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Conducting Research on Homelessness in Canada from a Community Psychology Perspective: Reflections on Lessons Learned

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Abstract

Homelessness has emerged as a significant and enduring social problem globally in developing and developed countries. With its aim of promoting social justice and influencing public policy, community psychology has much to offer in terms of addressing this problem. The presentation will focus on research and on research and knowledge mobilization efforts on homelessness in Canada of the keynote speaker that now spans over a decade. Specifically, findings from intervention and observational studies as well as knowledge dissemination products including a short video and report card on homelessness will be presented. Lessons learned from this work as a community psychologist will be discussed.

Introduction

Thank you to Dr. Almeida and the Organizing Committee for the invitation to be a keynote speaker at the Third International Conference on Community Psychology. It is my first opportunity to attend this conference and I am heartened and impressed to see the extent community psychology is present in different corners of the world.

Two weeks ago from May 20th to May 22nd, 2010, we held our first national conference on community psychology in Canada in my home city in Ottawa. I find meeting academics, practitioners, and students committed to community psychology values and practice to be energizing – there is no better group of people in psychology to spend time with. So I am happy to be here today.

Let me first tell you a little bit about myself. I am a professor in the School of Psychology at the University of Ottawa. I was trained as a clinical-community psychologist. My research interests are in the areas of community mental health and homelessness. I became involved in the issue of homelessness 15 years ago when I approached to assist as a researcher a new local coalition in Ottawa at the time, known as the Alliance to End Homelessness (ATEH) in Ottawa. The work I am going to present today is in the context of this collaboration and involves research and political advocacy.

To begin this presentation, I am going to provide you with a definition of homelessness and describe briefly the context of homelessness in the developed world

and in particular in Canada. Subsequently, I will present the work and findings from two research efforts in which I have been involved. I will finish the talk by providing an assessment of the contribution of these research efforts and the lessons learned from the work.

Definition and Context of Homelessness in Developed Countries.

In a developed country like Canada, homelessness is defined as a living situation in which individuals and families are lacking permanent housing as a result of poverty and inadequate supports (Hulchanski, 2002). It is referred to in the literature as “literal homelessness” and includes people living on the street, people staying in shelters, and people living temporarily with friends or family (Toro, 2007). Homelessness has emerged as a major social problem in developed countries across Europe and in other parts of the world starting in the 1980s (Shinn, 2007; Toro, 2007).

Homelessness has emerged as an important area of interest to community psychologists working in developed countries. The work of Paul Toro and Mary Beth Shinn, some of which has been published in community psychology journals, is particularly notable (Shinn, 2007, 2009a, 2009b; Shinn et al., 1998; Shinn & Weitzman, 1990; Toro, 2007; Toro et al. 1997; Toro, Trickett, Wall & Salem, 1991; Toro & Warren, 1999).

Why should community psychologists in developed countries like Canada be interested in the issue? Homelessness reflects a failure of social programs

and policies that impacts the most marginalized groups in the population. As a result, new programs and policies are needed. Moreover, the solutions to homelessness are political in nature requiring the mobilization of the community to achieve necessary policy changes. Ultimately, homelessness is a social justice issue. Given this context, community psychologists are well-equipped to contribute in an informed and effective manner to this major social problem in developed countries.

Homelessness in Canada

Canada is very large country geographically with a small number of people, namely 32 million people. It is considered a resource rich country. It is also a relatively young country of less than 150 years and has been populated by immigrants. It has a tradition of having progressive social policies such as universal health coverage, social welfare, and unemployment insurance; many of these policies were brought into being in the 1960s.

Despite its high standard of living and history of progressive social policies, there has been a dramatic increase in homelessness in Canadian cities over the past 15 years (Gaetz, 2010). Estimates put the number of people in a year experiencing homelessness at anywhere from 150K to 250K. The growing population has been characterized by an increasing diversification in the population with it now being made up of single men, single women, youth, and families (Gaetz, 2010). In 1998, the visibility of the problem and the overflowing situation in emergency shelters led the mayors of several large cities to declare homelessness a national disaster (Federal Canadian Municipalities, 2000). Twelve years later, the situation has only gotten worse (Gaetz, 2010).

In trying to identify the factors contributing to increasing homelessness in Canada, I find the analysis done by two Canadian researchers, Shirley Roy and Rock Hurtubise, as particularly helpful (Roy & Hurtubise, 2007). Specifically, they identify factors at three different levels as behind the growth in homelessness, namely structural, institutional, and individual. At the structural level, they identify the growing income inequality with an increasing number of people living in severe poverty, the decrease in affordable housing supply, and the decrease in income support. At the institutional level, they note deinstitutionalization in the mental health system that failed to support people with psychiatric disabilities now living in the community

and child welfare policies that failed to assist youth transitioning from state care to living independently. Finally, in the context of these institutional and structural factors, the combination of poverty with individual vulnerabilities like health problems, social isolation, family difficulties produce homelessness.

Gaetz (2010) and Hulchanski (2002) in their analyses of the homeless problem in Canada, highlighted the termination of spending on housing by the federal government in the early 1990s combined with a reductions in income support for low income Canadians as the major factors fuelling the growth of homelessness in Canada over the past two decades. Together, these two factors have led to a growing number of individuals and families in the population who are unable to access adequate and affordable housing, placing them at risk of becoming homeless. The sub-populations most affected by this situation have been single parent families, visible minorities including aboriginal Canadians, youth, and new Canadians (Gaetz, 2010).

I live in Ottawa, which is the federal capital of Canada. It is a mid-size city with a population of about 1.1 million residents. Ottawa has both Anglophones and Francophones living there along with an increasing number of new Canadians. It has a stable local economy that has been largely recession-proof because of the presence of a large federal civil service. The Ottawa population is also highly educated and the cost of living is relatively high when compared to other Canadian cities. Despite the relative wealth in Ottawa, there has been a growing number of socio-economically disadvantaged individuals and families in Ottawa (Social Planning Council of Ottawa, 2010).

The current homeless situation in Ottawa finds shelter operating beyond capacity (ATEH, 2010). The climate in Ottawa which includes cold nights during three seasons of the year requires use of emergency shelters. The one-year prevalence rate for shelter use has been approximately 7500 individuals per year in the last two years (ATEH, 2010). About 60% of shelter users are single men with the other part of the population including single women, youth, and families with young children. The average length of stay in our shelters in 2009 was 57 days (ATEH, 2010).

In 1995, a group of community agencies launched the ATEH, a coalition now of over 70 community organizations, government, university researchers, and concerned citizens including people with lived

experiences of homelessness intended to contribute to public education, facilitate and disseminate research, and engage in political advocacy surrounding the issue of homelessness. I became involved as a researcher since the beginning of the ATEH in 1995. We have conducted a number of observational and intervention studies in collaboration with the ATEH. I am going to talk about two of the studies.

Principles of Conducting Research within a Community Psychology Perspective.

Before describing these studies, I want to briefly review the five guiding principles for conducting research within a community psychology perspective as elaborated by Dalton, Elias, and Wandersman (2001):

1. Community research is guided by community needs and interests. In other words, the research questions are formulated through a collaboration of community partners and researchers. In this way, the relevance and utility of the research is assured.
2. Research is an exchange of resources between researchers and the community in which they are working. Community partners bring to the research inside knowledge about the context in which they live. Researchers contribute their technical knowledge of research to the process.
3. Research is a tool for influencing political decision-making. This principle conceptualizes research as a tool that can and should be used for political advocacy purposes.
4. Research should be conducted to evaluate community decisions, programs, and policies. In this context, research contributes valuable knowledge about how social problems like homelessness can be addressed in an effective manner.
5. Research needs to produce products that meet the information needs of communities for decision-making and that communicate research findings beyond the academic world to politicians, community leaders, community groups, and the general public. This principle expects community-based researchers to translate new knowledge gained through research for consumption and utility by non-researchers, especially for various stakeholders in the community responsible for solving social problems.

As much as possible, these principles for conducting community-based research have guided our research

on homelessness. In line with definitions of different types of social interventions according to Dalton and his colleagues (2001), I would categorize our work as a form of policy research and advocacy in which we are trying to provide empirical information on the issue of homelessness that can be used for creating social change and contribute to the development of more effective social policies.

Panel Study on Homelessness in Ottawa.

One of the major studies we conducted in collaboration with the ATEH was known as the Panel Study on Homelessness in Ottawa, a longitudinal study that followed a group of people who started out homeless for a period of two years. The objectives of the study were twofold: (1) to identify the resources and risks factors facilitating or impeding a person's exit from homelessness, and (2) to examine the relationship between becoming re-housed and health.

Context and Previous Research.

Our rationale for conducting the longitudinal study on homelessness is that we believed along with our community collaborators that there were new insights to be gained by exploring the likelihood that homeless people with distinct characteristics will overcome their homelessness and achieve housing stability. Longitudinal studies have been widely touted as an effective means by which to increase understanding of the differential ability of individuals and groups to exit homelessness and achieve housing stability (Anderson & Tulloch, 2000).

To date, only a small number of longitudinal studies have tracked persons who are homeless over time to identify pathways out of homelessness (Caton et al., 2005; Cohen, Ramirez, Teresi, Gallagher & Sokolovsky, 1997; Sosin, Piliavin & Westerfelt, 1990; Piliavin, Wright, Mare & Westerfelt, 1996; Stojanovic, Weitzman, Shinn, Labay, & Williams, 1999; Wong, Piliavin & Wright, 1998; Zlotnick, Robertson and Lahiff, 1999). These studies suggest that five sets of factors have been associated with the likelihood that a previously homeless individual will exit homelessness. These factors are: (1) demographic variables, (2) individual protective and risk factors, (3) economic resources, (4) social support, and (5) use of social services.

Female gender and a family status that includes children are demographic variables that have demonstrated a linkage with exits from homelessness (Wong et al., 1998; Zlotnick et al., 1999). Protective

characteristics of note have included employment history and a history of housing stability, whereas identified risk factors have been a history of homelessness, substance abuse, and health problems (Piliavin et al., 1996; Zlotnick et al., 1999).

Economic resources such as wages from work income, reliable social benefits, and subsidized housing emerged as being particularly important for homeless persons and families to become housed (Caton et al., 2005; Piliavin et al., 1996; Shinn et al., 1998; Wong et al., 1998; Zlotnick et al., 1999). Support from family and friends and use of social services has also been shown to be related to successful exits from homelessness (Caton et al., 2005; Cohen et al., 1997; Zlotnick, Tam & Robertson, 2002).

Objectives and Hypotheses.

Using a resilience perspective, the first objective of the study was to identify factors that affect homeless persons' ability to exit homelessness and achieve housing stability. Resilience is defined as the achievement of positive outcomes in the context of significant threat or severe adversity (Luthar, Cicchetti & Becker, 2000; Masten, 2000). Although resilience is a concept that has been investigated most frequently in children and youth, researchers are promoting its applicability to studying the adaptation of adults who are facing adversity. In using resilience to examine the housing trajectories of persons experiencing homelessness, we have identified predictors of exits from homelessness based on research on becoming homeless, insights from the relatively small amount of research cited above that has examined exits from homelessness and a list of protective, resilience-promoting factors emerging from international research on resilience (Masten & Reed, 2002). Our choice of predictors also has been guided by examining variables that have potential practice and policy relevance to address homelessness.

Our predictors are clustered as representing resources or risk factors. Resources refer to a measurable characteristic in a group of individuals or their situation that predicts positive outcomes in the context of adversity (Masten & Reed, 2002). In contrast, risk factors are a measurable characteristic in a group of individuals or their situation that predicts negative outcomes (Masten & Reed, 2002). Through the lens of a resilience model, we hypothesize that resources and risk factors will be predictive of an individual's ability to exit homelessness successfully and attain housing

stability. We are also interested in determining if specific demographic characteristics are predictive of success in leaving homelessness and thus will also examine the explanatory significance of sex, age, family status, and citizenship.

Based on resilience research which has characterized resources (Flynn, Ghazal, Legault, Vandermeulen & Petrick, 2004), we identified three levels of resources that can contribute to exiting homelessness and achieving stable housing. The first, - *individual resources*, - are defined as the capacity of individuals to take advantage of opportunities leading to positive adaptation: employment history, educational attainment, history of housing stability, sense of empowerment. The second - *interpersonal resources* - are defined as opportunities relating to interpersonal relationships and include: size of social network, perceived availability of social support, and satisfaction with social support. The third - *community resources* - refer to different kinds of formal assistance available to individuals: income support, use of health services, use of social services, and living in subsidized housing. We predicted that greater access to these resources will be positively related to leaving homelessness and achieving housing stability. We also identified *risk factors* in the areas of health and substance abuse as playing a role in an individual's capacity to overcoming homelessness. In particular, we predicted that physical and mental health difficulties and substance abuse problems will be negatively related to leaving homelessness. Figure 1 presents the resilience model that was tested in the study.

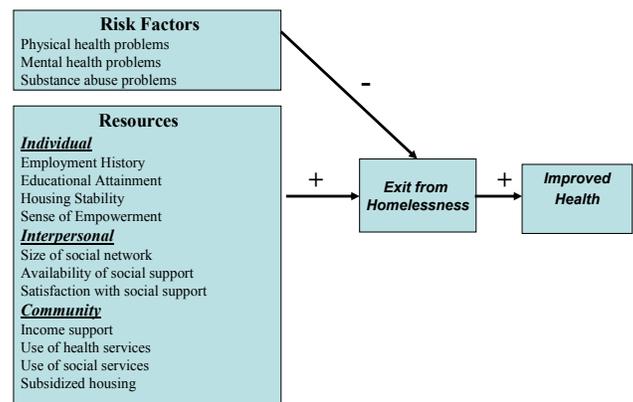


Figure 1. Resilience model tested in the Panel Study on Homelessness in Ottawa

In addition to hypotheses related to the relationship of resources and risk factors to exiting homelessness, we also predicted that exiting homelessness would be related to improvements in physical health and mental health. An implicit inference of studies on homelessness is that stable housing is likely to have positive impacts on formerly homeless persons' health. However, no studies have explicitly explored the relations between the attainment of housing stability for the homeless population and measurable health outcomes. Past research has shown that people who are homeless are in ill health compared to the general population. Homeless people have higher rates of illness, injury and hospitalization than the general population (Beijer & Andreasson, 2009; Hwang, 2001).

Frankish, Hwang and Quantz (2009) describe a complex interplay between homelessness and health issues, where health problems can be both a contributor to and consequence of homelessness. Living in crowded conditions in homeless shelters leads to the spread of infections such as tuberculosis, and homelessness presents barriers to treatment. Homeless people have higher mortality rates than the general population, and higher rates of substance abuse and mental illness. Substance abuse difficulties and poverty increase the risk of both mental and physical health difficulties and homelessness. Injuries and assaults are prevalent among homeless people (Frankish et al., 2009).

People who are homeless may face challenges to managing chronic health conditions such as diabetes or hypertension, and they are at increased of developing a wide range of serious health conditions. Skin infections and dental problems are frequent, and homeless people may develop health conditions normally seen in much older people (Frankish et al., 2009). We found in the Panel Study that our sample of homeless people had significantly higher rates of numerous chronic health problems including asthma, chronic bronchitis, emphysema, arthritis, back problems, and migraine headaches in comparison to the general Canadian population (Aubry, Klodawsky, Hay & Birnie, 2003).

Methodology

The methodology for the project was developed collaboratively based on input from university researchers, community agency personnel, emergency shelter staff, and the City of Ottawa's Housing Branch. The study design involved two interviews with participants, a first interview

conducted when people were homeless and a second interview approximately two years after the first interview. We sampled using stratified sampling procedures for single adults (i.e., based on length stay in shelters of shelter population in 2001 for men and women and based on citizenship for women in women's shelter in 2001) and families (i.e., based on citizenship of shelter users in family shelters in 2001) staying in emergency shelters and population sampling for youth staying either in emergency shelters or using an inner city drop-in centre.

The interview protocols for both interviews included quantitative and qualitative measures asking respondents about their housing histories, income histories, employment histories, social networking, living conditions, social services utilization, health status, health care utilization, substance use, and demographic characteristics. Procedures for locating participants were developed and included obtaining permission from participants to contact family, friends, service providers, and the municipal office administering welfare benefits.

A sample of 412 individuals who were homeless was interviewed in the first phase of the study, including 87 single men, 85 single women, 79 male youth, 78 female youth, and 83 adults in families. A total of 255 participants (62%) were re-interviewed in the second phase of the study. The follow-up sample comprised of 43 single men, 55 single women, 49 male youth, 50 female youth, and 58 adults in families.

Findings

Three quarters (76%) of respondents had been housed for 90 days or more at the time of being re-interviewed. The most common type of housing in which they lived was apartments (52%), followed by townhouses (17%) and houses (14%). Seventy-nine percent of those who were housed rated the overall quality of their housing as being either "somewhat good", "good", or "very good".

Virtually all of the families (97%) were housed. As well, among the subgroups, families had been housed on average for the longest duration ($M = 646$ days). In contrast, less than half of the single men (47%) had exited homelessness. Single men had also been housed on average for the shortest duration of all the subgroups ($M = 265$ days). The majority of families (78%) and over half of housed single women (51%) reported living in subsidized housing. No single men reported living in subsidized housing.

Based on the resilience model of resources and risks described above, a sequential logistic regression on housing status at follow-up found the following predictors of being stably housed for a period of 90 consecutive days or more at follow-up:

1. Among *demographic variables*, younger age was associated with a greater likelihood of being stably housed at follow-up. Women were more likely to be housed at follow-up than men. Families showed a greater probability of being stably housed at follow-up than youth or single adults.
2. Among *individual resources*, a higher number of moves predicted a greater likelihood of being stably housed at follow-up. As well, a higher level of personal empowerment was related to a higher probability of being stably housed.
3. *Interpersonal* resources that included size of social network, perceived social support, and satisfaction with social support were not predictive of housing status at follow-up.
4. Among *community resources*, accessing subsidized housing and having a higher level of income predicted a higher probability of being stably housed at follow-up.
5. *Risk factors* that included the presence of physical health problems, mental health problems, or substance abuse problems (i.e., drug or alcohol abuse) were not predictive of being housed at follow-up.

Two hierarchical multiple regressions were conducted to examine whether housing status at follow-up predicted improvements in physical health functioning or mental health functioning. Becoming re-housed was not associated with an improvement in physical health functioning or mental health functioning for respondents. However, housing quality as perceived by study participants was found to be a significant predictor of change in mental health functioning, with better housing quality at follow-up being associated with improvements in mental health functioning. In other words, participants who expressed higher levels of satisfaction with their housing at follow-up in terms of comfort, privacy, and overall quality were more likely to experience improvements in mental health functioning over the course of the study.

The above represents some select findings from this study. Two technical reports presenting all of the findings from this research (Aubry et al., 2003; Aubry, Klodawsky, Neimiroff, Birnie & Bonetta, 2007) can be accessed on the web at

http://www.socialsciences.uottawa.ca/crecs/eng/pub_proj_reports.asp.

Implications for Policy and Practice.

A number of program and policy implications are suggested by our findings:

1. It is clear in our findings that adults in families who experience homelessness in Ottawa are successful at re-establishing their housing. It is important to note that individual in families represented a distinct subgroup relative to other subgroups, with their homelessness tied closely to economic difficulties (Aubry et al., 2003). In this context, the fact that over three-quarters of families were living in subsidized housing should be regarded as a critical reason for the housing stability they were able to achieve at follow-up.
2. In contrast to adults in families, less than one-half of single men (49%) were housed at follow-up. Given that the majority of individuals in the homeless population are single men, these findings suggest that a more concerted focus on them, involving different strategies than are currently used, are needed. Affordability of housing appears to be a particular issue faced by single men, as none of them reported living in subsidized housing at follow-up. As well, the importance of offering support in addition to housing, seems evident for many in this subgroup who experience significant health problems (Aubry et al., 2003).
3. Our findings also highlight the important role of subsidized housing in assisting formerly homeless people to successfully exit homelessness. In particular, participants in our study who accessed subsidized housing between interviews were more likely to be housed at follow-up. Our study joins previous research in showing the difference that subsidized housing can make in helping individuals and families who are homeless become re-housed on a long-term basis (Piliavin, Entner Wright, Mare & Westerfelt, 1996; Stojanovic et al., 1999; Wong, Piliavin & Wright, 1998; Zlotnick et al., 1999).
4. Our findings showed that, in addition to those who had access to subsidized housing, people with higher incomes were more likely to be housed at follow-up. The fact that economic factors and risk factors emerged as predictors of housing status highlights the importance of developing policies that will assist people who are homeless or at risk of becoming homeless to

afford housing. A straightforward strategy towards this end is to increase income support benefits. Almost 90% of participants in our study relied on social benefits as their sole source of revenue (Aubry et al., 2003).

5. The provision of rent supplements enabling people on low income to access private market housing is another strategy that is indicated by our findings. Economic resources, whether in the form of subsidized housing or higher income, is associated with exiting homelessness. Research has shown that rent supplements are effective in assisting individuals with a history of homelessness to achieve housing stability, including people with severe mental illness (e.g., Hulbert, Wood & Hough, 1996; Shinn et al., 1998; Sylvestre et al., 2004).
6. The perceived quality of housing at follow-up emerged as a predictor of improvements in mental health functioning over the course of the study. This finding indicates the need for policies which ensure that available affordable housing is of good quality in relation to safety, comfort, spaciousness, and privacy.

Dissemination Strategy

Our partnership with the Alliance to End Homelessness in Ottawa in conducting the study sensitized us to the need to communicate its findings in ways that are comprehensible and accessible to several critical targets beyond an academic audience. Appropriate communication methods are essential to the effective translation of research knowledge into policy and practice. Effective communication of research findings entails integrating and simplifying information so that it is accessible to the target audience, and may include multiple modalities to target different stakeholders (Choi, 2005; Graham et al., 2006). In order for research to affect policy, the research issues must be brought to the policy agenda, and knowledge must be effectively and useably communicated to policymakers (Choi, 2003; Lavis, 2006). Similarly, effective communication can bridge the gap between research and practice (Choi, 2005; Graham et al., 2006).

Over the course of my academic career, I have become more aware of the difficulties in transferring knowledge produced by research as an effective “story” for use by all types of media – print, TV, radio and the internet – so that research results, and how they can influence policy action, can be “heard” and understood. As a result, the completed project led to the creation of a number of innovative tools

communicating findings in a clear and compelling manner to non-academic stakeholders (i.e., citizens, policy-makers, politicians).

These tools were: (1) a 12-page booklet presenting research findings in a “popularized” text format, (2) 11 videotaped interviews with persons who have experienced homelessness and are now housed twinned with commentary by the researchers who tied the narratives to the findings of the Panel Study, (3) a 16 minute video documentary entitled “From Homeless to Home” in which three individuals tell their story about experiencing homelessness and becoming housed again and their stories are interpreted in the context of the panel study findings, (4) a two-part 30 minute radio documentary on the study that was broadcast on CHUO, the Carleton University radio station in Ottawa, and (5) an article on the research that appeared in the on-line magazine (Culture).

The 16 minute video documentary was shown as part of this keynote address at the Third International Conference of Community Psychology in Puebla. All the dissemination products are available on the website of the ATEH in Ottawa at <http://www.endhomelessnessottawa.ca/homelessness/Homelessproject.cfm>.

Developing a Report Card on Homelessness for Ottawa.

The second piece of collaborative research I want to present to you involves the development and dissemination of a report card on homelessness in Ottawa. The first report card was developed in 2005, summarizing the situation in Ottawa in 2004. Since then, we have produced annually a total of six report cards. The report card is a product of researchers, community agency personnel working on homelessness, municipal employees, and concerned citizens who contribute as volunteers. Copies of these report cards are available on the web at <http://www.endhomelessnessottawa.ca/>.

Literature Review.

Prior to developing the first report card, we conducted a literature review on “report cards” (Beaulac, Goodine & Aubry, 2004). In this literature, a “report card” has been defined as a tool that communicates information about key social, health, economic, or environmental conditions in a community (United Way of America, 1999). Over the past twenty years, report cards have been

developed to summarize the state of affairs in a wide range of public policy areas, including the environment, education, fire protection, health and social welfare, economic development, government management, and fiscal policy (Coe & Brunet, 2006).

Report card can have a number of purposes including defining a community problem, tracking change, mobilizing community problem-solving, educating the public and increasing awareness around a social issue, advocating for policy changes, ensuring accountability, and promoting specific actions (Beaulac et al., 2004). Gormley and Weimer (1999) identified three types of report cards: (1) *Scientific report cards* that are based on data collected in a methodologically rigorous manner, (2) *popular report cards* that communicates relevant information clearly and effectively, and (3) *hybrid report cards* that combine scientific rigour with effective communication.

The literature on report cards stresses the importance of the involvement of major stakeholders in developing a report card (Fielding, Sutherland & Halfon, 1999; Simmes, Blaszcak, Kurtin, Bowen & Ross, 2000). In the case of the report card on homelessness, these included researchers, personnel of community agencies serving people who are homeless, and staff of the municipal government familiar working with relevant indicator data. Specifically, a working group made up of representatives from these different stakeholders was formed by the ATEH to develop the report card.

In order to solicit input on the format and content of the report card, a consultation of representatives of the organizations making up the Alliance was conducted (Browne, Beaulac, Fuller & Aubry, 2007). Based on this consultation, the following central messages for the report card were identified: (1) homeless people are a diverse group made up of single adults, youth, and families, (2) homelessness is not a conscious choice or a lifestyle decision but rather a life crisis over which individuals and families have no control, (3) the reasons behind homelessness are first and foremost economic in nature, especially involving poverty and the lack of affordable housing; and, (4) homeless people live in very difficult circumstances and frequently need both housing and supports to re-establish their lives in the community. These messages were intended to challenge some of the public stereotypes about homelessness and the homeless population.

A major goal of the report card was to describe homelessness in an accurate manner using credible data. Based on the types of report cards described earlier, a “hybrid report card” emerged as the chosen model for the Ottawa report card on homelessness. On the one hand, the report card was to serve as a formal means of monitoring and evaluating progress in ending homelessness in Ottawa using reliable indicators; while on the other hand, in order to mobilize the community in addressing homelessness in Ottawa, the document needed to be accessible to a wide audience, including the general public, politicians, decision-makers, and service providers.

Content of Report Card.

The make-up of the report card was divided into three main sections. The first section presented indicator data as it relates to housing, income, and homelessness. The second section described programs and services in Ottawa intended to assist people who were homeless or at risk of losing their housing. The final section presented recommendations for government and community members to effectively address homelessness.

The choice of indicators was based on availability and the need for data to be updated at minimum on an annual basis. Table 1 (see last page) presents a list of indicators with the data sources that have been used in the report card.

Grading Process.

The data in the first report card released in 2005 and based on indicator data for 2004 served as a baseline from which data in subsequent years could be evaluated. Using letter grades, progress was evaluated starting with the Second Report Card on Homelessness in Ottawa released in early 2006 and focusing on 2005 (Alliance to End Homelessness in Ottawa, 2006). Initially, an overall grade was assigned based on the following anchors for each of the letter grades: A = Significant progress with percentage change on indicators of 15% or more; B = Some progress with percentage change on indicators of 5% – 15%; C = No Progress with percentage change on indicators of less than 5%; D = Some Loss with percentage change on indicators of 5% – 15%; E = Significant loss with percentage change on indicators of 15% or more. Beginning in 2006, grades were assigned for indicator data on housing, income, number of people homeless, and length of shelter stay.

A two-step process for assigning grades was used in which initially indicator data for different years was sent electronically to members of the Steering Committee of the Alliance. In the first step, each member assigned grades independently. For the second step, these assignments were summarized and communicated at a meeting of the Steering Committee. At this meeting each member present provided a new grade publicly with justification. Final grades were then determined through a consensus process.

In 2009, it was decided the assignment of grades would be based beginning in 2010 on the extent progress was being made towards four key goals set by the Alliance for ending homelessness in Ottawa over a 10-year period. These goals were: (1) Reduction of the number of people using emergency shelters to 2000 people per years (from approximately 7500 in 2009), (2) reduction of emergency shelter stays to 30 days (from an average of 57 days in 2009), (3) reduction of the number of households on the social housing registry to 4000 (from over 10,000 in 2009), and (4) having individuals and families living on low and fixed incomes to spend a maximum of 30% of their income on housing costs (Alliance to End Homelessness in Ottawa, 2010).

Dissemination Strategy

There are several steps that have been followed by the Alliance to maximize the impact of the release of its report cards. Specifically, a press conference is held the day of the release and the report card is made available on the web. The press coverage of the release has been excellent for each of the six years with news items appearing in local newspapers and on television and radio newscast. It has also resulted over the years in editorial pieces and columns. The Alliance has for the most part successfully shaped the information and messages appearing in the media. Generally, the media focus has been on the data rather than the grade assignment. The fact that the messaging based on the data communicated no progress in the first four years (2004 – 2007) and a worsening of homelessness in the past two years (2008-2009) has facilitated garnering media attention since they provided evidence of a “dramatic” nature that lends itself to criticizing government (Coe & Brunet, 2006).

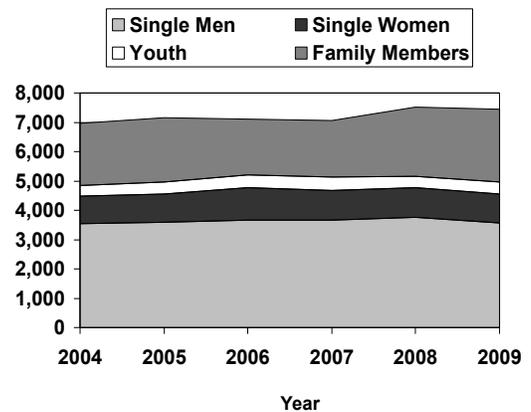
Shortly after the release, there is a mail-out of hard copies of the report card to local politicians at the three different levels of government (i.e., municipal,

provincial, and federal) as well as relevant Ministers in the provincial and federal governments. These mail-outs are followed with visits to these politicians to discuss the information in the report card and how governments can better respond to the issue. The report card always includes some very specific policy recommendations targeting especially housing and income support policies for consideration by politicians.

Conclusions.

A key question that every community psychologist needs to answer: “Is your research making any difference?” We have now completed the panel study that included the creation of the previously described knowledge transfer products. We have also put out six report cards reporting on six years of data from 2004 to 2009. The longitudinal picture available from the data published in these report cards enables us to track the progress that is being made in addressing homelessness in Ottawa. Figure 2 presents the number of different individuals who have used emergency shelters annually for each of those six years.

TAL



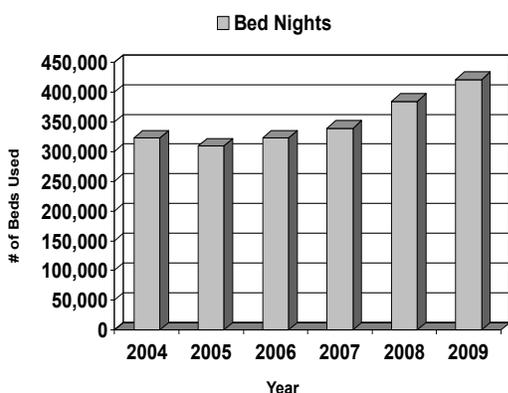
Source: City of Ottawa. Note. 2004-2006 data standardized to 2007 & 2008 results.

Figure 2. Number of different people using emergency shelters annually in Ottawa (2004-2009)

As presented in Figure 2, the total number of people homeless annually remained stable from 2004 to 2007, increased by about 500 people in 2008, and has remained at this level in 2009. Overall, this data shows no progress over the six year period with some deterioration being evident in the past two years.

As shown in Figure 3, further evidence of the deterioration is evident in the monitoring of shelter

bed use over the six years.



Source: City of Ottawa. Note. 2004-2006 data standardized to 2007& 2008 results.

Figure 3. Number of shelter beds used annually in Ottawa (2004-2009).

As presented in Figure 3, shelter bed use has shown increased in the past three years as a result of more people staying in emergency shelters and for longer periods of time. At this point, despite being involved in a coalition whose objective is to end homelessness, we seem to be going in the opposite direction. Despite this lack of progress so far in reducing homelessness in our city and our country, I continue to believe that community psychologists can and should play an important role in addressing homelessness.

First of all, community psychology values an ecological perspective where the interaction of the person with his or her environment is used to analyze and address social problems. Given the structural factors that are contributing to homelessness and requiring policy-level interventions, community psychologists are trained and well-placed to work at this level in addition to understanding the individual diversity that is characteristic of the homeless population.

As well, homelessness is a complicated issue that requires collaborative efforts in communities including the engagement of the public to solve it. Community psychologists have the ability to do the kind of community organizing required to address homelessness, including contributing to political advocacy efforts through research.

In terms of research, there is a need for quantitative population-level research that shows the diversity in

the population and evaluates the effectiveness of programs and policies as well as qualitative storytelling research that provides a much-needed human face to the problem challenging common negative “victim-blaming” stereotypes about people who experience homelessness. Ultimately, community psychologists can marry research, knowledge exchange, and political advocacy.

Lessons Learned.

In conclusion, what lessons can I draw from the research on homelessness in which I have been involved for over a decade?

First of all, our work locally has been overly narrow constraining our ability to influence provincial and national public policy-making. We need to expand research and advocacy efforts so that they are much broader in nature. Using Bronfenbrenner’s model (Bronfenbrenner, 1979), we need to move the focus from the meso- and exo- levels to the macro-level particularly as it applies to the development of social policies that will address housing-related poverty.

Secondly, politicians, community groups, and the public are receptive and interested in research on solutions to social problems like homelessness. Our challenge in conducting research on homelessness is developing it in collaboration with the community so that it is maximally pertinent and useful. As well, as researchers we are faced with the challenge of ensuring that findings are communicated in an accessible manner.

Thirdly, we have been very fortunate to have a productive collaboration with a very active community coalition of committed organizations. The collaboration has reflected an exchange of resources with researchers providing research abilities in exchange for in-depth knowledge about the issue, relevant research questions, and assistance with knowledge mobilization provided by community groups.

Fourthly, a significant investment in dissemination is required for research findings to be accessible to and used by the community. The emerging area of knowledge mobilization is an important one for community psychologists to master. Community psychologists are well-placed to be leaders in this area.

Finally, like many other social problems that are enduring, tackling homelessness requires persistence.

My own reading of the situation in Canada is that we are close to what the Canadian-born author, Malcolm Gladwell, would call a “tipping point” in terms of finally addressing the problem of homelessness (Gladwell, 2000). For the last several years, the public discourse about homelessness in Canada has turned to solutions and specifically, the need to create affordable housing and to address growing poverty in the population.

In Canada, there is finally discussion on the part of our federal politicians of developing a national housing strategy. At the provincial level, there is also the development in of anti-poverty strategies. Time will tell if these will lead to the needed investments in the creation of affordable housing and the development of more effective income support programs for people living in poverty. As a community psychologist, I am cautiously optimistic and it motivates me to continue this work.

References

- Alliance to End Homelessness in Ottawa (2006). *Experiencing Homelessness Third Report Card on ENDING Homelessness in Ottawa. Jan-Dec 2006*. Retrieved December 23, 2010 from <http://www.endhomelessnessottawa.ca/documents/3rdReportCardonEndingHomelessnessOttawaJan-Dec2006-Sept2007.pdf>
- Alliance to End Homelessness in Ottawa (2010). *Report Card on Ending Homelessness in Ottawa, Jan – Dec 2009*. Retrieved December 23, 2010, from <http://www.endhomelessnessottawa.ca/documents/ReportCardinEndingHomelessnessinOttawa2009.pdf> .
- Anderson, I. & Tulloch, D. (2000). *Pathways through homelessness: A review of the research evidence*. Edinburgh: Scottish Homes.
- Aubry, T., Klodawsky, F., Hay, E. & Birnie, S. (2003). *Panel Study on Persons Who Are Homeless in Ottawa: Phase I Results*. Research report prepared for the City of Ottawa Homelessness Initiatives Team. Centre for Research on Community Services, University of Ottawa.
- Beaulac, J., Goodine, L. & Aubry, T. (2004). *Report Card Methodology and Indicators: Development of the Report Card on Homelessness in Ottawa. Part I – Review of the Literature*. Ottawa, ON: Centre for Research on Educational and Community Services.
- Beijer, U. & Andréasson, S. (2009). Physical diseases among homeless people: Gender differences and comparisons with the general population. *Scandinavian Journal of Public Health*. 37, 93-100.
- Bronfenbrenner, U. (1979). *The Ecology of Human Development: Experiments by Nature and Design*. Cambridge, MA: Harvard University Press.
- Browne, L., Fuller, P., Beaulac, J. & Aubry, T. (2007). Developing a Report Card on Homelessness for a Canadian City: A Case Study. *Canadian Review of Social Policy*. 58, 108-116.
- Caton, C. L. M., Domínguez, B., Schanzer, B., Hasin, D. S., Shrout, P. E., Felix, A., et al. (2005). Risk factors for long-term homelessness: Findings from a longitudinal study of first-time homeless single adults. *American Journal of Public Health*. 95, 1753-1759.
- Choi, B. C. K. (2005). Understanding the basic principles of knowledge translation. *Journal of Epidemiology and Community Health*. 59, 93.
- Choi, B. C. K. (2003). Bridging the gap between scientists and decision makers. *Journal of Epidemiology and Community Health*. 57, 918.
- Coe, C. K. & Brunet, J. R. (2006). Organizational report cards: significant impact or much ado about nothing? *Public Administration Review, January-February*. 90-100.
- Cohen, C.I., Ramirez, M., Teresi, J., Gallagher, M. & Sokolovsky, J. (1997). Predictors of becoming redomiciled among older homeless women. *The Gerontologist*. 37, 67-74.
- Dalton, J., Elias, M. & Wandersman, A. (2001). *Community Psychology: Linking Individuals and Communities*. New York, NY: Wadsworth Publishing.
- Federal Canadian Municipalities (2000). *A National Affordable Housing Strategy*. Retrieved December 23, 2010 from <http://www.fcm.ca/english/View.asp?mp=813&x=814> .

- Fielding, J.E., Sutherland, C.E. & Halfon, N. (1999). Community health report cards. Results of a national survey. *American Journal of Preventive Medicine*. 17, 79-86.
- Flynn, B., Ghazal, H., Legault, L., Vandermeulen, G. & Petrick, S. (2004). Use of population measures and norms to identify resilient outcomes in young people in care: an exploratory study. *Child and Family Social Work*. 9, 65 – 79.
- [Frankish, C. J.](#), [Hwang, S. W.](#) & [Quantz, D.](#) (2005). Homelessness and health in Canada: research lessons and priorities. *Canadian Journal of Public Health*. 96, S23-S29.
- Gaetz, S. (2010). The struggle to end homelessness in Canada: How we created it the crisis and how we can end it? *The Open Health Services and Policy Journal*. 3, 21-26.
- Gladwell, M. (2000). *The Tipping Point: How Little Things Can Make a Big Difference*. New York, NY: Little Brown.
- Gormley, W. T. Jr. & Weimer, D. (1999). *Organizational Report Cards*. Cambridge, MA: Harvard University Press.
- Graham, I. D., Logan, J., Harrison, M.B., Straus, S.E., Tetroe, J., Caswell, W. & Robinson, N. (2006). Lost in knowledge translation: Time for a map? *Journal of Continuing Education in the Health Professions*, 26, 13-24.
- Hulbert, M. S., Wood, P. A., & Hough, R. L. (1996). Providing independent housing for the homeless mentally ill: A novel approach to evaluating long-term longitudinal housing patterns. *Journal of Community Psychology*. 24, 291-310.
- Hulchanski, J. D. (2002). *Housing Policy for Tomorrow's Cities*. Ottawa: Canadian Policy Research Networks, Discussion Paper F/27.
- Hwang, S. W. (2001). Homelessness and health. *Canadian Medical Association Journal*. 164(2) 229-233.
- Lavis, J. N. (2006). Research, public policymaking, and knowledge-translation processes: Canadian efforts to build bridges. *Journal of Continuing Education in the Health Professions*. 26, 37-45.
- Luthar, S. S., Cicchetti, D. & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development*. 71, 543-562.
- Masten, A. S. (2001). Ordinary magic: Resilience processes in development. *American Psychologist*. 56, 227-238.
- Masten, A. S. & Reed, M. G. J. (2002). Resilience in development. In C. R. Snyder & S. J. López (Eds.). *Handbook of Positive Psychology*. (74-88). New York, N. Y.: Oxford University Press.
- National Alliance to End Homelessness (2010). Changes in the HUD Definition of "Homeless".
- Washington, D.C.: Authors. Retrieved December 23, 2010 from <http://www.endhomelessness.org/content/article/detail/3006/>.
- Piliavin, I., Entner Wright, B. R., Mare, R. D. & Westerfelt, A. H. (1996). Exits and returns to homelessness. *Social Service Review*. March, 33-57.
- Roy, S., & Hurtubise, R. (2007). Introduction. In S. Roy and R. Hurtubise (Eds.). *L'itinérance en questions*. (1-24). Quebec: Presses de l'Université du Québec.
- Shinn, M. (2007). International homelessness: Policy, socio-cultural, and individual perspectives. *Journal of Social Issues*. 63, 657-677.
- Shinn, M., Weitzman, B.C., Stojanovic, D., Knickman, J.R., Jiménez, L., Duchon, L., James, S. & Kranz, D. (1998). Predictors of homelessness among families in New York City: From shelter request to housing stability. *American Journal of Public Health*. 88, 1651-1657.
- Shinn, M. (2009a). How psychologists can help to end homelessness. *InPsych: The Bulletin of the Australian Psychological Society*. 31, 8-11.
- Shinn, M. (2009b). Homelessness and relationships. In H. T. Reis & S. Sprecher (Eds.), *Encyclopedia of Human Relationships, Vol 2* (809-811). Thousand Oaks, CA: Sage.
- Shinn, M., & Weitzman, B. C. (Eds.). (1990). Urban homelessness [Special issue]. *Journal of Social Issues*. 46.

- Simmes, D. R., Blaszcak, M. R., Kurtin, P. S., Bowen, N. L., & Ross, R. K. (2000). Creating a community report card: The San Diego Experience. *American Journal of Public Health*, 90, 880-882.
- Social Planning Council of Ottawa (2010). *Poverty Profile of the City of Ottawa*. Ottawa, ON: Authors. Retrieved December 23, 2010 from http://www.spcottawa.on.ca/publications_eng.
- Sosin, M., Piliavin, I. & Westerfelt, H. (1990). Toward a longitudinal analysis of homelessness. *Journal of Social Issues*, 46, 157-174.
- Stojanovic, D., Weitzman, B.C., Shinn, M. Labay, L. E. & Williams, N.P. (1999). Tracing the path out of homelessness: The housing patterns of families after exiting shelters. *Journal of Community Psychology*, 27, 199-208.
- Sylvestre, J., Trainor, J., Aubry, T., George, L., Nelson, G., & Ilves, P. (2004). *An Evaluation of Phase 1 of the Homelessness Initiative: Outcomes Report*. Toronto, ON: Ontario Ministry of Health and Long-Term Care.
- Toro, P. (2007). Toward an International Understanding of Homelessness. *Journal of Social Issues*, 63, 461-481.
- Toro, P.A., Rabideau, J.M., Bellavia, C.W., Daeschler, C.V., Wall, D.D., & Thomas, D.M. (1997). Evaluating an intervention for homeless persons: Results of a field experiment. *Journal of Consulting and Clinical Psychology*, 65, 476-484.
- Toro, P., Trickett, E., Wall, D. D. & Salem, D. A. (1991). Homelessness in the United States: An Ecological Perspective. *American Psychologist*, 46, 1208-1218.
- Toro, P., & Warren, M. G. (1999). Homelessness in the United States: Policy considerations. *American Journal of Community Psychology*, 27, 119-136.
- United Way of America (1999). *Community Status Reports and Targeted Community Interventions: Drawing a Distinction*. Alexandria, VA: Authors (Item No. 0176).
- Wong, Y.I., Piliavin, I. & Wright, B.R.E. (1998). Residential transitions among homeless families and homeless single individuals: A comparison study. *Journal of Social Service Research*, 24, 1-27.
- Zlotnick, C., Robertson, M. J. & Lahiff, M. (1999). Getting off the streets: Economic resources and residential exits from homelessness. *Journal of Community Psychology*, 27, 209-224.
- Zlotnick, C., Tam, T. & Robertson, M. J. (2003) Disaffiliation, Substance Abuse and Exiting Homelessness. *Substance Use and Misuse*, 38, 577-599.

Table 1. Indicators and data sources for Report Card on Homelessness in Ottawa

Indicator Area	Indicator	Data Source
Housing	Number of social housing units	City of Ottawa
	Number on social housing waiting list by client group	Ottawa Social Housing Registry
	Number of rent supplement units	City of Ottawa
	Number of supportive housing units	Supportive Housing Coalition
	Rental Vacancy Rate	Canada Mortgage Housing Corporation
	Average Rent for a 2 bedroom units	City of Ottawa
Income	Social Assistance for a single person	Province of Ontario
	Average monthly # of Ontario Works Cases	City of Ottawa
	Minimum Wage	Province of Ontario
	Cost of Living increase	Statistics Canada Consumer Price Index
Homelessness	Number of different individuals using emergency shelters broken down by subgroups	City of Ottawa
	Total number of shelter bed usage	
	Average length of stay in emergency shelters by client group	