peer delivered drop-in services and those not receiving the services. Examined outcomes included global functioning, satisfaction with work or education, psychiatric symptoms, and functioning. Interestingly, the authors concluded the article by stating that the peer delivered drop-in center group showed stability in the number and severity of their needs while the non-attenders showed increased needs over time.

Thus, there is limited evidence that peer support environments can provide additional benefit. There is a need for additional research in this field, especially in combination with supportive housing. The implementation of the Peer Supportive House in Moncton offers an opportunity to examine both of these aspects.

The objectives of the current evaluation were the following:

1. To describe the program theory of the Peer Supportive House.

2. To identify the challenges faced by the Peer Supportive House
3. To describe the strengths and weaknesses of the Peer Supportive House as perceived by key informants, clients and superintendent
4. To examine the perceived impact of the Peer Supportive House
5. To provide suggestions for improvement of the Peer Supportive House

The evaluation was undertaken by a research team composed of members from the Centre for Research on Educational and Community Services (CRECS) at the University of Ottawa and the Centre de recherche et de développement en éducation (CRDE) at the University of Moncton and was completed in February 2013. Based on the findings associated with the above stated objectives, the report concludes with cross-cutting themes and a list of lessons learned.

## METHODOLOGY

### Description of the Sample

Key informants involving program staff and the apartment superintendent and a select group of clients from the peer supportive house were invited to participate in an interview. Data collection was conducted in February 2013.

A total of five key informant interviews were completed, namely with the Physician Clinical Director, Housing Lead, Superintendent and two ACT Team members. Four were conducted in English and one in French. These interviews were audio-recorded and transcribed.

A member of the housing staff selected a group of 11 clients who were living or who had previously lived at the Peer Supportive House. The selection of tenants was intended to reflect diversity from the standpoint of current residents and past residents of the house, clients who resided at the house because they required emergency housing and clients who resided at the house because of chronic housing instability. Of the 11 clients invited to participate, a total of 9 were interviewed. Table 1 provides information on whether interviewed clients were living at the peer supportive housing at the time of the interview as well as the duration of their tenancy in the house.

**Table 1. Characteristics of the tenants interviewed at the Peer Supportive House.**

| Clients | Living at the Peer Supportive House at the time of the interview?<br>(Yes/No) | How long have/did you resided at Peer Supportive House? |
|---------|---|---|
| CC1     | Yes   | 12 months   |
| CC2     | No  | 1 week  |
| CC3     | Yes   | 12 months   |
| CC4     | No  | 2 months  |
| CC5     | Yes   | 9 months  |
| CC6     | No  | 2 month   |
| CC7     | No  | A total of 3 months, over two occasions                 |
| CC8     | No  | 1 week  |
| CC9     | Yes   | N/A   |

### Procedures

A key informant protocol and client protocol developed by the research team was used in this evaluation. Areas of focus in the protocols included: (1) To describe the program theory of the Peer Supportive House; (2) To identify the challenges faced by the Peer Supportive House; (3) To describe the strengths and weaknesses of the Peer Supportive House as perceived by key informants, clients and superintendent; (4) To examine the perceived impact of the Peer Supportive House; and (5) To provide suggestions for improvement of the Peer Supportive House.

Research team members conducted the interviews with program staff at the Manse (Moncton ACT team office). Interviews with ACT staff were approximately 30-45 minutes in duration. The superintendent was interviewed at the Peer Supportive House and the interview lasted approximately 45 minutes. Consent form and interview protocols that were used with participants are presented in the appendices at the end of this document.

For client interviews, research team members sent out a letter of invitation to selected clients explaining the purpose and demands of the study. Clients were told they would be

interviewed in person. Subsequent to sending the letter, the housing lead contacted each of the clients to determine interest and to schedule a time for the in-person interview. All of the 9 clients who accepted to be interviewed were interviewed either in the privacy of their own home or at the Manse. Consent forms, invitation letters to clients, and interview protocols that were used with participants are presented in appendices at the end of the document.

### **Coding Analysis**

All key informant interviews and client interviews were audio-recorded and transcribed. Research team members conducted thematic coding of transcripts intended to answer the aforementioned research objectives guiding the evaluation of the Peer Supportive House.

### **Establishment of Quality of Data**

Initial coding of themes related to most helpful program components on transcripts was conducted by two members of the research team. Subsequently, coded themes were compared and discussed until a consensus was achieved on a set of common themes. Following this initial process, the two research team members conducted thematic coding related to the research objectives separately. To verify and establish the quality of the data, the two research team members compared the coded themes associated with each research objective and conciliated their results to a consensus.

## **RESULTS**

### **Program Theory**

Some clients had a clear understanding of the reasons that brought them to the Peer Supportive House and what the program intended to accomplish.



*“Well, from Lester to Lutz, big difference for me, and, um, they can pay attention, or I can pay attention better, and they’re watching me. And it’s better, it’s like having somebody looking over top of you, and it’s more better here.”*

Clients described it as a place to stay, either temporarily or permanently that included additional supports. Some described that it was last resort housing for people that had been evicted too many times and they described that this particular setting could provide them with the additional supervision that they required. A few clients did not have any understanding that this setting could potentially be temporary and some even reported having been upset when asked to move into a new setting. Other clients reported that they were at the Peer Supportive House for temporary or emergency purposes until independent long-term housing could be found.

Key informants reported that the Peer Supportive House was intended for two different kind of housing services, namely short term temporary or emergency housing and long-term housing for clients with a history of chronic housing instability. The theory was described by key informants as having peer support on-site that provided additional structure through the enforcement of specific rules of conduct. The rules were originally selected by the ACT Team and they were implemented at the start of the Peer Supportive House. Key informants reported that the failure to follow the rules resulted in a possibility of eviction and loss of subsidy. The key informants also indicated that the house assisted clients in setting boundaries with outsiders or visitors through additional security parameters included in the apartment building (e.g., security camera and key card access).

*“Give them some help, have a little bit of a lenient super that would allow some behaviours, but the other thing, things as we developed it, that, because it was a lot of friends coming in, we wanted to be able to have the security.”*

Interestingly, key informants had different views on the long-term housing of clients with chronic housing instability as some reported the main purpose was to house these clients with no time limits, whereas others believed a graduated approach would be taken for clients who had stabilized. Thus, some key informants believed that the Peer Supportive House was more of a transitional unit whereby clients with chronic housing instability would stabilize over time and then be graduated into independent permanent housing. Others viewed the tenancy as open-ended depending on client needs with the possibility of it being permanent.

Different themes emerged in terms of the goals of the Peer Supportive House. Key informants reported that the main short-term goals are to provide housing and to stabilize problematic behavior. Other short-term goals cited included the provision of safety, engaging clients and building trust. In terms of long-term goals, many key informants reported that community integration was the main goal, while a few reported that moving participants into independent housing was the ultimate goal of the peer supportive house.

### **Implementation Challenges**

Most clients cited that the peer superintendents were central in the process of creating stability, well-being and recovery. Most described a fairly positive relationship with the superintendents, stating that they were always responsive of their needs and that they were a strong source of support.

*“I feel so much closer to the superintendent, I feel like I can talk to him.”*

*“He was good, you know, he responded to my needs, you know?”*

One client in particular described that he/she especially enjoyed that the peer superintendents were a family and that they had children as he/she felt as though he/she benefited from positive interactions with the children. A few clients who had resided at the Peer Supportive House for temporary reasons described that they felt that the superintendents were too controlling and a few stated that their interactions had been quite limited.

Key informants described superintendents as providing a positive service to clients. They reported that superintendents created safe relationships with clients and provided them with moral and functional support. In addition, the fact that superintendents had lived experience was considered a strong asset that helped them connect and understand participants.

*“I think that a big part of its success is having the right people, you know? That would involve the superintendent.... And I think that we’ve got good people there to, to be in that role, um, we’ve seen a lot of success with folks that have been there long-term, you know.”*

Key informants also mentioned that there used to be communication difficulties between the ACT Team and the superintendents but that this was remedied over time, especially since one of the superintendents conducts some work as a peer support worker.

Multiple challenges were reported as having arisen during the implementation of the Peer Supportive House but many of them had been overcome through a variety of solutions. There were challenges associated with the financial acquisition of the building. Thankfully, a landlord in the community volunteered to purchase the building for the At Home/Chez Soi program in Moncton for the purpose of housing participants with chronic housing instability. Some key informants believed that the building should have been purchased much earlier in order to house

participants. Some key informants described that the location of the building caused some security concerns for some clients. In order to solve this problem a comprehensive security system was implemented, including security cameras and key card access for the front door.

*“Inside the building, I think there is two (cameras), but it’s pretty much aiming uh, the front door and it’s for the ins and outs. And this was a way again to um, sort of keep an eye on you know, the people that were coming in and manage it, to make the building more of a secure place.”*

Key informants described that working with clients who experienced chronic housing instability at times involved working with challenging behavior and conflict. In order to overcome these challenges client rules were established and enforced, though the team and superintendents reported that they were mindful about needing to be flexible on a case-by-case basis. In addition, key informants reported that some clients were quite difficult to engage. Key informants also described that particular challenges had arisen in relation to clients who were housed as couples. In particular, they found that these couples tended to increase conflict and chaos in the Peer Supportive House and they had decided as a team not to accept any more couples. Key informants reported that engagement was a work in progress for many clients.

### **Strengths and Weaknesses as Perceived by Clients and Key Informants**

**Perceived strengths.** Clients described that they enjoyed multiple aspects of the Peer Supportive House. Some clients simply commented that they liked their apartment and that it was generally a good place to be. In addition, clients reported that the Peer Supportive House was calm, small and convenient as all amenities were on site. For clients having received emergency housing, they reported that they liked the fact that the apartment was furnished as it

was convenient. Many clients described that the location of the house was quite convenient as it was centrally located in Moncton.

Some of the clients were grateful of the additional structure and supervision that was provided at the Peer Supportive House. Specifically, they appreciated the safety features in the building, such as the camera and the key card access as these safeguards ensured unwanted visitors.

*“I feel safe here because like the, the cameras. I like the cameras.”*

Clients described appreciating the on-site services offered at the house, including the home visits provided by the ACT Team and the high quality of care received by superintendents. Interestingly, clients stated that the Peer Supportive House created a setting where it was possible to create positive relationships with other tenants. All of the current clients felt that the tenants at the house were good people.

Key informants reported that they appreciated the principal goal of the Peer Supportive House to provide help to clients with chronic housing instability and stated that in that regard they had experienced success with some clients. The majority of key informants commented on the importance and the high quality support offered by superintendents. Moreover, they valued the superintendents' efforts and achievements in developing trusting relationships with clients. Key informants reported that superintendents offered person-centered care that was adapted to individual clients' needs through their experiential knowledge of addictions and mental health issues. This specific approach assisted clients in taking on new roles that were valuable to them, such as taking on more responsibility in the upkeep of the peer supportive house (e.g., cleaning duties at the house).

Key informants reported that they also liked the physical set up of the peer supportive house. They noted that the security cameras had a positive impact on clients. Similarly, they felt that the small size of the building was an advantage and that the location was ideal for clients as it was close to all their needs.

**Perceived weaknesses.** Clients described past problems such as previous tenants who had exhibited aggressive behavior and visitors to the house who had been problematic. Most of the clients who had resided at the peer supportive house for reasons of temporary housing felt that the rules that were implemented were overly restrictive, especially that they could not have guests stay overnight or that they could not smoke in the building. In addition, a few of the temporary housing clients were upset that they were asked to move as they wanted to stay permanently at the peer supportive house.

In terms of the physical set-up of the building a few things were mentioned as being negative. Some tenants who had resided in the basement apartments disliked the location of their apartment and some mentioned that there was an absence of storage. Most clients felt that the building was clean and well kept, with the exception of one client who thought his/her apartment was filthy when he/she moved in and that a used needle was found. Clients reported that though the building was in a convenient location as it was close to all necessities, most clients reported that the specific location was not ideal as it was at very close proximity to a street that the tenants described as being potentially dangerous.

Key informant reported only a couple of aspects about the Peer Supportive House that they disliked. One commented that at times it was frustrating to work with clients who were not housing ready and clients who exhibited disruptive behavior. A few key informants thought it

was disappointing that some of the clients would be unlikely to be able to live in any other environment successfully other than the peer supportive house.

### **Perceived Impact of the Peer Supportive House**

The most prevalent theme to emerge from interviews with key informants and clients regarding the perceived impact of the Peer Supportive House was the stability that had been achieved while living there. In particular, client noted that this stability was manifested in multiple aspects of their lives, including financially, medically and psychologically.

*“Like I said, I’m on track, every morning I get up, uh, I feel great sometimes, and uh, you have, it’s all like, all the rules of the place, help me stabilize my life.”*

Clients reported that once stability had been achieved in those domains they were able to start rebuilding their life by re-engaging in positive relationships, and learning once again to take care of a home. The Peer Supportive House provided clients with a place to live, stabilize and many clients reported feeling empowered as a result.

Key informants perceived the stabilization process as being the most important outcome achieved by the Peer Supportive House. Many key informants described that they felt relieved to have a place for clients who experienced chronic housing instability, in that these clients could be maintained in the At Home/Chez Soi project. Another important outcome that was described by key informants was that clients gradually developed independence and some even took on more responsibilities in the building. Key informants felt that clients were more socially integrated at the Peer Supportive House. One key informant described that the feeling of security experienced by clients while living there was an outcome of the house. Though the majority of

key informants thought there was a significant impact of the Peer Supportive House, one described that he/she felt the house had little to no impact on clients.

### **Suggestions for Improving the Peer Supportive House**

Similar suggestions for improving the Peer Supportive House were proposed by clients and key informants. Clients who were housed for temporary reasons suggested that superintendents should live off-site as they saw little necessity for them. Several clients suggested that there should be more than one building and that clients could be separated according to presenting problem (e.g., temporary housing, disruptive behavior, or clients with security concerns) as they felt that this would further help them stabilize.

Similarly, key informants also suggested that more buildings would be beneficial but for slightly different reasons than clients. They described that they needed more units as they had more clients that needed to be housed in a peer supportive setting. They felt that having buildings for different purposes would be useful, such that some could be to temporarily house clients waiting to be housed in independent apartments, while others would be for clients necessitating additional support. Some key informants suggested that a graduated level of support be offered in different buildings so that clients could slowly be moved into independent housing over time. Finally, some key informants described that for the particularly disruptive clients, isolated units like duplexes, could be purchased to house these individuals and support could be provided through regular visits. In addition, some key informants believed that it would be useful for the ACT Team to visit the home at a regular pre-determined times.

The importance of developing a sense of community among the tenants came up a few times and a key informant suggested that a social area for clients could be created, especially since the Manse, the main social area for all clients, was going to disappear with the move of the



ACT team to 81 Albert Street. One key informant suggested that it was important to react to problems faster in order to limit the overall impact. Finally, key informants felt that communication with the landlord should be improved in order to solve problems in the building faster.

## **DISCUSSION**

Overall, the findings of this first implementation evaluation of the Peer Supportive House at the Moncton site as part of the At Home/Chez Soi project demonstrate that the implementation was largely a success. As expected of a pilot program, there are many areas that need improvement and work, and it is likely that a second implementation evaluation will be necessary at a later time when the program has had time to mature and work on the current issues that have emerged.

When examining program theory, clients housed due to chronic housing instability generally had a good understanding of why they were at the Peer Supportive House. Their reasons included that it was a place to stay, it was special housing being made available because of the previous difficulties they had encountered as tenants, and that it was a setting that offered additional supports. Clients who were housed for temporary reasons had more difficulty understanding the reason why they were housed at the Peer Supportive House. Key informants were able to clearly indicate that the Peer Supportive House had two main goals, which included housing temporary clients and housing clients with chronic housing instability. Themes that emerged in terms of program theory included having peer support on-site and the inclusion of rules with the possibility of eviction in order to create structure, stability, and to help clients set boundaries with visitors. In addition, key informants had divergent views as some believed that

the main purpose of the Peer Supportive House was to house clients on a permanent basis, whereas others believed in a graduated approach (i.e., more of a transitional approach). Key informants reported various short-term goals, including providing housing, stabilizing problematic behavior, proving a safe living environment, engaging clients, and building trust. Different long-term goals were also reported by key informants, including achieving community integration and moving clients into independent housing.

Many challenges were faced by the Peer Supportive House in its implementation but most of these appeared to have been remedied through effective problem-solving. Challenges that were reported as being solved included the initial financial acquisition of the building, initial communications difficulties among superintendents and the ACT Team, security concerns, and housing clients as couples. All of these issues seemed to have been successfully addressed at the time of the evaluation. The only remaining challenge that continued to be a work in progress was increasing client engagement.

The Peer Supportive House was viewed positively by clients and key informants. Clients reported that they liked the apartments and that it was a good place to live; they felt it was a calm, small and convenient place, and the location was perceived as being favourable. Clients housed for temporary reasons reported that they liked that the apartments had furniture. Clients housed due to chronic housing instability liked the safety features, the additional structure and supervision that was provided, the on-site services provided, the positive relationships created with other tenants and they generally felt that the clients currently at the Peer Supportive House were good people. Key informants appreciated the goal to house clients with chronic housing instability and they liked the care and support offered by superintendents. In addition, key informants liked the security features and the small size of the building.

Superintendents were seen in a positive light by key informants and clients. Clients reported that the superintendents facilitated stability for tenants, contributed to their well-being and recovery; most clients described having a positive relationship with superintendents with them being responsive to their needs, and being a strong source of support. Clients who were housed for temporary reasons did not see the value of having peer superintendents and some even mentioned that they were too controlling. Key informants reported that superintendents created a safe relationship with clients, provided them with moral and functional support, and that their lived experience was an asset to the team and clients.

Only a small number of negative elements about the Peer Supportive House were raised by clients and key informants. Specifically, clients who were housed on a temporary basis reported that they disliked the rules and the fact that they were only allowed to stay in the apartment block for a brief period. Other negative issues noted by clients were that living in the basement apartment was not ideal, there was a lack of storage space in the apartments, and that the location of the building was close to a street (St.-George Street) that was described as being potentially dangerous. Some key informants described working with clients who had chronic housing instability as being demanding. As well, some key informants expressed disappointment over the idea that some clients in the Peer Supportive House may not be able to live in any other environment successfully.

A number of perceived impacts of the Peer Supportive House were identified. Clients who were housed due to chronic housing instability reported that it created stability (i.e., financially, medically and psychologically) and that they were able to start re-engaging in positive relationships as a result. Clients also mentioned that they were learning to take care of a house and that they felt empowered. Key informants shared similar perceptions about how the

Peer Supportive House was helpful to clients. In particular, they described the Peer Supportive House as helping clients with a history of chronic housing instability to achieve stability in their lives. They also viewed the house as helping these clients develop independence, become more socially integrated, and experience a sense of security.

Finally, a number of suggestions for improving the Peer Supportive House were offered by clients and key informants. Several clients also suggested that there be more than one building with tenants separated according to presenting problem (i.e., temporary housing, disruptive behavior, or clients needing more support). Key informants also recommended that there be more than one building because the number of clients experiencing chronic housing instability in the At Home / Chez Soi program needing to be housed in a supportive environment exceeded the number of available apartments in the Peer Supportive House. Similar to clients, key informants also recommended having houses with different goals (i.e., temporary housing vs. need for increased support). Further to this idea, they suggested that having different houses could allow the program to offer a graduated level of support as well as locate houses in more isolated areas for particularly disruptive clients. In addition, key informants suggested that the ACT Team visit the house at pre-set times, continue to work on developing a sense of community within the building, react faster to problems as they arise, and improve the communication with the landlord of the building.

This implementation evaluation has demonstrated that there is significant support for the Peer Supportive House in Moncton. Both clients and key informants perceived that the housing and services offered at the Peer Supportive House are producing positive outcomes for its tenants. This early study on the Peer Supportive House demonstrates how it can be integrated into a Housing First program. One of the goals of Housing First is to ensure that no client is left

behind. Typically, Housing First programs support individuals to live in independent housing. However, research has shown that there is a group of approximately 15-20% of clients who continue to experience housing instability (Tsemberis, 1999; Tsemberis et al., 2000; Tsemberis et al., 2004). These clients appear to need housing with additional supports and structure that focus on helping them learn the necessary skills to live independently. The Peer Supportive House is an example of a program that can serve to house and support this group of clients. This type of housing can be implemented as a next step in housing when the traditional Housing First approach is unsuccessful with clients. It is important to note that only perceived impacts were examined in the current study and in the second year of the program when it can be considered to still be in a pilot stage. As well, not all tenants of the Peer Supportive House experienced success living there. It will be important that an evaluation of the housing outcomes of tenants of the Peer Supportive House be conducted and include a focus on identifying the characteristics of tenants who achieve stability in this kind of housing.

### **Cross-Cutting Themes**

Based on the evaluation findings, we identified the following cross-cutting themes and issues.

1. Since the implementation of the Peer Supportive House is very recent, it is not surprising that there is no clear shared understanding of the purpose and goals for both clients and key informants. In this case, the Peer Supportive House has two main goals, which are to house clients who have experienced chronic housing instability and to house clients who need temporary housing. The clients, who are housed temporarily, have the most difficulty understanding the objectives of the Peer Supportive House and are unclear that they are there for temporary reasons. Key informants have varied views concerning the goals associated with housing clients with chronic housing instability; some key

informants emphasize the idea that the Peer Supportive House is transitional in nature with tenants working towards independent living in the community while other key informants view the house as providing permanent housing to its tenants.

2. Although the Peer Supportive House was implemented very recently the program has encountered several challenges that appear to have been addressed in an effective manner. Key informants did report that they were still working on engaging some clients who were housed for reasons of chronic housing instability and this remained as the biggest challenge.
3. The superintendent couple in the Peer Supportive House were seen as invaluable sources of support by both clients and key informants. At the same time, they were not as valued to clients who were housed on a temporary basis as they waited for their own housing in the community. In this context, some of these clients viewed their presence as intrusive.
4. The Peer Supportive House appeared to be well-liked by clients and key informants who were interviewed. Few negative aspects were reported with the exception of those clients housed on a temporary basis who disliked the rules, presence of superintendents and some did not like that they were asked to move.
5. It is clear that the Peer Supportive House is perceived by interviewed clients as having produced positive benefits. Most key informants also considered the house as yielding benefits for its tenants. Both groups viewed the house as producing a stabilizing impact (i.e., financially, psychologically and medically) on clients.

## Lessons Learned

The following lessons learned emerged from the current implementation evaluation of the Peer Supportive House:

1. The Peer Supportive House is perceived positively by clients and key informants in terms of it being helpful for individuals who have experienced chronic housing instability. On the other hand, it is viewed as being unhelpful and intrusive by clients who are housed on a temporary basis because of its expectations, rules, and structure. Therefore, it is recommended that the Peer Supportive House be reserved for individuals experiencing chronic housing instability.
2. Housing clients temporarily in order to remove them from a state of homelessness is important, but it is recommended that this be done in a separate building where the tenancies managed in line with the core values of Housing First (i.e., no rules that threaten eviction; emphasis on independence, facilitation of empowerment and client-centered decision-making). One possibility is for the Moncton site to hold the lease on one or two apartments in the community and use these apartments to house clients on a temporary basis. In addition, it is important that all clients, who are housed temporarily, be made fully aware of the arrangement and be reminded regularly of it. This is a suggestion that emerged through client and key informant interviews.
3. Currently, the Peer Supportive House is organized in such a way that it seems to house some clients on a temporary basis and house other clients in a more permanent fashion. The ultimate goal of the house for those clients with chronic housing instability appears to be unclear to key informants and clients. Housing clients with chronic housing instability should be done with the ultimate goal of helping clients acquire skills to live

independently. Housing could be organized in an open-ended fashion, geared to individual needs and with a focus on graduation into long-term independent housing (i.e., graduation could take months to years for certain clients).

4. Clients and key informants described the Peer Supportive House as being housing of a “last resort” such that if they were evicted from the house they could ultimately lose their rent subsidy. The loss of the rent subsidy does not fit with a Housing First approach, which is guided by a commitment to housing and supporting clients even in the context of them experiencing multiple evictions and long-term housing instability. Though key informants stated that the ACT team continued their efforts to engage and support clients who had been evicted from the Peer Supportive House, they stated that engagement with them had been mostly unsuccessful. In this context, it is recommended that a review process for clients facing eviction from the Peer Supportive House be implemented in order to ensure that they continue to receive the support that they need. If a client is unsuccessful in independent housing and subsequently at the Peer Supportive House, other housing alternative should be considered including placement in a Special Care Home.
5. A logic model should be developed for the Peer Supportive House with input from the different groups of stakeholders (i.e., key informants, clients, and superintendent couple). There should be a clear distinction in the logic model between housing for temporary reasons and housing for clients facing chronic housing instability. A shared understanding of the program theory will be beneficial to the functioning of the house and key informants will become better able to answer clients’ questions.



6. The importance of community integration and social support emerged throughout interviews with clients and key informants. Therefore, it is recommended that a safe and attractive drop-in for At Home/Chez Soi clients be created where clients from the Peer Supportive House could be encouraged and assisted to participate in community activities.

**REFERENCES**

- Buchanan, D., Kee, R., Sadowski, L. S., & Garcia, D. The health impact of supportive housing for HIV-Positive homeless patients: A randomized controlled trial. *American Journal of Public Health, 99*, S675-S680.
- Burti, L., Amaddeo, F., Ambrosi, M., Bonetto, C., Cristofalo, D., Ruggeri, M., & Tansella, M. (2005). Does additional care provided by a consumer self-help group improve psychiatric outcome? A study in an Italian community-based psychiatric service. *Community Mental Health Journal, 41*(6), 705-720.
- Greenwood, R. M., Schaefer-McDanile, N. J., Winkel, G., & Tsemberis, S. J. (2005). Decreasing psychiatric symptoms by increasing choice in services for adults with histories of homelessness. *American Journal of Community Psychology, 36*, 223-238.
- Kessell, E. R., Bhatia, R., Bamberger, J. D., & Kushel, M. B. (2006). Public health care utilization in a cohort of homeless adult applicants to a supportive housing program. *Journal of Urban Health: Bulletin of the New York Academy of Medicine, 83*, 860-873.
- Lipton, F. R., Siegel, C., Hannigan, A., Samuels, J., & Baker, S. (2000). Tenure in supportive housing for homeless persons with severe mental illness. *Psychiatric Services, 51*, 479-486.
- Nelson, G., Ochocka, J., Janzen, R., & Trainor, J. (2006). A longitudinal study of mental health consumer/survivor initiatives: Part 1--Literature review and overview of the study. *Journal of Community Psychology, 34*(3), 247-260.

Solomon, P. (2004). Peer support/peer provided services: Underlying processes, benefits, and critical ingredients. *Psychiatric Rehabilitation Journal*, 27(4), 392-401.

Tsemberis, S. (1999). From streets to homes: An innovative approach to supported housing for homeless adults with psychiatric disabilities. *Journal of Community Psychology*, 27, 225-241.

Tsemberis, S., & Eisenberg, R.F. (2000). Pathways to housing: Supported housing for street-dwelling homeless individuals. *Psychiatric Services*, 51, 487-493.

Tsemberis, S., Gulcur, L., Nakae, M. (2004). Housing First, consumer choice, and harm reduction for homeless individuals with dual diagnosis. *American Journal of Public Health*, 94, 651-656.

## APPENDICES

### CLIENT INTERVIEW GUIDE

Thank you for attending this interview. As you know, the purpose of this interview is for you to share your impressions of the Peer Supportive House as part of the At Home/Chez Soi project. We believe that your impressions are key in improving Peer Assisted Housing services. The interview will take approximately a half hour.

Before we get started let's review the consent form. Then you can decide if you want to participate in the interview.

[Interviewer reviews the consent form with the participant.]

What questions do you have before we begin?

[After questions have been asked and answered, the participant is asked to complete the consent form and give it to the interviewer.]

I am now going to start the tape recorder.

The purpose of today's interview is to focus on your impressions of the Peer Supportive House as part of the MHCC At Home/Chez Soi program. In particular, we are interested in your impressions in terms of what you like and dislike and how you feel it has helped you. Finally, we would like to know your understanding of the Peer Supportive Housing goals as part of the At Home / Chez Soi project.

#### Interview Questions

- Do you currently live at the Peer Supportive House Lutz street in Moncton?
  - PROBE: If no, where do you currently live?
- Can you tell us why you are currently living at the Peer Supportive House?
- What are your general impressions of the Peer Supportive House in Moncton?
  - PROBE: Can you describe what you like about the Peer Supportive House in Moncton?
  - PROBE: Can you describe what do you dislike about the Peer Supportive House in Moncton?
- Can you describe how the Peer Supportive House in Moncton has helped you?
  - PROBE: Do you feel that the Peer Supportive House is helping you towards living independently?
- Can you describe the nature and the quality of your interactions with the superintendents from the Peer Supportive House?

- What is your understanding of the goals of the Peer Supportive House in Moncton as part of the At Home/Chez Soi project?
- Do you have any ideas on how the services at the Peer Supportive House in Moncton could be improved?

### **Ending the Interview**

Are there any other observations about the implementation of the Peer Supportive House you have not had a chance to mention that you would like to add before we finish?

As I bring this interview to a close I would like to know about your experiences (how you feel, what you are thinking) about having participated in this interview today/tonight.  
Is there anything we could do to improve the interview?

I am now shutting off the tape recorder.

What questions do you have of me?

I would like to thank you for having participated in this interview. I appreciate that you shared your experiences with me.

## GUIDE D'ENQUÊTE POUR LES CLIENTS

*Merci de participer à cette entrevue. Comme vous le savez, l'objectif de cette entrevue est d'obtenir vos impressions de la maison de support par les pairs dans le cadre du projet At Home/Chez Soi de la Commission de la santé mentale du Canada. Nous croyons que vos impressions sont essentielles pour l'amélioration des services de la maison de support par les pairs. L'entrevue durera environ une demi-heure.*

*Avant de commencer, examinons le formulaire de consentement. Vous pourrez ensuite décider si vous souhaitez participer à l'entrevue.*

*[L'intervieweur passe en revue du formulaire de consentement avec les participants.]*

Avez-vous des questions avant de commencer?

[Après avoir répondu aux questions, on demande aux participants de remplir le formulaire de consentement et de le remettre à l'intervieweur.]

Je mets en marche le magnétophone.

Le but de l'entrevue d'aujourd'hui est de se concentrer sur vos impressions de la maison de support par les pairs dans le cadre du projet At Home/Chez Soi de la Commission de la santé mentale du Canada. En particulier, nous sommes intéressés par vos impressions en termes de ce que vous aimez et n'aimez pas et comment vous sentez que la maison vous a aidé. Enfin, nous aimerions connaître votre compréhension des objectifs de la maison de support par les pairs dans le cadre du projet At Home/Chez Soi projet.

### Questions d'entrevue

- Vivez-vous actuellement à la maison de support par les pairs sur la rue Lutz à Moncton?
  - SONDE: Sinon, où habitez-vous actuellement?
- Pouvez-vous nous dire pourquoi vous vivez actuellement à la maison de support par les pairs?
- Quelles sont vos impressions générales de la maison de support par les pairs de Moncton?
  - SONDE: Pouvez-vous décrire ce que vous aimez à propos de la maison de support par les pairs de Moncton?
  - SONDE: Pouvez-vous décrire ce que vous n'aimez pas à propos de la maison de support par les pairs de Moncton?
- Pouvez-vous décrire comment la maison de support par les pairs de Moncton vous a aidé?
  - SONDE: Pensez-vous que la maison de support par les pairs à Moncton vous aide à apprendre comment vivre de façon autonome?

- Pouvez-vous décrire la nature et la qualité de vos interactions avec les concierges de la maison de support par les pairs de Moncton?
- Quelle est votre compréhension des objectifs de la maison de support par les pairs à Moncton dans le cadre du projet At Home / Chez Soi?
- Avez-vous des idées sur la façon dont les services de la maison de support par les pairs à Moncton pourraient être améliorés?

### **Fin de l'entrevue**

Avez-vous d'autres impressions sur la mise en œuvre de la maison de support que vous n'avez pas pu mentionner et que vous aimeriez ajouter avant de terminer?

Avant de mettre fin à cette discussion, j'aimerais savoir ce que vous avez ressenti ou pensé au sujet de cette rencontre. Que retenez-vous de votre participation à cette discussion?

Pourrait-on faire quelque chose pour améliorer la rencontre?

J'éteins maintenant le magnétophone.

Avez-vous des questions?

Je vous remercie d'avoir participé à cette entrevue. J'apprécie que vous ayez partagé votre expérience avec moi.

## KEY INFORMANT INTERVIEW GUIDE

Thank you for attending this interview. As you know, the purpose of this interview is for you to share your impressions of the implementation of Peer Supportive Housing as part of the MHCC At Home/Chez Soi project. We believe that your impressions are key in improving Peer Supportive Housing services. The interview will take approximately a half hour.

Before we get started let's review the consent form. Then you can decide if you want to participate in the interview.

[Interviewer reviews the consent form with the participant.]

What questions do you have before we begin?

[After questions have been asked and answered, the participant is asked to complete the consent form and give it to the interviewer.]

I am now going to start the tape recorder.

The purpose of today's interview is to focus on the implementation of Peer Supportive Housing as part of the MHCC At Home/Chez Soi program. In particular, we are interested in your impressions in terms of what you like and dislike, the challenges, and how you feel it has helped program participants. Finally, we would like to know your understanding of the Peer Supportive Housing goals as part of the At Home / Chez Soi project.

### Interview Questions

- What are your general impressions of the Peer Supportive House in Moncton?
  - PROBE: Can you describe what you like about the Peer Supportive House in Moncton?
  - PROBE: Can you describe what do you dislike about the Peer Supportive House in Moncton?
- What were the challenges in implementing a Peer Supportive House in Moncton?
  - PROBE: Can you describe how you worked on these challenges?
  - PROBE: Are there any more ongoing challenges in implementing a Peer Supportive House in Moncton?
  - PROBE: Do you have any solutions on how to work on these ongoing implementation challenges?
- Can you describe how the Peer Supportive House in Moncton is helping At Home / Chez Soi participants?
  - PROBE: Do you feel that participants who live in the Peer Supportive House in Moncton learn to live independently?
  - PROBE: Have participants graduated from the Peer Supportive House in Moncton and gone into independent housing?



- What is your understanding of the goals of housing participants in Peer Supportive Housing in Moncton as part of the At Home / Chez Soi project?
- In your opinion, what are the expected short-term outcomes (i.e., within the first 6 months) for people living in the Peer Supportive House in Moncton?
- In your opinion, what are the expected long-term outcomes (i.e., after the first 6 months) for people living in the Peer Supportive House in Moncton?
- Do you have any ideas on how the services at the Peer Supportive House in Moncton could be improved?

### **Ending the Interview**

Are there any other observations about the implementation of the Peer Supportive House you have not had a chance to mention that you would like to add before we finish?

As I bring this interview to a close I would like to know about your experiences (how you feel, what you are thinking) about having participated in this interview today/tonight. Is there anything we could do to improve the interview?

I am now shutting off the tape recorder.

What questions do you have of me?

I would like to thank you for having participated in this interview. I appreciate that you shared your experiences with me.

## GUIDE D'ENQUÊTE POUR LES PERSONNES CLÉS

*Merci de participer à cette entrevue. Comme vous le savez, l'objectif de cette entrevue est d'obtenir vos impressions de la maison de support par les pairs dans le cadre du projet At Home/Chez Soi de la Commission de la santé mentale du Canada. Nous croyons que vos impressions sont essentielles pour l'amélioration des services de la maison de support par les pairs. L'entrevue durera environ une demi-heure.*

*Avant de commencer, examinons le formulaire de consentement. Vous pourrez ensuite décider si vous souhaitez participer à l'entrevue.*

*[L'intervieweur passe en revue du formulaire de consentement avec les participants.]*

Avez-vous des questions avant de commencer?

[Après avoir répondu aux questions, on demande aux participants de remplir le formulaire de consentement et de le remettre à l'intervieweur.]

Je mets en marche le magnétophone.

Le but de l'entrevue d'aujourd'hui est de se concentrer sur la mise en œuvre de la maison de support par les pairs dans le cadre du projet At Home/Chez Soi de la Commission de la santé mentale du Canada. En particulier, nous sommes intéressés par vos impressions en termes de ce que vous aimez et n'aimez pas, les défis, et comment vous sentez que la maison a aidé les participants au programme. Enfin, nous aimerions connaître votre compréhension des objectifs de la maison de support par les pairs dans le cadre du projet At Home/Chez Soi projet.

### Questions d'entrevue

- Quelles sont vos impressions générales de la maison de support par les pairs de Moncton?
  - SONDE: Pouvez-vous décrire ce que vous aimez à propos de la maison de support par les pairs de Moncton?
  - SONDE: Pouvez-vous décrire ce que vous n'aimez pas à propos de la maison de support par les pairs de Moncton?
- Quels ont été les défis dans la mise en œuvre de la maison de support par les pairs de Moncton?
  - SONDE: Pouvez-vous décrire comment vous avez travaillé sur ces défis?
  - SONDE: Y a-t-il encore des défis courant dans la mise en œuvre de la maison de support par les pairs de Moncton?
  - SONDE: Avez-vous des solutions sur la façon de surmonter les défis courants?
- Pouvez-vous décrire comment la maison de support par les pairs de Moncton aide les participants du programme At Home/Chez Soi?
  - SONDE: Pensez-vous que les participants qui vivent dans la maison de support par les pairs à Moncton apprennent à vivre de façon autonome?

- SONDE: Y a-t-il des participants qui ont gradué de la maison de support par les pairs pour aller vivre dans un logement indépendant?
- Quelle est votre compréhension des objectifs du logement de participants dans la maison de support par les pairs à Moncton dans le cadre du projet At Home / Chez Soi?
- À votre avis, quels sont les résultats escomptés à court terme (c.-à-d., au cours des 6 premiers mois) pour les personnes vivant à la maison de support par les pairs à Moncton?
- À votre avis, quels sont les résultats escomptés à long terme (c.-à-d., après les 6 premiers mois) pour les personnes vivant à la maison de support par les pairs à Moncton?
- Avez-vous des idées sur la façon dont les services de la maison de support par les pairs à Moncton pourraient être améliorés?

### **Fin de l'entrevue**

Avez-vous d'autres impressions sur la mise en œuvre de la maison de support que vous n'avez pas pu mentionner et que vous aimeriez ajouter avant de terminer?

Avant de mettre fin à cette discussion, j'aimerais savoir ce que vous avez ressenti ou pensé au sujet de cette rencontre. Que reprenez-vous de votre participation à cette discussion?

Pourrait-on faire quelque chose pour améliorer la rencontre?

J'éteins maintenant le magnétophone.

Avez-vous des questions?

Je vous remercie d'avoir participé à cette entrevue. J'apprécie que vous ayez partagé votre expérience avec moi.

## SUPERINTENDENT INTERVIEW GUIDE

Thank you for attending this interview. As you know, the purpose of this interview is for you to share your impressions of the implementation of Peer Supportive Housing as part of the MHCC At Home/Chez Soi project. We believe that your impressions are key in improving Peer Supportive Housing services. The interview will take approximately a half hour.

Before we get started let's review the consent form. Then you can decide if you want to participate in the interview.

[Interviewer reviews the consent form with the participant.]

What questions do you have before we begin?

[After questions have been asked and answered, the participant is asked to complete the consent form and give it to the interviewer.]

I am now going to start the tape recorder.

The purpose of today's interview is to focus on the implementation of Peer Supportive Housing as part of the MHCC At Home/Chez Soi program. In particular, we are interested in your impressions in terms of what you like and dislike, the challenges, and how you feel it has helped program participants. Finally, we would like to know your understanding of the Peer Supportive Housing goals as part of the At Home / Chez Soi project.

### Interview Questions

- What are your general impressions of the Peer Supportive House in Moncton?
  - PROBE: Can you describe what you like about the Peer Supportive House in Moncton?
  - PROBE: Can you describe what do you dislike about the Peer Supportive House in Moncton?
- What were the challenges in implementing a Peer Supportive House in Moncton?
  - PROBE: Can you describe how you worked on these challenges?
  - PROBE: Are there any more ongoing challenges in implementing a Peer Supportive House in Moncton?
  - PROBE: Do you have any solutions on how to work on these ongoing implementation challenges?
- Can you describe how the Peer Supportive House in Moncton is helping At Home / Chez Soi participants?
  - PROBE: Do you feel that participants who live in the Peer Supportive House in Moncton learn to live independently?
  - PROBE: Have participants graduated from the Peer Supportive House in Moncton and gone into independent housing?

- Can you describe the nature and the quality of your interactions with the clients from the Peer Supportive House?
- What is your understanding of the goals of housing participants in Peer Supportive Housing in Moncton as part of the At Home / Chez Soi project?
- In your opinion, what are the expected short-term outcomes (i.e., within the first 6 months) for people living in the Peer Supportive House in Moncton?
- In your opinion, what are the expected long-term outcomes (i.e., after the first 6 months) for people living in the Peer Supportive House in Moncton?
- Do you have any ideas on how the services at the Peer Supportive House in Moncton could be improved?

### **Ending the Interview**

Are there any other observations about the implementation of the Peer Supportive House you have not had a chance to mention that you would like to add before we finish?

As I bring this interview to a close I would like to know about your experiences (how you feel, what you are thinking) about having participated in this interview today/tonight.  
Is there anything we could do to improve the interview?

I am now shutting off the tape recorder.

What questions do you have of me?

I would like to thank you for having participated in this interview. I appreciate that you shared your experiences with me.

## GUIDE D'ENQUÊTE POUR LES CONCIERGES DE LOGEMENT

*Merci de participer à cette entrevue. Comme vous le savez, l'objectif de cette entrevue est d'obtenir vos impressions de la maison de support par les pairs dans le cadre du projet At Home/Chez Soi de la Commission de la santé mentale du Canada. Nous croyons que vos impressions sont essentielles pour l'amélioration des services de la maison de support par les pairs. L'entrevue durera environ une demi-heure.*

*Avant de commencer, examinons le formulaire de consentement. Vous pourrez ensuite décider si vous souhaitez participer à l'entrevue.*

*[L'intervieweur passe en revue du formulaire de consentement avec les participants.]*

Avez-vous des questions avant de commencer?

[Après avoir répondu aux questions, on demande aux participants de remplir le formulaire de consentement et de le remettre à l'intervieweur.]

Je mets en marche le magnétophone.

Le but de l'entrevue d'aujourd'hui est de se concentrer sur la mise en œuvre de la maison de support par les pairs dans le cadre du projet At Home/Chez Soi de la Commission de la santé mentale du Canada. En particulier, nous sommes intéressés par vos impressions en termes de ce que vous aimez et n'aimez pas, les défis, et comment vous sentez que la maison a aidé les participants au programme. Enfin, nous aimerions connaître votre compréhension des objectifs de la maison de support par les pairs dans le cadre du projet At Home/Chez Soi projet.

### Questions d'entrevue

- Quelles sont vos impressions générales de la maison de support par les pairs de Moncton?
  - SONDE: Pouvez-vous décrire ce que vous aimez à propos de la maison de support par les pairs de Moncton?
  - SONDE: Pouvez-vous décrire ce que vous n'aimez pas à propos de la maison de support par les pairs de Moncton?
- Quels ont été les défis dans la mise en œuvre de la maison de support par les pairs de Moncton?
  - SONDE: Pouvez-vous décrire comment vous avez travaillé sur ces défis?
  - SONDE: Y a-t-il encore des défis courant dans la mise en œuvre de la maison de support par les pairs de Moncton?
  - SONDE: Avez-vous des solutions sur la façon de surmonter les défis courants?
- Pouvez-vous décrire comment la maison de support par les pairs de Moncton aide les participants du programme At Home/Chez Soi?
  - SONDE: Pensez-vous que les participants qui vivent dans la maison de support par les pairs à Moncton apprennent à vivre de façon autonome?

- SONDE: Y a-t-il des participants qui ont gradué de la maison de support par les pairs pour aller vivre dans un logement indépendant?
- Pouvez-vous décrire la nature et la qualité de vos interactions avec les clients de la maison de support par les pairs de Moncton?
- Quelle est votre compréhension des objectifs du logement de participants dans la maison de support par les pairs à Moncton dans le cadre du projet At Home / Chez Soi?
- À votre avis, quels sont les résultats escomptés à court terme (c.-à-d., au cours des 6 premiers mois) pour les personnes vivant à la maison de support par les pairs à Moncton?
- À votre avis, quels sont les résultats escomptés à long terme (c.-à-d., après les 6 premiers mois) pour les personnes vivant à la maison de support par les pairs à Moncton?
- Avez-vous des idées sur la façon dont les services de la maison de support par les pairs à Moncton pourraient être améliorés?

### **Fin de l'entrevue**

Avez-vous d'autres impressions sur la mise en œuvre de la maison de support que vous n'avez pas pu mentionner et que vous aimeriez ajouter avant de terminer?

Avant de mettre fin à cette discussion, j'aimerais savoir ce que vous avez ressenti ou pensé au sujet de cette rencontre. Que retenez-vous de votre participation à cette discussion?

Pourrait-on faire quelque chose pour améliorer la rencontre?

J'éteins maintenant le magnétophone.

Avez-vous des questions?

Je vous remercie d'avoir participé à cette entrevue. J'apprécie que vous ayez partagé votre expérience avec moi.