



Mental Health  
Commission  
of Canada

Commission de  
la santé mentale  
du Canada

# Female Participants and Housing First: A Qualitative Analysis of 18-Month Outcomes in a Randomized Controlled Trial

Geoffrey Nelson, Wilfrid Laurier University  
Corinne Isaak, University of Manitoba

November, 2023, Canadian Alliance to End Homelessness, National  
Conference on Ending Homelessness, Halifax, Nova Scotia

# Co-authors

**Maryann Roebuck, Ayda Agha, Tim Aubry**

**University of Ottawa**

**Oeishi Faruquzzaman, Maritt Kirst**

**Wilfrid Laurier University**

**Eric Macnaughton**

**Patricia O'Campo**

**University of British Columbia**

**St. Michael's Hospital, Toronto**

**Julia Woodhall-Melnik, Sarah Purcell**

**University of New Brunswick**

# Acknowledging Our Colleague

- **Paula Goering – Research Lead for At Home / Chez Soi**





Mental Health  
Commission  
of Canada

Commission de  
la santé mentale  
du Canada

# Land Acknowledgement

We would like to begin by acknowledging that we are in Mi'kma'ki, the traditional territory of the Mi'kmaq people.





# Background

- Little research specifically on women in Housing First
- In quantitative outcome research, women show similar outcomes to men (O'Campo et al., 2023)
- Issues that women who are homeless often experience include intimate partner violence, exploitation, sexual abuse, trauma, child abuse, and parenting issues (especially having their children taken from them in the child welfare system)
- Housing First has been successfully adapted for women experiencing intimate partner violence (Sullivan & Olsen, 2016)
- Some have argued that Housing First is not a good fit for women, that they prefer congregate or supportive housing with other women (Klodawsky, 2010)

# The Potential Value of Qualitative Research

- Quantitative research may not tell the full story of women's experiences with Housing First
- Oudshoorn et al. (2018) reported positive housing and social outcomes in a qualitative study of a program for women using Housing First
- The At Home / Chez Soi project provided an opportunity to evaluate the impacts of Housing First on female participants using qualitative methods



Mental Health  
Commission  
of Canada

Commission de  
la santé mentale  
du Canada

# Research Questions

- 1. Are life changes reported more by female participants in Housing First those in usual treatment?**
- 2. What specific life changes are reported by female participants in Housing First and those in usual treatment?**

# Research Methods: The Sample

All participants must have been absolutely homeless or precariously housing and have a current mental illness

- A total of 2255 participants were recruited into the larger sample for the quantitative research and were randomly assigned to Housing First or usual treatment in 5 Canadian cities
- 219 of those participants (about 10%) were recruited into the qualitative research
- 74 of those participants identified themselves as female and completed baseline and 18-month follow-up qualitative interviews (HF = 42, usual treatment = 22) to answer question 1 about life changes
- Specific changes, question 2, were examined for 45 participants (23 HF participants and 22 in usual treatment)





# Research Methods: Interviews and Analysis

- Qualitative, narrative interviews with 74 female participants at baseline and 18-month follow-up with the second interview focusing on life changes since the baseline interview
- Life changes were coded as positive, mixed-neutral, or negative across several domains (e.g., housing, family) to examine question 1
- Theme coding of the interviews of 45 female participants to examine the specific types of changes experienced to examine question 2
- Analyses compared females in Housing First and usual treatment



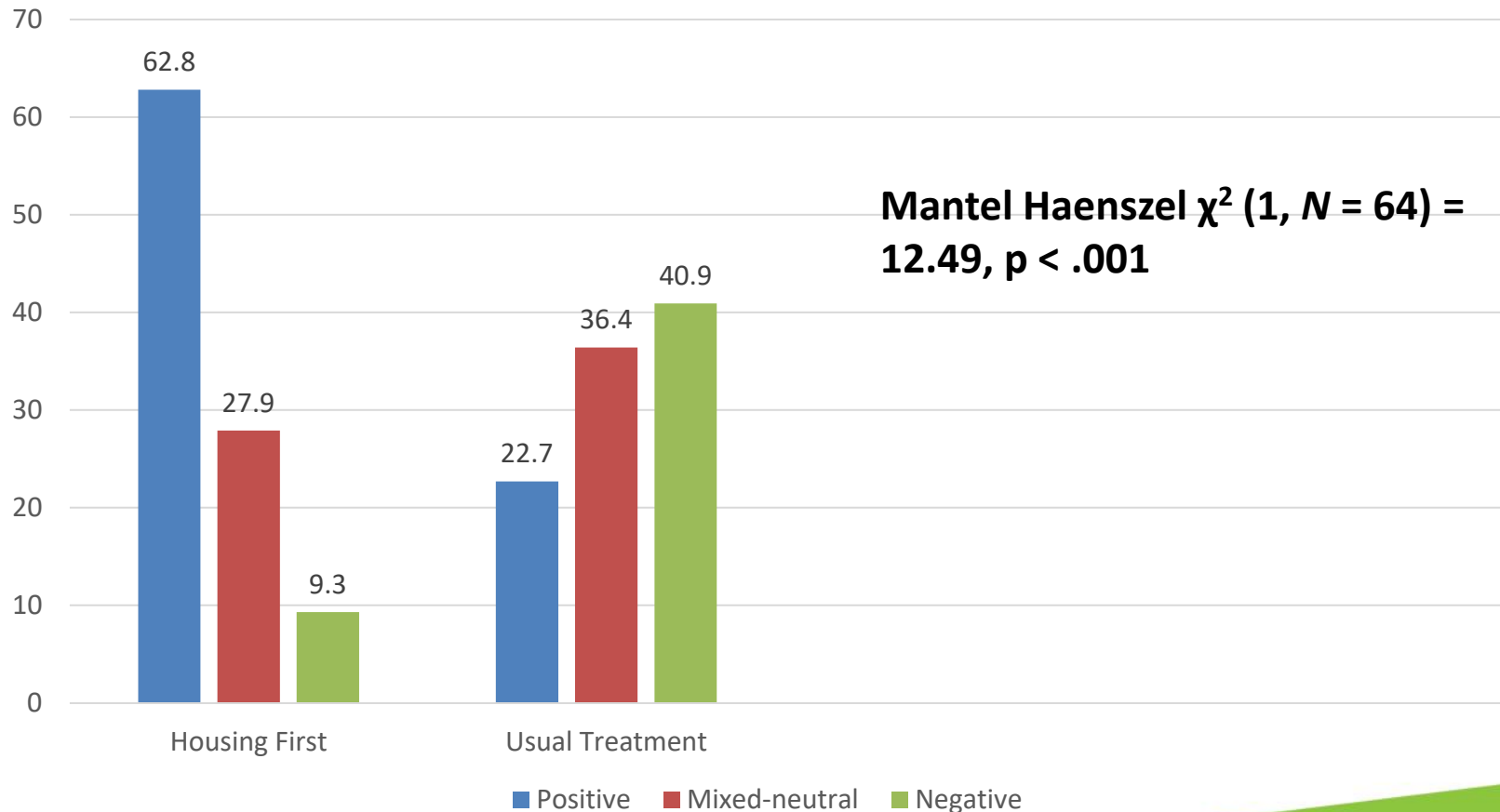
Mental Health  
Commission  
of Canada

Commission de  
la santé mentale  
du Canada

# Findings: Question 1

**1. Are life changes reported more by female participants in Housing First than those in usual treatment?**

# % Positive, Mixed-neutral, and Negative Changes by HF and Usual Treatment



# Positive, Mixed-neutral, and Negative Changes by HF and Usual Treatment

Site	Housing First (N=42)			Usual Treatment (N=22)		
	Positive (N, %)	Mixed-neutral (N, %)	Negative (N, %)	Positive (N, %)	Mixed-neutral (N, %)	Negative (N, %)
Moncton	2 (66.7%)	1 (33.3%)	0 (0%)	1 (33.3%)	0 (0%)	2 (66.7%)
Montreal	7 (79.0%)	0 (0%)	3 (30.0%)	1 (20.0%)	0 (0%)	4 (80.0%)
Toronto	9 (81.8%)	2 (18.2%)	0 (0%)	1 (33.3%)	2 (66.7%)	0 (0%)
Winnipeg	4 (42.9%)	3 (57.1%)	0 (0%)	1 (16.7%)	3 (50.0%)	2 (33.3%)
Vancouver	6 (45.5%)	4 (36.4%)	1 (9.1%)	1 (20.0%)	3 (60.0%)	1 (20.0%)
All sites	28 (62.8%)	10 (27.9%)	4 (9.3%)	5 (22.7%)	8 (36.4%)	9 (40.9%)



Mental Health  
Commission  
of Canada

Commission de  
la santé mentale  
du Canada

# Findings: Question 2

**2. What specific life changes are reported by female participants in Housing First and those in usual treatment?**



# Theme 1: Enhanced Safety

Females in HF reported feeling more safe and secure than females in usual treatment.

- “The building’s more secure and it’s a lot, a lot nicer.” (HF, Moncton)
- “I’ve had supportive housing before, but I didn’t feel like I was safe.

And this is the first place like I, I feel like I love to go home. I love to, you know, I feel so safe. And safe[ty] is like a major ... being safe is a major issue for me, you know.” (HF, Toronto)





## Theme 2: Recovery in Mental Illness

Females in HF reported recovery “in,” not “from” mental illness (Davidson & Roe, 2007) than females in usual treatment, including hopes, plans, and personal change.

- “I know who I am and ... I’m developing like a person there, just been, I don’t know, there are just so many different points and details and stuff or whatever, but it’s liberating as a female to live on my own.” (HF, Moncton)
- “My life has changed drastically. I would say not so much, um, materialistic-wise, more of how I view myself and how I view myself within this world that I live in. I’m starting to feel like, uh, I have something to offer.” (HF, Toronto)



Mental Health  
Commission  
of Canada

Commission de  
la santé mentale  
du Canada

# Theme 3: No Changes or Negative Changes in Mental Health

Females in usual treatment were more apt to speak of no changes or negative changes in their mental health

- “Before school started, I tried to commit suicide again, like an idiot I was feeling horrible cause I was homeless, stupid things were happening and I had nowhere to go because I drank the night before... I still have depression, I still have anxiety, my anxiety’s worsening though, I’m seeing a [doctor].” (Usual Treatment, Winnipeg)



Mental Health  
Commission  
of Canada

Commission de  
la santé mentale  
du Canada

# Theme 4: Reduced Drug Use

## Females in Housing First reported reducing or eliminating drug use and becoming more involved in treatment for addictions

- “Pretty much I quit the drugs. Everything just kind of fell into place. There’s no in between for me, there, I’m, I’m not the type of person that I can go and party, binge on one day and then not touch anything. I’m not that type of person, ... It’s all tied up together so, you just gotta’ know your boundaries.” (HF, Winnipeg)



Mental Health  
Commission  
of Canada

Commission de  
la santé mentale  
du Canada

# Theme 5: Personal/individualized Changes

Females in Housing First more personal, individualized changes. These changes included hobbies that they pursued, pets, their housing, employment

- “I am really proud of myself with a lot of help I was, uh, able to get back to not really get back to where I used to be, but in a better place.” (HF, Toronto)



# Discussion

**Females in Housing First report more life changes than those in usual treatment, including experiencing safety, recovery “in” mental illness, fewer negative changes in mental health, reduce drug use, and personalized changes**

- **Safety – ontological security (Padgett, 2007)**
- **Mental health recovery – HF is not a cure for mental illness, but it aids in promoting recovery “in” mental illness and preventing deterioration in mental illness**
- **Reduced drug use – similar to qualitative findings of Padgett et al. (2011)**
- **Individualized changes are consistent with the individualized approach of HF (Tsemberis, 2015)**



# Implications for Practice

**While participants who identify as female benefit from Housing First, a gender-centred lens could be used to enhance practice regarding issues facing women**

- **Intimate partner violence – Sullivan and Olsen (2016) have adapted HF to assist women victimized by intimate partner violence**
- **Females are often victims of exploitation, sexual abuse, trauma, and child abuse – more attention could be devoted to understanding and addressing past and current adverse events**
- **HF can address parenting issues and parent-child reconciliation (Caplan et al., 2023)**





Mental Health  
Commission  
of Canada

Commission de  
la santé mentale  
du Canada

# Thank you! Questions? Comments?

- Contact: [gnelson@wlu.ca](mailto:gnelson@wlu.ca)
- Visit: [www.mentalhealthcommission.ca](http://www.mentalhealthcommission.ca)  
(for detailed information and reports)
- Visit: [www.nfb.hereathome.ca](http://www.nfb.hereathome.ca)  
(for video short stories about the project and our participants)
- Visit: [www.housingfirsttoolkit.ca](http://www.housingfirsttoolkit.ca)  
(for the *Canadian Housing First Toolkit*)
- Visit: <http://eenet.ca/initiative/housing-first-community-interest#about> (for the Canadian Housing First work)



NATIONAL FINAL REPORT  
Cross-Site At Home/Chez Soi Project



Mental Health  
Commission  
of Canada

Commission de  
la santé mentale  
du Canada

[www.mentalhealthcommission.ca](http://www.mentalhealthcommission.ca)