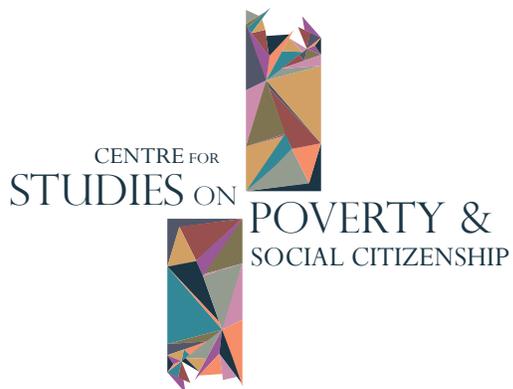


FINAL EVALUATION REPORT

Evaluating the Impact of Shepherds of Good Hope's
Women and Gender Diverse Program

March 2020

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A handwritten signature in black ink, appearing to read 'Adje van de Sande'.

Adje van de Sande
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Introduction

Shepherds of Good Hope (SGH) is a social service organization based in Ottawa, Ontario, that operates a homeless shelter, supportive housing facilities, and provides day-to-day services, such as a clothing program, grocery program, and soup kitchen, to those in need. For some time, SGH has been aware that women and gender diverse clients have special needs that have not typically been addressed by their long-established programs. In early 2017, just before the time that our evaluation study began, SGH had counted over 100 women and gender diverse clients within their facilities. SGH observed that these clients were facing intense challenges such as trauma, mental health, addictions, survival sex, violence and abuse.

With financial support from the Trillium Foundation's Local Poverty Reduction Fund, SGH developed a three-year pilot project to address the needs of this population. This Women and Gender Diverse (WGD) Program was designed to provide wrap-around services for chronically or episodically homeless women and gender diverse people, including supports to find housing, increase overall stability and reduce their recidivism of homelessness. The WGD Program was developed to include: gender and trauma focused case management for clients, through the hiring of a gender and trauma focused case manager and a peer support system that hires women with lived experiences, along with a service coordinator to help develop and run this team. In this model, Peer Workers could assist specialized case managers and support transitioning women towards community integration.

In 2017, SGH invited the Centre for Studies on Poverty and Social Citizenship (CSPSC) to conduct a third-party evaluation of the new WGD Program. SGH and CSPSC integrated a participatory approach into this evaluation, where SGH's new Peer Workers could play a role in the research process. An Advisory Committee - made up of SGH staff, Peer Workers and the CSPSC research team - was formed to provide input at multiple stages of the evaluation, including preparing the interview guide, conducting data analysis, and drafting the final evaluation report. Peer Workers were also invited to help the research team collect quantitative data from research participants.

A Profile of SGH's Female and Gender Diverse Population

According to the most recent demographic surveys of service users at SGH (Shepherds of Good Hope, 2020), female-identifying individuals represent about 35% and transgender-identifying individuals represent about 1% of SGH service users across all their programs. The Women's Non-Specialised Shelter program (WSP), from which both control group and program participants were recruited, represents about 22% of all service users, having served approximately 555 people in 2018. Transgender-identifying individuals also represent about 1% of service within this program.

Most service users within the WSP program fall between the ages of 31 and 49, namely 39%. Those aged 15 to 30 represent 32%, those aged 50-64 represent 26% and 4% of the WSP program participants are 65 and older.

English-speaking service users represent about 82% of WSP participants and French-speaking service user represent about 18%. About 55% of service users were both inside Canada while 14% were born abroad. 3% of service users represent refugees while 18% represent refugee claimants. 1% represents those with temporary visas, be it work, student or visitor class.

Indigenous service user represent about 15% of the WSP service users: 5% represent First Nation people; 6% represent Inuit people 4% represent "non-status" people; and 1% represents Métis people.

Within the WSP program, the average length of a stay for users that are identified as episodically homeless is 43.79 nights. For those identified as chronically homeless, that is those that have spent more than 180 cumulative nights in a shelter over the year, the average length of stay is 313.4 nights.

Literature Review

Homelessness is a widespread problem in Canada. Although there is no operational definition of the term, homelessness is typically associated with a lengthy process of degradation in life conditions (Paugram, 1991; Roy, 1995). This process is marked by significant impacts to physical and mental health (Ambrosio, Baker, Crowe & Hardill, 1992), intensified social and physical isolation (Roy & Duchesne, 2000) and transformative effects to personal identities (Boydell et al., 2000). According to the latest *State of Homelessness in Canada* report (Gaetz et al., 2016), approximately 235 000 Canadians experience homelessness in a given year. As many researchers underline, this number is potentially much higher in reality, especially for women, because they are more likely than men to temporarily live with friends or relatives. These women are less visible than other factions of the homeless population, as they do not come into contact with emergency shelters (Klassen & Spring, 2015; Walsh et al., 2009); this is referred to as *hidden* homelessness, whereby individuals are not perceptibly homeless because they are not accessing homeless services. It is estimated that homeless women living in this situation account for 3.5 times the number of homeless women accounted for in current research conducted through in shelter-focused surveys. For instance, a recent estimate indicates 30% of the homeless population in Canada are female (Berkum & Oudshoorn, 2015; Klassen & Spring, 2015); however, this number does not represent the women living in hidden homelessness mentioned above, so this percentage could be up to 3 times higher.

Pathways into, and experiences of, homelessness differ amongst men and women. For women in particular, domestic violence remains one of the leading causes of homelessness (Bowen et al., 2015; Riley et al., 2015; Watson, 2016). Violence can also follow women into homelessness, as they are especially at increased risk of assault, sexual exploitation and abuse as they enter precarious living situations (Gaetz et al., 2010; Riley et al. 2015; Watson, 2016). For this reason, women experiencing homelessness have significantly different needs than homeless men (Rahder, 2006; Whitzman, 2006). This is why a gender-informed approach to addressing homelessness is essential.

Gender and homelessness are two compounding factors of marginalization. These can cause specific challenges in exiting homelessness (Berkum & Oudshoorn, 2015). Gender also intersects with various other social locations such as class, race, ethnicity, disability, health status, age, and sexuality (Crewshaw, 1991). This creates complex and interconnected social issues, which can restrict the choices and access for women experiencing homelessness (Whitzman, 2006). Women therefore face multiple forms of trauma that can precipitate and perpetuate homelessness (Stainbrook & Hornik, 2006).

Trauma alters perception and experience; it can lead to experiencing stressful events as life threatening and overwhelming (NCBH 2014). As Berkum & Oudshoorn (2015, p. 15) explain, “Trauma compromises one’s ordinary adaptation by potentially limiting one’s control and power.” Additionally, homelessness itself can be viewed as a traumatic experience. Therefore, supporting homeless women and helping them gain housing stability must recognize and address trauma (Hopper et al., 2010).

Trauma Informed Care (TIC) is gaining popularity in service delivery for women (Hopper et al., 2010). As it is a relatively new form of intervention its effectiveness has not been validated (Muskett, 2014). However, some research have shown it success when integrating this model at the service level (Morrissey et al., 2005; Chug et al., 2009). Trauma Informed Care is a strengths-based framework. It focuses on and responds to the impacts of trauma (Hopper et al., 2010). The six principals of TIC are: 1) mutuality and collaboration; 2) historical, cultural and gender issues; 3) safety, 4) trust and transparency; 5) empowerment, voice and choice and 6) peer support (Berkum & Oudshoorn, 2015, p. 8). According to Bowen et al. (2015, p. 268), “Service models such as trauma-informed care can improve participant retention, which provides more opportunities to access housing resources and address co-occurring needs.”

Methodology

The evaluation of the Women and Gender Diverse (WGD) Program consisted of a mixed-method design, including both qualitative and quantitative components.

To recruit study participants, new, incoming SGH clients to SGH’s WSP program, who identified as a woman or as gender diverse, were assessed to determine if they were chronically or episodically homeless. If they were, they would be considered for inclusion in the evaluation study sample. Each of the new chronically and episodically homeless clients was then randomly assigned to either the WGD program group or the evaluation control group.

The research team had expected to recruit approximately 30 participants for each study group. However, during our process, we recognized that we were studying a transient population and that our methodology would have to reflect the realities of our participants. As clients left SGH and dropped out of the study, new clients were recruited and added to the study, to maintain a sample size of approximately 30 participants for both the WGD group and the control group. These new clients were also randomly assigned to either group.

Qualitative Methods

The qualitative part of the study consisted of in-depth, semi-structured interviews with WGD program participants. These interviews were conducted with a subsample of 10 participants, ahead of each participant's involvement in the program. These interviews focused on the participants' individual experiences in the program and its general affect on their wellbeing. Interviews were audio recorded, transcribed and entered into NVivo.

The research team interviewed its first participant in July 2017. The last interview was conducted in April 2019. The research team's initial goal was to conduct in-depth interviews at regular intervals, that is every 6 months for up to 2 years. However, as mentioned above, the nature of this study's population is transient, and coordinating interviews as well as retaining interview participants were significant challenges in this evaluation. 17 participants completed the first interview, 6 completed a second interview, 4 completed a third interview and 2 completed a fourth interview. As evident in these numbers, many interviewees ultimately dropped out of the study and for the sample that remained, interviewing intervals were at times irregular: the average span between interviews was 6 months, with the shortest time span between interviews being 5 months, and the longest being 8.

In addition to the interviews with WGD participants, with the Advisory Committee's input, the research team decided to also interview program staff during the final evaluation stages. The research team conducted interviews with the Assistant Manager of Client Services at SGH, the Client Services Coordinator and one Peer Worker from the WGD Program.

Quantitative Methods

The quantitative part of the evaluation included the administration of two instruments to a larger sample of participants. To measure housing security, the research team used the Housing Security Scale, a new non-standardized 13-item questionnaire developed by Frederick, Chwalek, Hughes, Karabanow & Kidd (2014). To measure self-esteem, the research team used the Rosenberg Self-Esteem Scale (1965) a standardized 10-item questionnaire. Both of these instruments were administered for 1 pretest with each participant, at the beginning of the program. The research team's goal was to administer these again at 6-month intervals, for up to 3 post-tests. As mentioned above, collecting data from participants at regular intervals was a challenge; the average time span between quantitative data collection was 6.8 months, with the shortest time span being 2 months and the longest being 19 months.

222 participants completed this first pre-test; this included 170 control group participants and 52 program participants. 40 participants completed the first post-test; this included 20 control group participants and 20 program participants. 8 program participants completed the second post-test and 4 completed the third post-test. The research team had difficulty recruiting any control group participants for the second and third post-tests.

Instruments were administered by both Research Assistants, recruited from the School of Social Work at Carleton, and Peer Workers from SGH (paid individuals who have lived experiences of homelessness). The quantitative data was entered into SPSS and used to run a series of Paired Sample t-Tests and Independent Sample t-Tests.

Quantitative Analysis

This analysis was conducted in the hopes of answering a couple of key questions. The primary purpose of the study was to answer the question “Is the Women and Gender Diverse Program effective?” To answer this question, an Independent Sample t-test was carried out comparing the scores of the clients in the WGD group with the clients in the Control Group. With respect to the Rosenberg Self-Esteem Scale, the t-test revealed that the clients in the WGD group improved substantially more than the clients in the Control Group. However, as shown in the results below, the significance level for a 1 tailed p value is .0535.

Table 1: Independent t test Control compared to WGD on the Rosenberg Scale

Mean Control 19.16
Mean WGD 22.16
$t = -1.65, df = 36, p > .05$

This result comes very close to a p value of .05 to be significant. Nevertheless, based on these results, we cannot state conclusively that the WGD Program is effective.

Looking at the results of the Housing Security Scale, as shown in Table 2 below, the results were inconclusive, suggesting the instrument was not able to detect differences between the WGD and Control Groups.

Table 2: Independent t test Control compared to WGD on the Housing Scale

Mean Control 41.42
Mean WGD 38.65
$t = -1.29, df = 37, p > .05$

To answer the next question “Did the clients improve?” We ran a Paired Sample t-Test comparing the score of the pre-test with the scores of the post-test 1, as shown in Table 3. In looking at the Rosenberg, the clients in the WGD group did improve significantly. We can therefore state conclusively that, based on the results of the Rosenberg, the clients in the WGD group did improve.

Table 3: Paired Sample t test Pre-test compared to Post-test on the Rosenberg Scale

Mean Pre-test 19.35
Mean Post-test 22.00
$t = -2.784, df = 16, p < .05$

With respect to the results of the Housing Security Scale, here again the results were inconclusive (Table 4).

Table 4: Paired Sample t test on the Housing Scale

Mean Pre-test 38.31
Mean Post test 39.05
$t = -.373, df = 18, p > .05$

Overall, (based on the Rosenberg) the results were very promising. Had we been able to increase the number of clients in both the WGD and Control Group for the post test, we believe that the results of the Independent Sample t-Tests would have been significant. As stated earlier, we were dealing with a transient population and obtaining a larger sample for the post-tests proved to be very difficult. We acknowledge that this is a serious limitation to the study and that, therefore, the results must viewed with caution.

Qualitative Analysis

Qualitative research findings and themes are presented under the stages of client participation within the WGD Program. The research team's specific findings from interviews with Peer Workers are also presented below, along with case examples of the trajectories of interview participants through the WGD Program.

Entering the WGD Program

Participants identified a variety of reasons as to why they entered the WGD program, however the main need of each was housing. Other types of needs they identified were more stability, security and self sufficiently, making connections with community services, and being more involved in the community.

Housing

This is the need that brought all participants into the program. Some came in because they had lost their housing and others, because of unsafe living conditions, demonstrating a need to provide consistent and safe housing options when transitioning back to the community.

Stability, security and self sufficiency

Participants often referred to needing a normal life and engaging in activities that most people might think of as basic, including having the ability to cook and do groceries. Participants stated:

My personal goal[s] is to be able to get back up on my feet and get into my own place again.

A roof over my head. I needed [...] stability. I needed to be in the same place day after day instead of going from place to place.

They also talked about wanting to feel fulfilled, and gain stability and hope through addictions programming, and general health improvements. Another participant says:

My personal goals were and still are to have a structured life, secure life. And a stable life [...] I wanted to not do drugs anymore. I didn't want to do it. I didn't want to abuse it. I didn't want to use it a little bit because I couldn't find my limit. I didn't have any control over it. I didn't want to use alcohol. I didn't want to use drugs. I didn't want to be used.

Connections and community involvement

Women discussed the need to connect to family. Most participants discussed improving relationships with children, including adult children and grandchildren. Some participants referred to the need of finding more supportive relationships in their lives, with friends, for instance. Having stable housing was identified by participants as particularly key to maintaining these family and friend bonds:

I honestly want to be a stay-at-home mom. I do have a daughter, but she is not in my custody. But I would like to get her back and be a full-time mom.

Keeping close to my family. I know I am just repeating myself, but that's the most important thing to me: [...] my family.

I hope to volunteer. Even come back here and volunteer.

Financial security

Many participants identified the need to be more financially secure. They would mention applying for ODSP for increased income supports, trying to save money, or simply being able to pay their bills on time.

Well my goals right now are to try and save my money cause my daughter just told me that she got engaged.

Experiences in the WGD Program

Program staff provide much needed assistance with transition to housing

Participants who were interviewed after having obtained housing in the community all discussed how SGH provided excellent support with the transition. They shared that they were helped with the moving process, and that SGH facilitated connections with staff in their new supportive housing. For example, when asked about how she transitioned to a supportive housing situation, one participant states:

Actually, [WGD Program Coordinator] is the one that got me in touch with the program and that's how I got in there. She drove me over when I moved in, brought all my stuff. And like I said, she's been a godsend.

Another who is looking for housing states,

...That is what I am getting from [WGD Program Coordinator]. She told me she would go with me and we would drive and look at the homes. She is picking some out. And I am going to pick what I want. She's really nice. I like her.

Holistic support model works

The WGD Coordinator and Case Worker provided professional knowledge skills that include assistance with obtaining housing and connecting to community supports. Peer Workers in turn complimented staff responsibilities; they filled in gaps of service using their own lived experience, including knowledge of community resources, and an understanding of the precarities and obstacles faced by those that are housing insecure. One case worker states:

[In] my role as case manager, I'm [here] to help clients make sure they have their finances in place, look for housing, connect with outside agencies, specifically [our] gender diverse clients. I felt that connecting to outside agencies is a big part [of my work]... looking for outside agencies, connecting clients with those, I'd say were some of my main roles.

A Peer Worker describes how lived experience informs their support for participants:

Peer Worker: ...The social workers that were running the program for us were really great...[At] times there was a disconnect between “Oh you haven’t eaten today!”. That’s so silly! ... I have food insecurity that wasn’t like a personal choice. It’s like there’s a disconnect there between the people providing the services and the people actually, like, using the services.

Interviewer: Not having that lived experience.

Peer Worker: Exactly...Even though you’ve been doing this for so many years and really do so many great things for us. In the program...the lived experience makes a difference. And talking to clients here, they agree the same thing. So yeah, there [was] definitely [a disconnect] just cause there wasn’t a peer support element at all. There were group things, but it was people within the program as opposed to people who already have housing, and are more stable but understand what it’s like cause they’ve done it.

Another Peer Worker describes how the participants appreciate their ability to understand the lived realities of homelessness,

I’ve been homeless. I know all about it. I’ve lived the experience. I’ve [gone] through the same steps that [the current service users] going through. I understand. And that’s why they get me. That’s why they look forward to seeing me. Cause they know that I’m real. I’m not a fake person... yeah I was homeless...I know, I know exactly what it’s like.

Case workers and Peer Workers facilitate meaningful connections with participants

Overwhelmingly participants had positive views of the case workers and Peer Workers and were glad to receive supports from the staff at SGH. They also received assistance from community resources accessed through SGH.

Within SGH staff were perceived as empathetic, caring and authentic

Participants felt that their caseworkers respected them and treated them well. Before being housed, the highlight of the WGD Program for clients was how present, engaging, and empathetic case workers were:

Interviewer: Do you access any supports for trauma?...

Participant: Yes, I do.

Interviewer: Okay. What kinds of support do you get?

Participant: Counselling, like I can talk about it and they are good [at] listen[ing]. They give me advice. I can take it.

Interviewer: Okay great. So, you have an ongoing counsellor right now? And who is that through?

Participant: [WGD Program Coordinator]

Interviewer: okay so that is your support worker here?

Participant: Yes. My support worker here. That's all I have.

They help me a lot. They help me look for places. When I need bus tickets, they give me bus tickets...Just to [sit], and just to chill... I feel comfortable ... they are doing a really good job.

I had [SGH Case Manager] and I had [WGD Case Manager]. They are awesome people. They care, they do the best that they can. They listen to you when you need someone to talk to. I don't bother them. I have talked to [SGH Case Manager] in great extent. I just think they need to be credited; they really do.

SGH staff connected them to other workers and professionals in the community,

I love Tuesdays there... the support network. There is a nurse, psychologist - sometimes she's here, just talking about our everyday issues, everyday experiences. I'm very grateful for the program. I have made some acquaintance friends. That's, I guess, the best way to describe it.

Serenity Renewal. I've heard so many good things about that place, and oh my god, it really did! It was exactly what I thought it would be. It really worked to it's potential. It had a good representation of it and then, I went, and I was like "Yeah, you guys really are good". It was really good. I got so much out of it. It was really, really nice.

Peer Workers are valued as offering lived experiences, listening ears, and as providing stable friendships (unlike some fellow residents in the shelter).

Just being able to talk to somebody! They're good listeners and I know them, well, the two that I deal with. I know them both from other things, so I knew them when they were addicts and stuff like that. So we have a lot in common. But if I have a problem, and I feel like I'm gonna, you know, go out and like relapse or something like that - I talk to them and they'll say, "No, you don't need to do this. Just try this out." You know, it's good.

There's a girl, [Peer Work] - I talk to them. I started confiding in one of them and it helps. It helps.

Interviewer: How have peer supporters? Have you been using the Peer Support Workers?

Participant: Oh ya, definitely.

Interviewer: So, you had said they do some social stuff with you guys?

Participant: Oh ya, gardening and makeup, and all sorts of stuff.

Interviewer: Do you talk with them? Do you confide in them?

Participant: Oh, ya definitely.

Interviewer: So, would you see them as a valuable part of your program?

Participant: Excellent. The best. Cause they are all anxious to help.

Peer Workers highly valued by participants and instrumental in programming

Participants stated that Peer Workers gave them hope by modeling stability and recovery. Some of the Peer Workers talked about how clients would actually come to them to tell them that they wanted to be Peer Workers in the future; they would ask about how they could make changes in their life to attain that goal. Peer Workers would support participants connecting to resources drawing on their own lived experience:

There have been a few instances that I was able to direct a client better than the other staff were. Like I was aware of services or the parameters and requirements of services more than they were, because I've used so many services. So that worked out once with [community agency]. There was a client who really wasn't feeling safe at the shelter, and was having some mental health and addiction issues, and was really motivated to improve and work on herself. She had the awareness, and knew everything that she needed to do, and was very willing and motivated but she needed to be in another environment. And so there [weren't] any options that the staff could think of because the other shelters were full, and just nothing felt really safe. So, I suggested they put in a referral for [community agency] because they have [community service] beds, that someone can stay in for a few days. You work daily with a worker there. The person got in, and it was actually a really good stepping stone for this person.

Peer Workers also provided recreational activities that offered skill development for independent living, and growth in interpersonal relationships:

I mean there's the spa girl. Here she comes, three, four times a week, to do our nails. She gives us makeup. She gives us products [like] bags, handbags, hygiene products. So she is nice to keep - have stuff of your own - to be able to feel pretty. And to keep clean is very important too.

They also often accompanied participants to other services in the community:

I know frontline staff, and the peers, and almost everyone that works in this program goes above and beyond when it comes to client needs. I mean, they notice things. They're very observant and they will - like, I know peers who've walked down to Saint Jo's to make sure she had some shoes - to make sure that, you know that our clients are accepted.

Post-Program: Participants Experiences Once Housed and Moving Forward

Supportive Housing Works

Participants who were housed into supportive living via the WGD Program were very satisfied with their housing situation. These supportive living options provide direct connections to community supports and have staff who provide assistance with the transition back to the community. Participants often had complex needs coming into the WGD Program, with addictions, mental and physical health issues. The connections WGD staff made for them with supportive housing programs allows them to better address their needs and continue working on goals once housed.

Stable housing supports goal attainment

Gaining housing helped participants expand upon their pre-existing goals. When entering SGH, the participants identified attaining housing as their main need. Goals of improving health, connecting with family, obtaining financial security and being more involved in community activities and recreation were the ones most often cited. Once they were housed, they talked about the goal of maintaining housing. However, with the stability that the supportive housing provided, participants expressed a sense of hope that they could now begin focusing on additional goals including:

Health

Participants talked about creating goals around health when they entered SGH. Once housed they were able to expand on their health goals by focusing on addictions supports, and daily health and wellbeing, such as physical and mental health concerns. One participant who was housed shared,

...I kind of look after my health [...] I got to my doctor's appointment which is very important. I just had surgery in September so that's important to me. My health is very important. Also, what's important is what I put in my body and my mind.

Family (mostly children)

Participants talked about reconnecting with family. Participants who had children spoke about wanting to see them more often. Participants once housed discussed having more time for connections with family members. When asked about personal goals after being housed one participant says,

...Spend more time with my kids if I can. Getting to see them very often. Not very often, but I see them when I can. Going to hockey games, going to concerts. I am going to see Justin Timberlake tomorrow.

When at SGH in the WGD Program this same participant mentions wanting to see her kids, but now there is excitement in her voice and an expression of concrete plans to do so.

Financial security

Participants talked about wanting to gain financial stability and being able to pay their bills. When asked about goals when in supportive housing one participant states:

Number one is to keep maintaining my place. To keep doing what I am doing... Paying my bills on time, regularly.

Community involvement and recreation

Participants discussed having more time for community and recreational activities once they were housed. For example, one says their new goals are:

Keeping busy, going to church, swimming.

Learning life skills and being open to support

During participants' time at SGH in the WGD Program, participants noted that they were encouraged to ask for help from staff and Peer Workers. We propose that learning through engaging in healthy, helping relationships during their time at SGH may have assisted in building healthy relationships in the community and staff in their transitional housing.

Some participants who are now in housing mentioned that they are better able to ask for help from their support staff at their new housing and from other support workers in their lives such as community support workers, after having experienced positive helping relationships with the staff at SGH.

I try to do things myself and then they go, you know [name], you can always ask, and I go, "Oh my god! You know, I never even thought of that. I don't know what's wrong with me!" I'm still trying. That's so insane that I don't ask for help; I don't know what that is! But as soon as I ask for help, [snaps fingers] bada bing bada boom. It's good and I realize - is it a conscious thing that I do or a subconscious thing that I do? But it's nice that people know me and they can remind me. It's so nice.

And all you have to do is ask for the help and if you really mean it, you - you will get the help. You just have to ask for it.

Meaningful Employment for Peer Workers

When interviewed, Peer Workers stated that employment at SGH was very meaningful for them. It gave them a sense of empowerment by knowing that they are helping others, and working in a supportive environment that was aware of and accommodating to their needs that arise on their own journey to recovery. They appreciated how receptive SGH staff were to accommodations, in allowing time off and shorter work hours when issues would arise. One Peer Worker states:

... It's also impacted [...] the peers. This is my first job after getting clean and just having a workplace that is hiring me knowing that I have like invisible disability, like chronic pain -shit like that - mental health, past addiction problems. So, I can be open. Like, "Hey, I can't work these days. I have therapy or NA. I can't come in." And I don't need to make a bullshit excuse. My mental health is really bad, and I can't handle the emotional stuff that happens.

Another says,

Having this opportunity is something that I'm really grateful for and it's helped me see my strengths and grown those strengths. And it's interesting to have clients be like, "I want to do what you're doing and what do I need to get there? Like how can I - this is really cool, how can I use my experience and help do something like this?" So, it's just a really beautiful role to be in.

Participant A

When entering SGH, they identified housing as their main need and they were unhappy with their current situation. They did not like being at the shelter, where they shared a room and could not lock their bedroom door in the evenings. They also discussed wanting to see their children more often:

Interviewer: What are your personal goals?

Participant: To see my kids more often.... And to spend time with them, thats it.

The only community service they identified as accessing was the soup kitchen at SGH and a psychiatrist.

By the second interview, their goals had expanded as they still identified wanting to see their kids more, but also felt the need to be in a safer housing situation away from drugs and alcohol, and to live a normal and stay stable on their medications. During this interview they opened up more and discussed accessing more community services such as a homeless drop-in centre and a women's centre:

...Centre 454, Cornerstone sometimes. Sometimes I go there for lunch to have a meal. I access the Mission, because I eat there.... At SGH across the street - I eat there. Sometime Sophie's; I access there. And they have a food bank there that you can get some stuff. They give you leftover food if there is a meal. After the meal they give you leftovers and you can take some home back to the shelter to eat. Its good. Yup. I access a lot of services.

They also had mental health workers from two different organizations in the community. They felt that they were fine at the shelter, making do as best they could.

By the time they were interviewed a third time, they had obtained a supportive housing unit and were quite satisfied with this housing situation. When asked about the supports they were receiving they said:

They do have workers there - [...] a case manager - workers that hand me my money for my allowance. I am on a budget of \$72 - I get my weekly allowance \$72 dollars every month, every Wednesday. Its once a month, but its every Wednesday. When the month comes - every once a month. So when I get it, I am happy. I can go shopping, I can do all sorts of things. I can get my hair dyed, do what I have to do.

Their goal of seeing their kids more was being realized and they also identified wanting to go out more to a concert, movie, hockey game, swimming or just to workout. They discussed budgeting their money better to be able to do these activities.

When interviewed a final time this participant was still extremely satisfied with their housing situation that they felt safe and had made lots of friends in the community.

Interviewer: Ok. How satisfied are you with your housing?

Participant: Very satisfied. Very happy.

Interviewer: That's awesome. What makes it so good?

Participant: I live in a bachelor apartment. I've never lived in a bachelor apartment before on my own, but I lived in a one-bedroom before and it didn't work out because of the area that it was in. It was in downtown. So now it's downtown but... it's easier access to get around. You can go to the mall, you can go to the bank... So it's easy to get access to get around.

Their goals now included meeting new people and having a good education. They mention finishing their grade 12 education. They still had community mental health supports, although one worker had closed their case as they were more stable and didn't need the same intensive supports.

Participant B

When first at SGH, they discussed needing more accessible housing, that would be safer than where they had been before the shelter.

Participant: So, it is not the money; it is the wheelchair access that I can't get. [...] I'm paranoid of normal ordinary landlords because one of them ripped me off for 995 dollars. He kept last months rent and ripped me off - he kept it...

Interviewer: So, what you are finding is that you can't find a place that is wheelchair accessible?

Participant: That's right, yeah.

They identified SGH as being a decent place to stay for the time-being, but didn't want to stay there longer than two months. Despite making a few new friends, they did feel lonely at times living there:

Interviewer: So have you been able to make new friends here?

Participant: Ya, I made two good ones - and the rest, no. One good one! She is fantastic, [friend's name]. Oh god! She is like, "What can I get you for Christmas? You are always helping me." "I don't want anything," I said. She is getting me a lottery ticket. I said, "Are you sure?" She said one lottery ticket - so I bought it. That woman wouldn't let me go. She was hugging onto me. 95 pounds! She goes around cleaning up after everybody. I really feel for her. She is a nice person. She [...] get[s] me - coffee or tea every single day. She is out there. I trust her with my bank card. She is really very good. Yep, very very nice person.

Interviewer: Do you ever feel lonely at all?

Participant: Ah, yah - yep. It is very bad to be lonely. I was listening to CFRA last night and he was saying [that] loneliness is not good. But it is better to be lonely than to be surrounded by - he who has many friends - has none at all.

Their housing needs were defined by being able to find something that was wheelchair accessible. They received a pension income and so, they were able to budget for rent but were having trouble finding something suitable for their mobility needs, that was still within their price range.

Their personal goals included doing physiotherapy and improving their health and mobility. They were accessing some community services including a couple community centres and a drop-in day program for women.

During their second interview they identified the same housing needs and personal goals, including doing physiotherapy. However, they no longer felt lonely as they had friends at the shelter:

Interviewer: Have you been able to make some new friends?

Participant: Oh ya, ya

Interviewer: Do you feel lonely at all?

Participant: No. Too many people around (laughing). Everyone is always talking to me and I am always trying to help them. So, I am always busy.

They were going to be living with a friend in the coming weeks, as they no longer wanted to stay at the shelter. At the time, the staff at the WGD Program were still trying to get them into supportive housing in case the situation with their friend didn't work out. They were not accessing other services at this time, as they found it hard to get around town. But they had made some friends at the shelter and felt less lonely.

By the third interview this participant was living in a market rent apartment building; the situation with their friend did not work out and they didn't want to wait for a spot in a supportive housing unit that the shelter staff had been trying to get them into. They were unhappy because the building was not great for accessibility with their wheelchair,

Interviewer: So, what are your needs right now?

Participant: I need to get out of dodge! Yeah. No, I'm not functioning very well there...

Interviewer: Where are you right now?

Participant: I'm at a very expensive apartment building, 975 a month for one bedroom. And uh, they promised me wheelchair accessibility. Zilch! The janitor promised me that by July [the main elevator] will be fixed. But I can't wait till July. And I mean - it's like - my spine is killing me.

They also discussed how other seniors in the building would help them get up a step to enter the building, and how they have been using the service elevator by entering through the garage. One of the program case managers was still working with them to get into the supportive housing, which would be more accessible and affordable.

Participant C

When first interviewed at SGH, Participant C identified their needs as feeling safer and finding housing. At the time, the case managers at SGH were working to find a supportive housing unit for them. Their goals included reconnecting with family, keeping up with their doctor appointments, improving health and becoming more stable and self-sufficient in general. They identified accessing several community services, such as women's and homeless drop-in centres, and they were on the waitlist for an addictions program.

By the second interview, this participant was in supportive housing, and expressed being very satisfied with their situation. When asked about their goals they stated that having a secure, structured and stable life was the main priority. This included staying sober, which for them meant staying away from drugs and alcohol. Expressing their goals, they said,

I want peace and um that the most important thing. I just want a normal life. I don't want to run around the streets.

Feeling very safe in their current housing situation and less isolated, they would go out at least twice a week, including attending many free Christmas dinners in the community. They were attending addictions programming, and still had a mental health worker.

For the third interview Participant C was at the same supportive housing unit. Their personal goals were still to remain stable and in their addiction courses. They had recently received a "stability" medal through their addictions program. They also wanted

to maintain their housing situation, stay close to family and identified many other goals such as:

...Keeping busy, going to church, swimming, keeping my place neat, making sure that I am not isolated from everybody, and making sure that I can relate to people; and that I have a home to come home to when I get in.

They were extremely satisfied with their housing situation. They felt safe, and the staff where they lived were very supportive.

For their final interview, they were maintaining their sobriety and their personal goals of being stable and feeling secure. They were attending doctor appointments to work on their health and continuing with their addiction programs. Their personal goals continued to expand, and they expressed wanting to get back into swimming and going to church. They expressed once again their extreme satisfaction with the supportive housing unit they were living in.

Participant D

This participant stated that their main need was to find housing, as they lost their housing when their partner passed away. They said that they had trouble finding housing because of a criminal record. They talked about the possibility of saving up some money to visit family for a week who live out of province, but noted that they probably wouldn't do this. They talked about the challenges of managing the grief in relation to their partner's death ; they said that they don't have many people who can provide support to them at the moment. They talked about how they had connected with a community program to help with obtaining disability income supports. They had used some other community services before, such as the food bank and the Salvation Army. This participant said that while they were leery at first about staying at SGH, they feel fairly safe.

In the second interview, this participant reiterated that housing had been their primary goal when entering the program. This is a goal that they are continuing to work on, but as they noted, it is a goal that is contingent on them securing other forms of financial supports. They had moved to another program, but it wasn't permanent housing. They mentioned that their new goals were to get counselling and work on their addictions. Since the time of their first interview, they had support applying for disability and

accessing services such as a doctor and a psych nurse. They were accessing services at local homeless drop-in programs and support services. They were trying to get a mental health worker. They said that they felt safe, but when their depression is bad, they have a tendency to isolate themselves, and can feel lonely.

I still attend groups here, they're actually really helpful. If I need somebody to talk [to, the WGD Coordinator] is great; I call her, come see her and I talk to [SGH staff member] every now and then. A lot of times I come her - the staff downstairs where they let you in. It's like, "You're not back here are you?" "No, just visiting." Yeah, they're real friendly. So I know if I need something I can just - even if I need to get out of where I'm living now [...] I go, if I need to get away, I need someplace to go. I go to Shepherds, and they look at me strange. It's like, well, I know a lot of people there, like, a lot of clients here I'm friends with, and staff I've known for years. So it's some place I can come and talk to somebody.

Participant E

When Participant E was first interviewed, their priority was to find housing. They also talked about how they wanted to save up some money, as this would be a way to go out and see their daughter and grandchildren. This participant talked about wanting to find the "right path" and find stability in their life. They mentioned that the main service they were accessing was counselling. When asked about safety, they mentioned how they feel very safe within the WGD Program at SGH, but have had troubling experiences when navigating the streets on their own. They feel safer going outside when they are able to be with someone else.

Interviewer: What do you hope to get out of this program?

Participant: I am hoping that it will work out for me. That I can put me out in the right path.

Interviewer: Ya, that makes sense. What does the right path mean for you?

Participant: Where I am comfortable with...and I am okay, and I am stable.

In the second interview, the participant again noted that their main need when entering the program had been to secure housing. They talked about wanting to find counselling. This participant had just received information about their mother's health, and said that they would like to go and see their mother. They mentioned that before they had known about their mother's health, they had been thinking about goals related to finding a job or a volunteer opportunity where they could help others.

By the time they participated in the second interview, they had secured disability income supports and a pension, and were accessing services that provided them with food and clothing. They mentioned that they feel slightly safer leaving SGH now and they have met some other people and can leave the building with them.

Interviewer: Have you been using the peer support workers here?

Participant: I have. Its good...

Interviewer: How have they helped you?

Participant: Well they were helping with the housing. And counselling, and what I need.

Interviewer: Like listening?

Participant: Yes. That's exactly what I mean.

Participant F

When this Participant F entered the WGD program they identified housing as their main need. They were trying to find someone to help them with filing their taxes. They also recounted that they had all their furniture stolen from them recently. This brought them to the shelter seeking a temporary place to stay and a stable food source. When asked about personal goals, this participant again stated the need to find a place of their own and possibly to move back to their hometown. They were not accessing community services outside of SGH, except for the occasional soup kitchen at another shelter. They expressed feeling safe at SGH, but also discussed fighting with one of the women at the shelter. The staff at SGH helped to resolve this situation. When asked if they felt lonely, they mentioned missing the last supportive housing place they had lived in. At SGH, they were accessing mental health supports by meeting with two workers from a community mental health organization who would come in to the shelter once a week.

Participant: My personal goals right now are to find a place of my own.

Interviewer: How satisfied are you with your housing situation?

Participant: Well, right now, I like to be up here - as long as I am here, I'd like to be up here, and something I can depend on - like a bed so that I can get my things together.

When interviewed for a second time, they again indicated housing as their main need and their only personal goal at that time. They expressed wanting to have furniture and a fridge, a place to make food for themselves. Although they were satisfied at SGH, they felt it was a temporary place and would leave immediately if someone offered them a place to go. They were considering visiting a women's centre but overall felt embarrassed to access community services. They indicated feeling safe at SGH but did have issues sometimes with others and preferred when a male was on staff, as this helped them feel safer.

Interviewer: What are your personal goals?

Participant: To get an apartment. To get a bed. To get some furniture. And food that I can eat that is not tainted or yesterday's, or the day before yesterday's. You know - that type of thing: fresh food.

Final Recommendations:

1. Continue and expand Peer Worker programming, including having the Peer Workers providing more structured programming

The Peer Worker program was successful because they were able to relate and connect with the women and gender diverse individuals accessing the program. Expanding to have Peer Workers work during evening shifts would mean this support could be accessed throughout the day and evening. Providing more resources, such as meeting spaces and print materials, would also serve to enhance both the informal and structured aspect of the program. Also have greater structured training for Peer Workers, including motivational interviewing, how to work with reluctant clients training and team-building exercises.

2. Increase number of case workers within the WGD Program to support service users with housing

This would allow caseworkers to spend more time with participants and further support them in attaining housing. The needs of women and gender diverse can

be high and allowing case managers the time to fully support them can help them achieve success. Furthermore, participants seem to be acutely aware of the caseloads of their workers; they have expressed that they hesitate to reach out for much needed assistance when they see their caseworker is very busy.

3. Continue facilitating direct connections to community supports.

Connecting individuals more directly with community workers rather than, for instance, just providing a number for them to call on their own, helps ensure service users are accessing resources to meet their needs. Assisting with these connections includes making calls with participants, calling ahead to community support agency to let them know participant is coming, and driving them to appointments, however only where purpose-driven. It is important to reflect a balance between empowering and supporting clients, and these activities should reflect where each client is in their trajectory to wellbeing.

4. Increase and continue to facilitate connections to ongoing mental health supports

The need for mental health support was mentioned by both participants, and Peer Workers as a leading need while accessing the shelter and once housed in the community. Mental health supports directly connect to well-being and housing stability.

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About the Centre for Studies on Poverty and Social Citizenship

The Centre for Studies on Poverty and Social Citizenship (CSPSC) works to generate critical and innovative knowledge about inequality and social exclusion that can be used to inform social work education, policy and practice.

CSPSC is a research centre based at the Carleton School of Social Work and aligns with the school's commitment to social welfare in Canada. CSPSC often collaborates with community-based organizations to support and research innovation happening at the community level.

About Shepherds of Good Hope

Shepherds of Good Hope (Shepherds) is one of the largest not-for-profit organizations dedicated to meeting the needs of homeless and vulnerably housed people in Ottawa. Many of the people who access programs and services at Shepherds live with trauma, mental health challenges, and addictions.

A leader in supportive housing and harm reduction, Shepherds provides around-the-clock, comprehensive services to people of all genders, across seven locations throughout the city of Ottawa. By offering innovative programs and services in a non-judgmental environment, Shepherds is committed to creating homes for all, community for all and hope for all.

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