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A study of Homelessness in Canada and the application of the Housing First model.

The extent of clients' choice of housing

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Abstract

Housing First has gained grounds in Canada starting from the year 2009 after an evidence-based research (At Home/Chez Soi (AC/CS)), funded by the Mental Health Commission of Canada (MHCC), demonstrated with supported evidence that study participants (homeless persons), especially those who are chronically homeless, can possibly gain better quality of life, housing stability as well as they can participate and engage in the community if they are provided with a place to stay and are provided support services.

Constructed on certain principles, and also prioritizing rent supplements and clinical interventions, communities running HF interventions/programs may adapt to program fidelity based on their respective community context and population needs. Irrespective of what form HF is being operated, adherence to the principles is a key aspect for a successful program delivery.

Though Housing First has proved to be successful in preventing and reducing homeless in Canada, there still exist challenges around program sustainability resulting from shortage in affordable housing as well as funding limitation. As a result, the aspect of "clients' choice" which is one of the most important HF principle, is facing a backlash which in the long-run can pose a significant challenge to both the program fedility and clients success.

Findings proposed increased program funding and investment in the supply of affordable housing for a continuous and smooth operation of HF.

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List of Abbreviations

HF Housing First

NHS National Housing Strategy

NSS National Shelter Studies

CHF Calgary Homeless Foundation

HPS Homeless Partnering strategy

HIFIS Homeless Individuals and Families Information System

HMIS Homeless Management Information System

MHCC Mental Health Commission of Canada

AC/CS At Home/Chez Soi

GOC Government of Canada

CHRN Canadian Homelessness Research Network

ACT Assertive Community Treatment

ICM Intensive Case Management

NRHN National Rights to Housing Network

PSH Permanent Supportive Housing

Introduction

1.1 Background

An increase in homelessness in Canada can be traced back to the early 1980s when the Federal government made massive cuts in welfare programs and also withdrew her investment in affordable housing without ensuring alternative measures or a backup plan to accommodate such a move (Gaetz et al., 2014). More so, the deinstitutionalization during this same period pushed individuals from psychiatric and mental health facilities into communities without providing measures to support these individuals. This move generated enormous challenges for individuals already suffering from psychiatric illnesses and equally, crime rates and incarceration doubled during this period. Homelessness also became a very serious problem (Senate Canada 2004:38-41). Both moves led to a decrease in affordable housing and consequently increased poverty, an issue which prompted the government in 1999 to launch the National Homeless Initiative (NHI) with an investment of 750 million dollars to address homelessness in Canada over three year period. This commitment was renewed with 405 million dollars in 2004 for another three years period. In 2006 the NHI was revised to become the Homelessness Partnering Strategy (HPS), and later in 2007 it embarked in finding lasting solutions to ending Canadian homelessness after report findings by the Canadian Council on Social Development showed that over a quarter (2.7 million) of Canadian household spending was going towards rental payments (Ling 2008:2,Gaetz et al 2013:13-20). The increase in rental cost showed a decline in housing security coupled with affordability challenges due to declining incomes. This was quite visible in the nationwide increase in homelessness during this period as reflected by the increase in the national shelter usage. The Housing First Initiative in Canada was the result of an attempt to replicate the model developed to address homelessness in New York; spearheaded by the Sam Tsemberis and referred to as Pathways

to Housing, and after a pilot project (At Home/Chez Soi) became the Canadian model in providing permanent housing for the homeless with no precondition.

The At Home/ Chez Soi research focused on addressing chronic homelessness and the study identified different sub-groups of homeless individuals which include Adults, youths, women, Seniors, Indigenous people, Families, Children and Veterans. As per the Canadian Observatory on Homelessness Research Paper # 12 (Gaertz et al.,2016:5), adults between the ages of 25-49 make up the largest group of the Canadian homeless population of about 52%. While women account for a steady rate of about 27.3%, the population of homeless youths has been on a decline (about 2.4% since 2005) accounting for about 18.7% of the overall population. It is also important to note that the amount of seniors (50-64 years old) accessing the shelter has doubled from 2,244 in 2004 to 4,332 in 2015 even when they make up just below 4% of emergency shelter users. Lastly, with approximately 639,900 Veterans in Canada (VA., 2019), 2,950 (2.2% of shelter users) are accessing emergency shelters as an alternative to a permanent home, while over-representation of Indigenous population indicates a high shelter usage of between 27.7-33.5% even when they only comprise about about 5% of of the entire Canadian population (Gaertz et al., 2016-32).

According to this report, mental health and addiction were common factors that affected almost all categories of the homeless population (Bourque, 2014).

The trends associated with homelessness vary among and between sub-groups of the homeless population. For example, ‘veterans’ homelessness is mostly attributed to challenges faced during transitioning from military to civilian lifestyle. The process of moving from a structured military to an unstructured civilian lifestyle has often been accompanied with behavioral challenges and has caused Veterans to experience more episodic homelessness compared to non-veterans (Bauer & Segaert, 2015).The Non- veterans which include youths,

families, women, people with mental health or addiction issues, people impacted by violence, immigrants, refugees, seniors, ethno-racial and racialized people, members of the LGBTQ2S according to Gaetz et al., 2012, are most likely to experience homeless situations which have been provoked by structural and systemic barriers including, but not limited to poverty, unemployment, domestic violence and sometimes poor health. However, poverty and the lack of affordable housing have been the most common causes of, and the reason for, the rise of homelessness. The intertwined relationship between income and basic necessities such as food, clothing, health care, childcare and education for instance makes it difficult to pick amongst these competing necessities. Poverty prone persons are said to be at higher risk of becoming homeless as they must make very difficult choices. In their scale of preference therefore, they often end up picking up the less costly necessities. Unfortunately, housing is usually dropped amongst other choices due to the high proportion of income that is required for rental payments (National Coalition for the homeless (NCH), 2009). On this same note, Indigenous (including First Nations, Inuit, and Metis) homelessness has been attributed to the effects of colonization and cultural genocide which extends from the historical experience to the ongoing experience of today's racism which is impacting this specific sub-group of homeless population. However, other sub-groups of homeless population such as families, youth, women, seniors, people with mental health, immigrants, refugees, ethno-racial and racialized people, minority groups (LGBTQ2S) will experience homelessness differently as per their unique constellation of circumstances. Hence, community responses to tackle homelessness must take into account the varying circumstances attributed to specific sub-group of these homeless populations so as to actually address the root causes (Gaetz et al, 2012). Also, as suggested by Kingdom (2003), social issues of this nature must be considered as political problems so as to ensure necessary remedies.

1.2. Objectives

In 2001, Canada introduced an anti-homelessness program called Supporting Communities Partnership Initiative, also called 'Skippy', which supported shelters and other community facilities in their fight against homelessness (Hughes et al., 2018). Based on two studies that were carried by the Canadian Observatory on Homelessness between 2005 and 2014 (National Shelter Study and the Point in Time Count), findings showed that the number of Canadians using shelter services was reduced by almost 20,000 people in this period (Hughes et al, 2018). The first National Shelter Study (NSS) covered the period 2005-2009 and the result released in 2013. It comprised a comprehensive account of those experiencing homelessness in Canada within this period (Government of Canada, Cat. No.: SSD-231-07-19E:6, Segaert, 2012:1). The study took into consideration the population, trends, average shelter stay rate, and number of shelter beds used by Canadians experiencing homelessness during this period. The second NSS updated information of the previous study and also extended studies to 2014. Data from the Homeless Individuals and Families Information System (HIFIS) and that of communities and homelessness service providers were collected electronically from the City of Toronto, British Columbia and the province of Alberta. The results from these studies relating to the perception of Canadian homeless population and the realities of homelessness in Canada encouraged policy revision and adoption of Tsemberis styled program for addressing homelessness in Canada.

The success of the above shelter program to address homelessness encouraged the government to implement more programs aimed at reducing homelessness. This triggered a change in the Canadian fight against homelessness and through the Homelessness Partnering Strategy (HPS), a community-based program was initiated in April 2007 with an objective to prevent and seek a lasting solution to homelessness. The HPS has since then approved

projects worth over $750 million, and has proven to be successful and have earned credibility by the Government of Canada Economic Action Plan of 2013, which has further invested about $600 million for a period of five years (2014-2019) in the renewal of its commitment to fight against homelessness.

The new approach was called the Housing First Model (Georing et al., 2014:10).The Housing First Model has been the outcome of larger evidence-based research project worth $110 million (At Home/Chez Soi) that was initiated by the Mental Health Commission of Canada (MHCC) and funded by the Federal Government of Canada in five Canadian cities including Toronto, Montreal, Moncton, Vancouver and Winnipeg (Georing et al., 2014:10-15) The idea of such a project was to demonstrate, with supported evidence that the HF model compared to previous continuum of care models was more effective in addressing homelessness and providing housing stability (Georing et al., 2014:17).

1.3 Research interest

As a means of getting a better understanding of the reasons or meaning attributed to human problems affecting certain group of people in the society, Creswell 2014:4 suggest qualitative research to provide an explorative and inquiry base whereby individualized meaning maybe be extracted from induction. However, he suggest that empahsis should be grounded on the philosophical assumptions associated to the researcher's worldview which often trigger for theirs chosen research method, although mostly hidden during the course of reseaech, it still has a significance according to Slife & Williams 1995.

Therefore, and considering the influence and role of politics in either promoting or preventing homelessness, Careswell 2014:9 holds the point of view that, it should be of interest for the researcher to consider a reformative forcus which aims at addressing those social issues as; oppression, inequlity, alienation, supression, domination etc which greatly marginalizes and

affects mostly the underprivillege groups in societies. Hence, the philosophy guiding such a research should be that of a transformative worldview perspective which probes into the link between policy and politics. The above said link turns out in most cases to be the gap from previous research and the identified problem under current studies.As suggested by Creswell 2014:69, onginog research studies should admit the existence of the identified gaps or deficiencies in previous research findings and focus on exploring possible solutions to these gaps so as to add impetus to some of the already proposed solutions to the existing social problem. In the case of homelessness therefore, and where there exist dual competing facts (i.e., natural and constructed) in relation to the case of homelessness which is both tied to a political agenda and individual casual factors, Montuschi (2015:127) suggest the importance of ascertianing that when there exist an interplay of opposing categories, such as natural and social facts, considerations should be taking when applying specific facts to a certain category because both natural and social facts are partly real and partly constructed.

It is from this notions and with consideration of how the HF model has overated by literatures that and emphasized clients' choice of housing and subtly associated homelessness to housing cost, low incomes, limited affordable housing, housing scarcity etc, that has motivated me to take a slightly different point of view.

My interest to conduct a research on homelessness emanates from my passion in serving humanity as well as my experience while working on the frontline as a case manager in the homeless sector. While serving as Housing First case manager with the Calgary Mustard Seed (a homeless serving agency), I had a caseload of between 20-25 clients at a time. After building a professional working relationship with these homeless persons, i discovered almost a similar trend in their lived experience. While probing futher into the causes of their situation, so as to find the best intervention options for their respective circumstances, the

feedback and observtions I gathered indicated that systemic related hardship was a common denomenator. Most of these individuals were experiencing homelessness that has been provoked by a variety of social and health challenges. Seeking help from the Mustard Seed (a charitable Christian organization) whose mission is to serve the marginalised people of the society, seem to be their only hope of breaking through.On the other hand, I had the opportunities to experience how ideas and society generate tremendous community impact. Finally, I got the privilegde to have a first hand experience of how the interplay of political interest groups (both in the private and public sector) can influence sociatal change and sprung development initiatives.

1.4 Research Question

By providing housing for the homeless, and supporting them with a holistic, client centered approach to deal with those issues associated with their homelessness, the Housing First model has since gained popularity and credibility in addressing this long existing phenomenon. The coordination of HF program delivery services therefore, could serve as an entry point to critically understand and assess the program success or rather, it's outcome. With the involvement and unique role played by respective service organizations of the coordinated network, it is possible to identify loopholes along channels of service delivery; since service providers have specific goals and responsibilities in ensuring overall program success. Program managers and caseworkers may assist in understanding specific clients' needs hence adapting to and adjusting the model to such tailored needs. By so doing, both short-run and long-run challenges can be minimized thereby making the Housing First model more sustainable. Unfortunately, housing which plays a major therapeutic role towards client recovery, and which also, is a key component of the HF core principle is limited in supply. Added to this problem of scarcity in housing, is the challenge of getting clients the housing

type that best fits their circumstances. Often, clients' face a choice contraints resulting from limited availability of affordable housing to high rental cost as well as rejection from some neighbourhoods. Also, due to high crime rates in some neighbourhood and for fear that clients' could easily relapse, such neighbourhoods are disqualified from clients' preferences even they could easily get housing that meets their budget in such a neighbourhood.

Therefore, a deeper examination of the provided responses to the research questions below may be helpful in understanding a major challenge faced by service providers in delivering a successful Housing First program when confronted by the principle of client choice of housing;

1.4.1 Main research questions

1. Do clients' of the HF program face a limitation to their choice of housing?
2. Does the limitation in clients' choice of housing affect client recovery while in the program?
3. Is the core HF principle of clients' choice of housing applied in HF program delivery?

2. Data sources and document analysis

Supporting literatures for this study will rely mostly on secondary data (policy documents, journals, books, articles, advocacy websites etc.). This research will be conducted based on already existing literature, articles, and program documents on homelessness and the application of the Housing First model to address this social problem. However, I will try to limit my data sources to a specified time period between 2005 and 2016 since it was during this time that the HF model was gaining more popularity. Also, specific search words for collecting data on homelessness related literature will focus on keywords such as homelessness, Housing First, consumer choice, shame, stigma, poverty, affordability, client's choice, income, rents, social housing, subsidies etc.

For the purpose of this study, the pre-selected criteria for data sources will be literatures which discuss on the relationship between homelessness and Housing First in Canada. Emphasis will be on the success of the Housing First model in addressing homelessness. Key elements that will be used to measure and analyse these success will take into account consumer choice in housing.

Also, academic materials and grey literature from the United States, Australia and some European countries where searched to help make international comparison.

2.1 Type of research

The above topic under study is homelessness in Canada and the application of Housing First to address homelessness and the issues associated with it. Data collected for this research is collected through an extensive internet search of already published materials on homelessness, housing, and the Housing First model principally in Canada.

2.2 Data Source

For the purpose of this study, secondary data has been used. Secondary data has been collected from government website, research and policy documents, journals, grey literature covering the topics under study. The secondary data explores homelessness in general, the homeless population, the situation of homelessness in Canada and that of some developed countries, the application of Housing First in addressing homelessness in Canada and other western countries, as well as the role of consumer choice in housing.

2.3 Data collection

Policy research has played an important role in the modification of housing related services in Canada just like in Europe, Australia, Finland, Ireland and the United states. Housing First has been the recommendation from policy research to address issues associated with homelessness in Canada and other countries as part of it's' development objective especially

by the providing social and welfare services. Hence, to seek answers to my research questions, it was important to conduct a broad search of relevant and existing literature within the frame of my study to get a comprehension of this topic and to be able to analyse and contribute to existing knowledge. To ensure I stay within the scope of my study focus and the specified time period of this development as there exist a wide range of homelessness related literature, my search was limited to specific keywords. With the help of Google Scholar and search engines (e.g. JSTOR,ORIA,RG), I was able to access literature from a variety of websites such as that of the Canadian Observatory on Homelessness (COH), Australian Housing and Urban Research Institute (AHURI), European Federation of National Organizations Working with the Homeless (FEANTSA), United States Department of Housing and Urban Development (HUD), Government of Canada, Canadian Encyclopaedia, Canadian Homeless Research Network (CHRN), Canadian Alliance to End Homelessness (CAEH), Mental Health Commission of Canada (MHCC). Just by using the phrase homelessness in my online and google search, I was able pull a variety of literatures. However, to limit my search so that it ties with my research topic, a second key phrase that was used for accessing specific literature was Homelessness + Housing First in Canada.

2.3.1 Data analysis

Data sources yielded disaggregate information in terms of the homeless population in relation to the age group, gender, race, livelihood, health and employment status, geographical location, income etc of those affected by this social problem. These information served as key indicators of the presenting problem as they were keenly examined from a wide range of literature sources to answer the what, where, how and why questions related to the topic being investigated to make inferences towards an aggregation of reality.

2.3.2 Validity of research data

Although there is an extensive material covering the topic being researched, the feasibility and appropriateness of collected data may vary in terms of the framing and wordings used in previous studies. The content and context may differ in terms of the subject being investigated with respect to previous research questions. Hence, the definition of concepts may differ between current studies and collected data due to the fact that this study is limited to some specific aspects of a concept as opposed to data sources which relied on broader conceptualizations.

2.4 Literature review

The persistent increase in the number of homeless persons across the globe has probed inquiries into this growing phenomenon worldwide. According to the UN 2005 statistics on homelessness, over 100 million people worldwide lack a place to live while over a billion are living in below standard settlements (UN 2005, E/CN.4/2005/48) (UN Centre for Human Settlements). Being homeless can pose serious health problems as it threatens physical, psychological, emotional, mental and spiritual wellbeing.

The interpretation and understanding of the definition of homeless can be very complex due to the categorization of homeless individuals into sub-groups. According to Lyne (1999), homeless individuals could be sub-grouped into three categories; the chronically, cyclically and temporarily homeless when dividing the total population. In another report, Sebastian et al., (2012) have sought to distinguish the ambiguity of the term by depicting homeless people into two sub-categories which is absolute and relative homeless. According to these writers, the former category will refer to rough sleeping or staying in shelters while the later will refer to those living in housing conditions below the required standard or those whose housing status is threatened by the possibility of eviction for not meeting with the terms of the rental

agreement. However, between these two extreme categories of homelessness is another category of people who are neither on the streets, shelters or have a place of their own; who are considered as the invisibly homeless. The latter category of people facing homelessness often may not be counted simply for the fact they may not be accessing services intended for the general category of the homeless population such as social assistance, rent supplements etc. According to Hughes et al., (2018:13), Gaetz et al., (2016) and homelessworld.org, over 235,000 Canadians on a yearly basis experience at least one form of homelessness as defined earlier, and there can be as much as 35,000 of them seeking a place to sleep each given night. While statistics show that men are the most vulnerable set experiencing homelessness, women also account for up to 27.3% and the youths 18.7% (Hughes et al., 2018; 13-14). According to the OECD database, countries such as Denmark, England, France, Ireland, New Zealand in recent years have witnessed an increase in homelessness while this trend has relatively declined in other OECD member countries such as Finland and the United States of America. For example, Denmark marked an increase from 4,998 in 2009, 5,820 to 6,138 in 2015 with significant increase amongst the ages of 25-29 years (Benjaminsen and Lauritzen, 2015), while in Finland, the homeless population halved from 16000 to about 7500 between 1990-2014 (Busch-Geersema et al.,2014). In the same light, US department of Housing and Urban Development (HUD) through the Annual Homelessness Assessment Report (AHAR) in their Point In Time (PIT) count and the Homelessness Management Information System (HMIS) data showed a significant decrease from 671,888 homeless individuals in 2007 to 649,917 in 2010 and then 564, 708 in 2015.

The rise of homelessness in Canada has been attributed to government social and housing policies, which prompted the closing down of the program for Canadian Affordable Housing resulting in scarcity of affordable housing and increased cost of housing for Canadians

(Gaetz, 2010: 23-24). This change also resulted to cuts in welfare payments, decline in social services, and the de-institutionalization of mental health facilities between the mid-80s and 90s as an austerity measure (Hughes et al., 2018, Aubry et al., 2015:468). Such drastic changes in the mental health sector finances and in the number of facilities were not immediately backed by protective measures at the municipal level of government to help counteract the effects of these changes; a factor which further contributed to the present day challenges faced by the homeless population (Kirby and Keon 2006:13-14).

2.5 Theoretical Framework

This study focuses on the application of the HF model in addressing homelessness in Canada. However, to understand and analyse this social problem within the context of my research and to answer the research questions, it is important to explore some theories which cut across the development of social policies and their supposed objectives which in this case is getting stable and permanent housing for the homeless. For the purpose of this study therefore, a theory of change model will be used to explore and derive possible hypothesis relating to the topic being investigated. In the course of this paper, other related theories such as the capability and choice theory will be explored to get a deeper understanding of the context and to add meaning to the subject matter.

The changes that have led to the endorsement of the HF model as a remedy to homelessness in Canada can best be understood using a theory of change model. A theory of change approach in relation to these studies is necessary to analyze the extent of government intervention through policy revision so as to address issues of homelessness. As defined by Taplin and Clark (2012), “Theory of change is a rigorous yet participatory process whereby groups and stakeholders in a planning process articulate their long-term goals and identify the

conditions they believe have to unfold for those goals to be met. These conditions are modeled as desired outcomes arranged graphically in a causal framework."

In deliberating further, applying a theory of change approach in the context of housing policy changes in Canada specifically to address issue of homelessness, it is important to understand the major roles played by the different levels of government as well as identifying the target population which is hoped will benefit from the specified interventions. For the purpose of this research, the Housing First Model is considered to be a possible remedy to the Canadian homelessness crisis. With the necessary interventions from the HF model, the government, through the HF model, intends to provide the homeless with permanent home while at the same time seeks to address the conditions that have led to their homelessness through supportive services. More so, due to the interlinked concepts associated with homelessness, it is imperative to integrate a variety of theories to answer the research questions.

Firstly, the identification of the target population in the case of housing first is an important aspect to examine. According to Gaetz et al 2014:10, HF was developed to address the problem of chronic homelessness. The definition of chronic homelessness within this context, refers to persons (adults) suffering from mental illness and addictions issues, who experience longer periods of homelessness, frequently use emergency health services and hospitals, often come in contact with the justice system and are difficult to house. These category of persons are said to have developed habits which are difficult to change as a result of them being homeless for an extensive period of time and have developed very complex and cyclical problems which require intensive service usage (Gaetz 2013:10). The success of HF as a homelessness intervention according to Georing et al., 2016 will take into consideration three expected outcomes; outcomes of housing stability, community functioning and quality of life.These there components are what is Taplin, 2012 describes in theory of change as

expected program goals which are only achieved when tied to certain interventions (Taplin 2012:1). In the case of HF, the planning, issue-framing, monitoring and evaluation have taken a progressive route. Firstly, homelessness and the its triggers identified, causes and effects labelled out, required remedies and plans of actions delibrated, partners or stakeholders consulted and expected outcomes decided.

The basis of such intervention by the Canadian government to address homelessness in Canada falls within the scope of social and welfare policy. As defined by RK Sapru (2000), "policy is a purposive course of action taken by those in power in pursuit of certain goals or objectives." The overall aim of the government to ensure that homeless individuals are provided with a permanent home while the issues which got them homeless are being addressed through an integrated system of care model to ensure them of a better quality of life, housing stability and community functioning; clearly demonstrates government adherence to its social responsibility through policy. Though, Ritchie (1926) argues that "the state does not fulfill its responsibility to the people by doing those things which it ought to do. It also fulfills its responsibility when it also refrains from doing the things which it ought not to do." According to Ritchie therefore, state intervention to a certain degree so as to regulate market forces is very necessary in the case of addressing homelessness especially as results from different researches has proven that homeless is the direct result of systems failure. Hulchanski et al., (2009:6) attributed Canadian homelessness crisis to be the direct result of serious social and econimic policy failiure due to the lack of inclusive and universal systems that ensures the provision of basic human needs such as housing. Governments have equally failed through their governance systems and procedures to protect the most vulnerable persons in the society to the extent that it is now institutionalized. According to him, more focus and resources is being allocated to the provision of more and better emergency shelters

whereas, such investment would have been directed towards the provision of more adequate, affordable and stable housing which have proven to generate associated benefits when the homeless finally get housed (Hulchankski et al., 2009:7).

Therefore, state intervention is necessary to modify or influence market forces through politics and administration, by ensuring that individuals and families (homeless persons) can meet certain social contingencies (homelessness) through social security and guaranteed income (housing subsidies/allowance). According to the National Coilition for the Homeless (NCH 2018:7-8), homelessness is the result of political and structural systems put in place which have created an epidemic of inequality. A situation in Canada, which according to Hulchanski et al.,(2009:7), promoted by the fact that government prioritizes private homeownership by providing home buyers with subsidies while it neglects or fails to provide social housing and supports for those in the rental sectors. The National Coalition for the Homeless (NCH) has also discribed homelessness as a "structural violence" resulting from de-investment whereby there is massive cuts in federal funding for health care severices and afordable housing without providing the necessary assistance to those in need thereby making them prone to, and vulnerable to hate crimes and violence. These situations serves as obstacles to state efforts of providing basic social services without distinction based on class or social status to all citizens even when such provisons are essential and characterize the basic principle of most welfare states including Canada. According to the definition of welfare state, power is deliberately used through politics and administration in effort to modify the interplay of market forces in at least three directions which include; guaranteed minimum income, social security, and basic social services provision (Briggs, 1961). Government involvement in Canadian housing regulation has been prompted principally by the Canadian Human Rights Act (CHRA) which requires the government to adhere to a

human rights-based approach to housing and to respect its' key principles. Hence, federal government is to maintain a national housing strategy through the National Housing Strategy Act, which was successfully passed in 2019 as a federal legislation and to which Canada has made its committment to the rights to housing. According to this Act, Canada considers housing as a "fundamental human right" as defined under international human rights law that was recognized in 1948 in the Universal Declarations of Human Rights and to which Canada agreed to comply in 1976 when it ratified the International Covenant on Economic, Social and Cultural rights (NRHN, 2020:2). These developments in the Canadian housing system has witnessed increasing interest by housing advocates and researchers who have been working endlessly to find a common solution to the problem of homelessness. Housing First was finally endorsed as a possible way forward after an extensive was carried out in Canada.

3. The development of the HF model in Canada, programs and policies

The Housing First (HF) model is the outcome of a larger evidence-based pilot project worth $110 million (At Home/Chez Soi) that was initiated by the Mental Health Commission of Canada (MHCC) and funded by the federal government of Canada in five Canadian cities including Toronto, Montreal, Moncton, Vancouver and Winnipeg. The idea of such a project was to demonstrate, with supported evidence that the HF model compared to previous continuum of care models was more effective in addressing homelessness and providing housing stability (COH).

3.1 Pre-Housing First Model programming

The forerunner of Housing First after the deinstitutionalization of the 1960s and 1970s was an institutional model based on the notion that most homeless persons experienced homelessness due to functional inabilities, alcoholism and mental disorder of some sort (Waegemakers Schiff et el., 2012). The emergency and long-term housing during this time had stringent

eligibility criteria and recruited homeless persons to the program based on certain conditions. The homeless service providers recruited their clients on either a treatment first approach (Treatment Continuum-TC) or coupling housing with treatment (Padgett et al., 2006, cited in Wagemakers Schiff et al., 2012). Canadian homeless population increased and became more diversified, and now grew in complexity involving families, newcomers, youths, Indigenous peoples and individuals of the LGBTQ2S (Gaetz et al.,2016:12). With increasing number of homeless Canadians, the government of Canada began investing in emergency and supports services as a response. As a result, Canada saw the evolution of massive infrastructural investments in emergency shelters and support services. Day programs and equally drop-ins became instrumental in fighting homelessness during this period. According to O'Grady et al., 2011 as cited in Gaetz et al., 2016:12, these emergency responses were complimented with law enforcement involvement, which criminalized homelessness even though such measures were less effective in helping the homeless out of such crisis. Such emergency responses signaled the growing trend of homelessness in Canada and also triggered discussions for a more sustainable solution. This shifted the idea of the homeless crisis management from merely accommodating or rather managing the crisis to that of incorporating a more systemic approach through a wider political discussion in 2008. The resolution from such a political discussion was intended to find solution to reduce, if not put an end to homelessness in Canada (Gaetz et al., 2013:13). It was thus, on the pretext of finally putting an end to homelessness in Canada, when there emerged in 2008 the adoption of a model from the United States which was considered as a critical intervention approach in addressing homelessness. The Housing First model since then has gained popularity in Canada after it was copied from the Pathways to Housing model of New York and was tested for evidence based by a Canadian pilot project At Home/Chex Soi that was conducted in five Canadian

cities to demonstrate the extent to which health and wellbeing can be improved when the homeless finally get housed (Georing et al., 2004 as cited in Gaetz et al., 2016:13). Homelessness in not only experienced by those suffering from mental health and addiction issues, yet, these conditions were crucial in the development of the Housing First model. The need for an all-inclusive model in addressing homelessness in Canada was an absolute necessity due to the diversity of the Canadian population and that of the subgroups who got caught up in homelessness. As such, a HF model that would take into consideration the homeless population diversity in the fight against homelessness and also construct operational practices to include all categories of the Canadian population experiencing homeless was of utmost importance to embark on a feasible prevention and mitigation strategy to fight homelessness in Canada.

3.2 The Housing First model and programming

The need to serve a diverse client population experiencing homelessness posed a challenge to pre-Housing First methods of addressing homelessness.The emergence therefore of another approach in providing homeless persons with housing without any pre-condition, and which also had the least adverse effect as documented by some scientific evidence and also promoted by the media and some housing authorities (e.g, Street to Homes Initiative Toronto), is what is now popularly referred to as Housing First (Brown 2005, as cited in Waegemakers Schiff et al., 2012). The HF model has since then gained popularity and supports from municipal, provincial, and federal housing authorities in both the Canadian and US communities such as Toronto, New York, Calgary, San Diego and Minneapolis as a possible solution to the growing homeless crisis. HF is also recently being adopted in some European countries such as Finland, Ireland, and Belgium etc.

Housing First owes it's uniqueness from the fact that it is organised in tandem with additional programming in mental helath and social care but is a housing centred independent programming which completely separates 'housing' from clinical and supports services while at the same time, it provides immediate housing to program participants (homeless individuals) with the conception that they will, in the long-run recover and reintegrate into the community. At their own pace, they decide, pick and engage in the most preferred and suitable program they think will help them recover (Tsemberis, 2010; Padgett et al., 2016 as cited in Samosh et al., 2018;56).

The HF model could become operationalized either as a philosophy, a system approach or as a program but relies on three basic kinds of support programs so as to meet up its basic objective. These three basic support programs provided by Housing First include; housing, clinical and complimentary supports (Gaetz et al, 2013:11). In practice for instance, housing support will take into account considerable efforts by specialized housing agents or outreach caseworkers who make necessary connections to search for the most suitable client housing that addresses their needs and preferences. While clinical supports will focus on mitigating and addressing the effects of mental health and addictions on clients' well-being with the aim of improving clients' quality of life and enhancing the independent living skills with the mediation of a specialized Assertive Community Treatment (ACT) or Intensive Case Management (ICM) team which facilitates clients contact with the most appropriate and needed services, complimentary supports are required to enhanced Activities of Daily Living (ADL) or rather, daily living skills of individuals accessing HF services. The goal of complimentary supports is to foster community integration and clients' self-sufficiency achievement through some basic life skills training (Gaetz et al., 2013:11).

Irrespective of how HF is operated, program participants do receive supports, clinical services and housing allowances to assist with rental payments. As a philosophy, be it through an organization or community, the HF model prioritizes getting the homeless into permanent housing followed by additional supports as a guiding principle. Also, HF could be operated as a system approach in which case, the fundamental philosophy and guiding principles are embedded within a system's integrated model of service delivery by infusing and applying the approach in a broad spectrum of services. Finally, HF could be a program delivered by the government or an agency as a set of activities or operationalized as a service delivery model.

Housing First is operationalized either through an Assertive Community Treatment (ACT) which involves a collaboration of professionals (psychiatrists, physicians, social workers, psychologists etc) who work as a team to provide a community-based comprehensive supports to HF participants with more acute mental health and addiction issues. On the other hand, Intensive Case Management (ICM) team is geared more on individualized case management through which the caseworker provides support to participants with less acute mental health and addictions issue to ensure they gain life skills training necessary for community engagement, improved quality of life and to maintain their housing by setting and achieving certain goals (Macleod et al., 2014:8, Tsemberis 2010). Irrespective of whether the ACT or the ICM method of intervention is applied, it is important to note that the success of such intervention greatly depends on the complexity of individual clients cases, the nature of the clinical interventions, and also the rental supplements which ensures clients continue to stay housed throughout their treatment.

3.3 HF Program Models

Housing First is often applied using two identical program models which are distinct in their method of implementation. Homeless organizations might either implement as a housing

model, Permanent Supportive Housing (PSH) or Rapid Rehousing in addressing homelessness. The difference between these two Housing First approaches is emphasized on the degree of homelessness and the duration of support necessary. While PSH mostly targets homeless individuals as well as families who have experienced long-term and repeated homelessness and also suffer from chronic illnesses including mental health and disability related issues, addictions and substance abuse challenges and require a longer duration of support and assistance with rent, Rapid Rehousing is more of a short-term relief support. Rapid Re-housing on like PSH offers access to a wider category of homeless individuals requiring temporal assistance to acquire housing stability. Such individuals are provided with short-term services and rental assistance (NAEH 2016:1-2). The success of the HF model greatly depends on the its' core guiding principles irrespective of the program design. The evidence of success in getting the homeless into permanent and stable housing greatly depends on how participating agencies adhere to the core guiding HF principles.

3.4 HF application and its Core Principles

Though the HF model is now widely applied as a successful model of addressing homelessness in mostly Canada and the United States, it is also slowly gaining grounds in Europe, Australia and other parts of the world. The method and application of this new model may vary across borders when considering the general population and the demography. Communities may adopt and adapt to this model depending on their specific needs while at the same time taking into consideration the local and national demand. The interplay and influence of cultural, structural and policy differences in social, health, welfare and housing supports cannot be underestimated. Different countries and communities may have varying capacities to meet up with and address certain domestic social problem such as homelessness and therefore implement remedies or rather coping mechanisms which are most suitable to,

and adaptable to local capabilities. This in effect, may derail adherence to the original or pioneer model to suit the local context and need of the community where HF is being adopted and implemented (Atherton and McNaughton Nichols 2008; Johnson et al 2012; Pleace, 2010, Pleace and Bretherton, 2012, Johnson and Texiera, 2010, cited in Gaetz et al., 2013:5). It is therefore imperative for policy makers and service providers to ensure that while adopting and adapting HF in their various localities, they should adhere to the program model and philosophy to guide planning and implementation. According to Gaetz et al., 2013:5, HF is guided by the following five core principles;

a. *Immediate access to housing with no precondition*

   Participants of HF according to this principle do not have to be housing ready in order to qualify for housing. While program participation is voluntary, homeless person need not address addiction and mental health issues before gaining admission or access into the HF program. Housing in this case is not contingent to sobriety and abstinence as it is with the staircase models.

b. *Consumer choice and self determination*

   Taking into consideration the rights-based and client-centered approach in providing housing and supports, basic decision regarding the type and location of housing, as well as the kind of, and intensity of support is principally decided by the HF participants.

c. *Recovery orientation*

   Individual well-being of HF participants is promoted by providing HF participants with the right support. The idea is that, such support will provide them with some basic life skills. Harm reduction is encouraged for those with challenging behaviors and addiction issues.

d. *Individualized and client-driven supports*

Tailoring supports based on participant's respective circumstances makes it easier to prioritize and provide the needed recovery support support services, which are most culturally appropriate to clients addiction, mental health, physical health, employment and educational level (Goering et al., 2012:12 cited in Gaetz et al., 2013:6). A decision on whether to enroll client into intensive case management or assertive community treatment and matching income and rent supplement type to apply for is only possible when assessing clients' individually.

e. *Social and community integration*

Housing stability and community engagement is one of the HF objectives which is aimed at restoring the independence of HF participants to a certain degree. Helping participants' secure permanent housing is complemented with community integration in socio-cultural, recreational, vocational and employment activities to sustain recovery and to avoid the possibility of relapse. Individuals learn how to become resilient and take control of their lives once again.

Though the above HF principles are vital components in HF program delivery and eventual success, it is unfortunate that certain external factors may serve as obstacles to program delivery and by so, alters program efficiency and outcome as outlined in the subsiquent paragraphs.

3.5 The limits of HF principles

In the previous chapters, HF is said to be guided by certain core principles which greatly influences the rate of client success in HF programs. However, and based on numerous research projects, this basic assumptions might only have very little impact in the success rate of persons accessing HF programs if other factors are left unaddressed. Poverty and

homelessness according to some writers go hand in hand. The relationship between poverty and homelessness has been researched and the link proven right by different researchers such as Dolbeare (1996), Johnsen & watts, (2014). According to Dolbeare for example, "homelessness may not be only a housing problem, but it is always a housing problem; housing is necessary, although sometimes not sufficient to solve the problem of homelessness" (Dolbeare, 1996:34). He added that when people are people, economic circumstances and demographic forces may affect and influences their situation. Hence, their scale of preference can face budget constraints especially when deciding on whether to pay for food, child care, housing or health care even though these are considered basic necessities. It is in the same lens that Jonhsen & Watts (2014:2-3) emphasized the causal link between homelessness and poverty and the role played by welfare regimes, labour and housing markets to promulgate social and health vulnerabilities of those experiencing such crisis. Though the HF principles may seem very realistic in theory, achieving any of these principles is contigent to other factors which may very much limit, or serve as an obstacle in realizing most, if not all of the core HF principles. It is on this note and with evidence from supported literature that I intend to answer my first research question regarding the extent of applying HF principles and how they affect or impact program success of either preventing or reducing homeless. Housing availability, affordability and suitability have been mentioned in numerous literatures as hinderances to program success. Homelessness according some findings is said to be the interplay of both systems failure, structural, individual and/or personal circumstances which require a macro level interventions to make some plausible effects especially in relation to the level of societal inequality and poverty. The situation of inequality is according to Wright (2000:28), the consequence of austerity measures that favours financial capital accumulation by Transnational Corporations within the neoliberal welfare systems

were policies of privatizationa and deregulation remains dominant at the expense of the poor working class. Most often, rising societal inequality is the result of increasing unemployment and decrease of affordable housing which are common social problems. Without necessarily addressing the structural challenges, most of which have provoked ill health, substance abuse etc and has equally plunged most homeless individuals into their current state of homelessness, the principles set forth by the HF model may only serve as a reference tool to help maintain societal status quo of homelessness and contribute in promoting homelessness in a subtle form if these social barriers are left unaddressed. In Hulchanski's (2007:3) view point, homeless is a set of activities and practices by the government through well-established instituations which aims at supporting some enterprises accumulate wealth at the expenses of the larger population. According to this, Hulchanski implies that, when such activities and practices exist within, and are generally tolerated in a system, it becomes generally accepted and pre-existing gaps in income and social inequality becomes a part of the broader system. It should be noted that during the 1970s, the government of Canada had a philosophy that regarded the right to housing as an entitlement to all Canadian citizens. It was until the 80s that the effects resulting from government cuts in the provision of basic necessities such as housing, income and other support services piled up and generated a series of issues including homelessness. Unfortunately, unfair competition became a defining factor in human relations due to the existence of neoliberalism (Hulchanski et al., 2009:12). Democratic choices were expressed by the purchasing power of citizens and any attempt by the government to regulate prices through taxation was unwelcomed. Unfortunately, renters most of whom became participants of HF programs, compared to homeowners ended up being victims of exploiataion in the Canadian housing market which favours homeownership and provided homeowners with certain incentives and privileges mostly at the expense of renters who often

struggle to meet up with the high cost of rental units. In this case therefore, policy conflicts might emerge in the course of the social construction of the target populations which will comprise both homeowners and renters as they defend their respective interest. While renters demand and expected rent reduction, homeowners on the other hand intend to maximize profits from their investment. This threatens a successful application of the HF principles, especially that of consumer choice. Therefore, policy changes geared at reducing homelessness through rental market control may discourage investment in homeownership and hence a reduction in housing supplies. On the other hand, without rental market price control, most homeless individuals may have a hard time meeting up with the market rental prices which will still leave them stranded and on the streets as most of them are dependents of government social assistance.

As such, the principle of providing HF participants with immediate and permanent housing with no precondition can be contested on the basis that HF programs have very little or no control over housing availability, affordability and suitability. Even though getting HF participants housed is a precondition to program success, and on which the other four principles rely in orther to be apply. The role of housing therefore cannot be undermined since it is the first step in program delivery. Hence, best practices towards HF implementation and program delivery must be accompanied by housing policies aimed at increasing the supply of affordable houses as well as having an acceptable baseline for both homeowners and renters.

More so, the difficulty of securing permanent housing for participant of the HF program may trigger issues of overcrowding, high demand for program funding and equally provoke other health complications for those already experiencing some health problems. This may cause or generate new problems resulting from excessive wait times and frustration. With the above

being said, it is therefore clear that HF program success goes hand in hand with government investment in social housing (scattered or congregate).

3.6 HF modes of operation

The Housing First model while utilizing its core principles, so as to maintain and enforce the models credibility, becomes operational either as a systems approach, a philosophy, a program model or a team intervention (Gaetz et al., 2013:7). As a philosophy for instance, community operators or organizations should emphasize the need to get the homeless into permanent housing and later offer them with the right supports. Such an operational HF design which is centred on a human rights philosophy operates on the basis that everyone deserves a place to live. A second philosophical assumption to this operational design assumes that when homeless individuals are provided with a place to live, they have better chances of thriving and recovering from those conditions that got them homeless. As such, the operation of HF services should prioritize and use this philosophy as a guiding tool for the delivery of HF services be it outreach or the provision of emergency shelter for the homeless (Gaetz et al., 2013:7).

Furthermore, when HF first is being operated as a systems approach, various actors delivering homeless services, work in a coordinated framework of achieving the same final objective by using the core HF principles as a guiding factor and also embedding the HF philosophy in their service delivery. Within such a coordinated framework of homeless service delivery therefore, service providers may only concentrate on providing a specific service within the broader chain or continuum of the required HF homeless services with the same principal objective of getting the homeless into permanent and independent housing. Also, as a program model, HF could be a set of activities or service delivery provided by either a government body or an agency (Gaetz et al., 2013:7). Here the program model targets specific group or

category of homeless individuals (e.g. families with children, adults with mental illness, youths etc.) with the aim of enhancing their wellbeing by either reducing or putting an end to their homelessness (Polvere et al., 2014:21). HF becomes applicable in different forms and context with a variety of program models; while some of these models only replicate Pathways Housing First model designed specifically for homeless persons with serious mental health or addiction problems, others will provide HF services to anyone who is homeless (Gaetz et al., 2013:7). Hence the service delivery in this case may vary depending on the level of need support; some HF participants may require more care and supports compared to others.

Finally, the delivery of HF services as a team intervention is necessitated by the disparity of targeted homeless population and the varied potential of individuals in the various homeless sub-groups. Aspects such as ethno-cultural origin, physical and mental health, and acuity of homeless individuals may differ in complexity and levels which requires the use of different HF approaches in service delivery. Skills and knowledge set could therefore determine the pace of clients' engagement, housing stability and overall recovery. The distinction therefore in case management and caseloads is influenced by, and takes into consideration the above factors when assigning support teams just to ensure that service provision aligns with specific needs of the individuals being supported. However, in as much as the primary objective meeting the client needs is paramount, contextual factors such as resources availability and community capacity must be taking into consideration as such resources may be limited or their possession constrained by financial limitation (Gaetz et al., 2013:8).

For the purpose of this study, the importance of understanding the challenges associated with the phenomenon (homelessness) with respect to the varied interpretations attributed to the various groups of people who are considered homeless. This will help guide our

understanding of the concept and possibly answer the underlying research questions followed by the applicable HF programs.

3.7 Homeless population sub-groups

The diversity of the population experiencing homelessness extends far beyond age, gender and ethno-racial background. The fact that homelessness is an issue that neither distinguishes between age, race or gender places it as a crucial issue which requires both political, economic and social reforms when seeking approaches or solution to such a social ill. According to the state of homelessness 2013, the pathways into and out of homelessness are neither linear nor uniform thus making the line between being housed and unhoused quite fluid. Homelessness is said to be the result of multiple causes which reflect the interplay of personal circumstances, structural factors and system failures that affect the opportunities and social environments of those affected by such circumstances. Victims of homelessness have been noted to experience enormous challenges which include discrimination, limited access to affordable housing, poverty (lack of adequate income), and health issues (Hulchanski, 2005:1-2, COH, Hulchanski, 2003:5-7, Hulchanski 2007:3). Homelessness may be unique based on individuals' experiences and that of different sub subgroups. However, homelessness as per the Canadian definition is "the situation of an individual, family, or community without stable, safe, permanent, appropriate housing, or the immediate prospect means and ability of acquiring it." (Canadian observatory on homelessness {COH}). Though the definition may seem very general and applicable to all persons experiencing homelessness, intervention programs have been structured to address issues of homelessness based on certain parameters and circumstances patterning to specific individual cases and those of certain sub-groups with respect to the situation that led to their homelessness. The categorization of homeless person therefore, and based on factors towards that triggered their homelessness has however altered

this general definition of homelessness. Hence, there is a variety of definition for homelessness and the sub-groups which are based on the specific causation factors.

It is therefore very important to take into consideration such categorization of homelessness especially in the design of intervention methods in addressing homelessness in order to achieve the most positive outcome. In Canada for instance, most homeless researches have focused on Indigenous, youth, family, adult and recently veterans homeless. These sub-groups of people experiencing homelessness have been affected by different life circumstances with each having a unique experience as far as being homeless is concerned. It is due to these varying circumstances that homelessness is considered as an issue, which is not strictly contingent to housing instability (COH).

3.7.1 Indigenous homelessness

This category of homeless persons includes First Nations, Metis, and Inuit individuals, families and communities whose homeless situation has been influenced by a significantly by colonialism which inflicted upon this group of people pain, suffering and trauma. Income and class inequality has played a significant role by rendering individuals of this category both in poverty and poor health conditions. The colonization's entrenched social and economic marginalization of Indigenous Peoples is an aspect which has been reflected on the definition of Indigenous homelessness as "a human condition lacking stable, permanent, appropriate housing, or the immediate prospect, means or ability to acquire such housing…..Indigenous homelessness is not defined as lacking a structure of habitation; rather, it is more fully described and understood through a composite lens of indigenous worldviews."(COH).

3.7.2 Youth Homelessness

This category of those experiencing homelessness are said to be young people between the ages of 13-24, who during the transition from childhood to adulthood lack the necessary

support to go through the process. Young people of this category live independently of parents and/or caregivers and lack consistent residential settings, incomes as well as proper networks necessary to safely transit to adulthood. Research suggests that there may be about 35,000 homeless youths of which about 6000 are homeless every given night (COH). The distinct of youth homelessness stems from the fact that this category of persons was at a point solely dependent upon adult caregivers and might have preferred, due to tensed or unhealthy relationships with their caregivers, to leave their former place of residence. This may be typical of youths under child protection services who have been apprehended from primary caregivers and now living in either foster homes or kinship care settings (Gaetz, 2014a-5).

According to the COH report, there are more homeless male than females. There is about 63% homeless male youths compared to just 37 % that is female (Segeart, 2012:28). Gender disparity in the youth homelessness takes into account the over representation of certain sub-groups including black and Aboriginal youths. Also, overrepresentation does not exclude youths who self-identify as gay, lesbian, bisexual and the LGBTTQ. Out of the general population of homeless youths, of about 5-10%, LGBTTQ represented or accounted for about 25-40% of those experiencing homelessness (Segeart, 2012:28). Youths are said to be inexperienced in living by themselves and other factors (trauma, abuse, violence etc), hinders both their physical and emotional development (Gaetz, 2014a 5-6). Although the causes of youth homelessness may seem similar in most cases, the resultant effects with respect to varying ages may warrant unique housing interventions strategies for individual age groups.

3.7.3 Veterans Homelessness

According to Gaetz et al 2016, veterans represent only 2.2 % of the population but have a homeless population of about 2,950 persons Canada wide. Research indicates that alcohol, drug addiction and mental health issues have greatly contributed to veterans' homelessness.

The proportion of veterans using shelter though declined from 3000 in 2014 to about 2400 in 2016. The veterans' population that reported shelter use was predominantly male. About 84.4% of them were male 48 years and older, compared to females who were about 38 years on average.

3.7.4 The Canadian homeless policy perspective

According to Culhane and Metraux 2008, the increasing attention given to the homeless sector, especially around those with mental health was triggered by the results of studies that were carried in two North American cities and which showed that over 50% of shelter beds were occupied by those with severe mental health problems. The results prompted further investigations including that of the At Home/Chez Soi (AH/CS) which was carried out by the Mental Health Commission of Canada (MHCC) for over 2 years using a randomized control trial (RCT) in 5 Canadian cities (Georing et al., 2011). The case of Canada, which is similar to that of most western countries, homelessness has been attributed to the Laissez-faire system rather than just individual circumstances. Though other causes of homelessness such as structural factors and systems failure do exist, according to the COH, "individuals and families who experience homelessness may not share much in common with each other aside from the fact that they are extremely vulnerable and lack adequate housing and income and the necessary supports to ensure they stay housed." The lasses-faire system is said to have reduced government power to influence the market and a situation which has rendered the government almost handicap in its efforts to address those issues causing homelessness in Canada such as limited affordable and social housing, as well as influencing rental prices. This situation which seems to be that of policy constraints has been elaborated by Kingdom (2003). According to Kingdom, in order for a policy to address such social contingencies, such social issues must be defined as political problems. Like Mintram & Norman (2009),

Kingdome considers policy entrepreneurs' role in framing and shaping policy problems and solutions,so they survive the competition with other pressing issues such as unemployment, climate change and migration.

The results from the AH/CS studies became revolutionary point in the Canadian housing sector. The results from this study according to Aubry et al., 2015a produced better housing outcomes than existing services. The resultant outcomes according the study results considered the improvement in clients' community functioning, quality of life and housing stability (Georing et al., 2016). The results also proved that the cost associated with homelessness, especially chronic homelessness could be greatly reduced. This is true according to other researchers who acknowledged the fact that though there only exists a small portion of those experiencing chronic or episodic homelessness in Canada compared to the total homeless population, this group incurred the most cost in emergency support services (Aubry et al., 2013, Kuhn & Culhane 1998, Kertesz et al., 2005; Gaetz 2012). The high prevalence of mental health and substance use in the homeless population therefore is not only the cause but also, it is the consequence of living on the streets (Waegemakers & Rock 2012:4). Paula Georing et al., 2014 further acknowledged how damaging homelessness can impact physical, mental health, quality of life, life expectancy, exacerbate or provoke existing mental health problems. She also added that, homelessness equally impacts negatively a person's chances in engaging in employment as it disrupts a person's family and social relationships (social capital) and by so doing limits citizens full community participation and engagement. On the opposite, the provision of such services will reduce stressors thereby improving health outcomes which will motivate citizens to be more engaged and with better overall quality of life. Therefore, addressing homeless in general should be paramount rather than limiting or targeting just a certain category of homelessness. Reason being that

addictions and mental health are the outcomes of being homeless and a majority of homeless persons are not suffering from addictions and mental health.

3.7.5 Canadian HF policy framework

As a solution or rather strategy to tackle the increasing rate of homelessness in Canada, the government of Canada introduced the Reaching Home program. The idea of such a program was to curb the national homelessness rate by 50% by the year 2027 and 2028. The Federal government injected the sum of 2.2 billion Canadian dollars to the Reaching Home program and gave it the mandate to tackle homelessness in Canada by supporting the National Housing Strategy using a community-based approach whereby, it will directly provide funds to territorial, rural, remote and indigenous communities as well as urban centers, (GOC).

In order to achieve this goal of preventing and reducing homelessness within communities and based on specified or local needs, Reaching Home provided funding through four main regional funding streams namely; Designated Communities, Rural and Remote, Territorial and Indigenous homelessness funding streams respectfully and/or through a national funding stream which prioritize data collection so as to make necessary improvements within the homeless sector. Organizations that met certain standards therefore could apply for, and secure funding either through regional or national funding streams.

However, the success of Reaching Home operations is based on certain guidelines which details program expectation and requirements necessary to support communities in their efforts to prevent and reduce homelessness. To set the pace, Reaching Home sets out a clear definition of homelessness by providing a framework for understanding and describing homelessness, identifying goals, strategies, interventions and finally, measures outcomes and progress. To add to this, funding activities favored activities that directly tie with the objectives of the Reaching Home program objectives and equally reflected community

realities and needs. Five primary activities were identified in meeting the program objectives (preventing and reducing homelessness) though with some exceptions. These activity areas set the eligibility mark for program funding with the help of case management from whom families and individuals undergo a needs assessment and are channeled to the right services and provided with the needed resources.

The eligible activities as mentioned above must be accompanied by a set of activities so as to meet the funding criteria. In the preceding paragraphs, I will provide more details concerning the five eligible activities and the underlying activities that must accompany them.

Housing services for instance, such as transitional housing is intended to provide individuals with short term stay between three months to three years duration, provides individuals with basic survival skills aimed at helping them achieving independence in the long-run. Thus, it is the midway between emergency shelter and permanent supportive housing. On the other hand, permanent supportive housing is associated with rental assistance and individualized supports for high needs individuals suffering from physical and mental health, substance use and/or developmental disabilities who are either provided with supporting housing in congregate or scattered site setting. The provision of housing services with this setup becomes eligible when it is accompanied with housing placement, emergency funding and housing set-up (furnishing).

Prevention and shelter diversion under eligible activities focuses on minimizing the possibility or chances of already housed individuals' from losing their housing and becoming homeless. Hence, this is more of a preventive or risk mitigation approach which mostly considers housing situations which are near the end of their lease or contract but for which there is no assurance of housing extension (either due to affordability issues etc). The idea therefore is to prevent the use of emergency shelter as an alternative by either helping to

secure alternate housing or by providing those individuals with some financial assistance to enable them maintain their current housing. While prevention focuses more on the risk of losing housing, shelter division is more concerned with reducing/ preventing shelter entrances as intervention is time conscious and targeted. Thus, activities such as eviction prevention, discharge planning for those currently using public systems such as incarceration, healthcare, welfare etc., moving cost, rental deposits, legal mediation and also liaising are all factors taken into consideration.

Client support services which is also amongst the categories of activities aimed at preventing and reducing homeless, tackles those services that promote the socio-economic and cultural integration of individuals and families back into the communities. The outcomes from such an intervention should promote and support the objective of the HF program by reducing homelessness or better still create support platforms which connects such individuals to the necessary services with the objective that they will get stable housing at the end. Under this route therefore, eligible activities will involve culturally appropriate and relevant supports, emergency shelter support services (e.g. clothing, food hamper programs, groceries, personal hygiene supplies, transit passes, cost for ID cards, storage cost etc). Still under clinical and treatment services, there exist numerous accompanying activities and their associated cost such as; that of harm reduction, professional fees and salaries for health and medical experts. Socio-economic and integration services also fall within the eligible list of activities which take into account the cost borne by services that provide education and training assistance and that of income and employment assistance are covered.

Capital investment plays a very important role in mitigating the risk and preventing homelessness. Therefore, investments are expenses relating to renovation of non-residential

facilities and also emergency, transitional and permanent supportive housing and the purchase of, or construction of new units.

Coordination of resources and data collection involves those activities through which the organization and program delivery is smoothly effected and coordinated by the Federal access requirement. Be it from implementation of the Homeless Individuals and Families Information Systems (HIFIS) to it alignment with current cost and benefits or previous Homeless Management Information Systems (HMIS). The involvement of a broad range of activities in this sector of eligible activities makes it one of the key or principle aspects of program implementation. Eligible activities as such includes setting up the structure of governance, mapping to include stakeholders, assessing program capacity, possible funders as well as developing program specific requirements. Also, office furniture including the required hardware and software for running the program are considered eligible activities as well as recruitment of staffs.

As part of Reaching Home directives, other functions such as administration expenses, planning and public reporting, requirements related to capital projects, community advisory boards, coordinated access and official language Minority Communities are amongst the seven homelessness strategy directives including eligible activities and expenses which have been briefly discussed in the previous chapter. However, in order to stay on track and to capture the main aspect of my research topic, I can only briefly discuss some of these strategies with respect to how they align with my research questions.

4. Implementation and results of the HF program

As discussed in the very first chapters of this paper, the AH/CS trial of HF yeilded an impressive result which captured national interest as a revolutionary or tunring point in the homeless and housing sector. Partly because this trial proved to be cost effective in reducing

homelessness and also because it could be easily adapted and adopted to the context of local communities and target populations. HF was thus seen as an opportunity for a policy drift by the AH/CS researchers, the Mental Health Commission of Canada (MHCC) including persons with previous homeless experience as well as some stakeholders who embraced the HF model and thought it could be applied nationally. Hence, this group pressed forward and lobbeyed the Federal government for a system transformation in the housing and homeless sector by endorsing the HF model it's replication in Canadian communities to address the problem with increasing homelessness. The Federal government of Canada considered the proposal of a nationwide implementation of the HF model and through the Homelessness Partnering Strategy (HPS) renewed it's funding. The HPS allocated most of the fundings that were received from the federal government to over 61 communities accross Canada to support them with their fight to address homelessness and encouraged that a majority of such funding be channelled towards implementing HF programs (Geoffrey, 2019:1). To facilitate such community implementation process of HF programs, the MHCC was ordained with the responsibility of providing technical assistance and training to some interested communities. Through this arrangement, the MHCC was able to assist over 18 different communities with funding, technical assistance and training for a peroid of about 3 years (Geoffrey 2019:1).

4.1 The case of Calgary Homeless Foundation (CHF)

Due to the fact that HF requires an extensive network of collaborators with each having a unique responsibility to ensure a successful model, community education to raise awareness of program benefits as well as ways to challenge possible misconceptions is an important first step towards program success (Polvere et al., 2014:40). This is the main reason why the Calgary Committee to end Homelessness (CCEH) in Calgary was created in 2007 to lead the 10 years plan to end homelessness (Gaetz et al., 2013:3). The CCEH mobilized stakeholders

including colleges, Universities, provincial and federal governments, the City of Calgary and experts in the field and about 300 persons at risk of, or experiencing homelessness to initiate the conversations. Endoresment discussions were centered on some vital topics from leading experst on topics such as; the growing rate of homelessness, the cost benefits in addressing homelessness and the positive results yielded by the HF approach. Amongst other things, the committee unanimously agreed that, program success involves an ongoing learning process from people with lived experience, adjustments in service delivery, and clarification of staffs roles and responsibility. Turner (2014:1), suggest that to "turn off the tap" of homelessness, a co-ordinated effort among the service-delivery agencies and government departments involved in these areas is critical in order to make progress. As indicated in the earlier chapters, HF could be operated either as a philosophy, a program or a systems approach. In this chapter, I will be providing a case study whereby a philosophy and a system response has been used to implement HF programs in Calgary and within Alberta by the Calgary Homeless Foundation (CHF).

4.2 CHF Housing First (HF)

In its quest to address homelessness, the CHF while implementing the HF model, prioritized four of the core HF principles which include; 1. consumer choice and self-determination, 2. Immediate access to permanent housing with necessary supports to sustain it, 3. Social inclusion, self-sufficiency and improved quality of life and health, 4. Housing is not conditional to sobriety or program participation (Gaetz et al., 2013:9). As a central agency or organ responsible for implementing HF programs in the province of Alberta, the CHF through an integrated systems approach constructed on HF philosophy and a systems approach supported HF agencies and homeless service providers to share pertinent information (data) using the Housing Management Information System (HMIS). Coordination and collaboration

during the intake and exit process by applying a system of care approach was also encouraged (Gaetz et al., 2013:9).

According to the CHF, a system of care approach implied separating homeless services programs into eight vital categories which prioritized urgency, homeless needs and family circumstances. According to their system of care approach therefore, the homeless serving structures, processes and relationships with individuals receiving services will be grounded on system of care values and principles within and across the administration and funding jurisdiction of the entire chain during the process of providing homeless services. As such, families, children and youth suffering from serious emotional disturbance due to homelessness can quickly and conveniently gain access to homeless services and support within the homeless services providers network (Hodges et al., 2006:3). With this approach, CHF coordinated and provided the necessary infrastructure required by frontline agencies to assist with the delivery of community programs and services. Intake, data collection and analysis processes were thereby facilitated by CHF funding and infrastructure. With a total of thirty five CHF funded programs,each controlled its intake and assessment protocol with respect to its program type while the CHF spearheaded the design and development of strict case management guidelines that must be followed by all programs and agencies (Gaetz et al, 2013:10).

The CHF divided the homeless serving programs into eight priority categories being; prevention programs, rapid rehousing, housing and intensive supports, short-term supportive housing, permanent supportive housing, outreach services, emergency shelters and support services. The idea of prioritizing HF programs in Calgary was triggered by the lack of affordable housing. During this period (2001-2011), Calgary experienced an influx of people or some sort of population increase and also, some affordable rental units were converted to

condominiums withouting replacement of stock (Georing et al., 2013:15). This resulted in rental increase which reflected the disappearance of about 11,000 affordable rental units plus an increase in population of between 214,000-220,000 people who relocated or moved to Calgary for either work or immigration purposes respectively. Hence, the implementation of the ten year plan (the plan) was aimed at putting in place or rather initiating plans of action that will ensure that people, especially the homeless get housing. To realize this plan of actions therefore, stringent outcomes-based strategies, had to be put in place. The CHF HF system of care approach and integrated model targeted certain population category and had different implementation stages or phases (Gaetz et al., 2013:7). The success of this approach therefore did not only rely on the HF principles, but rather, the coordination of services using a holistic and comprehensive data sharing tool (HMIS) across the different homeless serving agencies facilitated ongoing monitoring and evaluation of programs success across these agencies even as they worked independently and used varied monitoring and evaluation tools.Quality assurance was a vital component of the set delivery standards, communities were thereby obligated to ensure that their HF programs adhered to both the HF principles and approved standards. It was therefore the responsibilty of the communities to identify and correlate their evaluation measures to align with the agreed upon delivery standards (Gaetz et al., 2013:15). Futhermore, case management standards were developed by the CHF after extensive community and stakeholers consultation and specific guidelines were layed for any interested homeless serving agancies that wanted to implement HF. With a coordinated intake, the guidelines set the client to staff load for the case management teams (ACT/ICM), ensured a 24/7 crisis support, the training requirements, staff competency and practice standards, clients rights, consents and grievance procedures (Scott, 2012 cited in Gaetz et al., 2013:15), The operation modalities in this case was strictlty in comformity with a set of five

basic strategic directions with expected goals that guided HF program implementation. These strategic directions includes; stopping homelessness before it begins with effective prevention, re-house and provide necessary supports to Calgarians experiencing homelessness, and to ensure adequate affordable and supportive housing and treatment capacity, improve data and systems knowledge, reinforce non-profit organizations serving Calgarians experiencing or at risk of experiencing homelessness. The fact that each part of this strategy is followed by certain goals which are meant to be fulfilled within a specified time period makes it possible to assess progress and make the necessary adjustment in program delivery were necessary. The platform through which CHF operates makes it possible for homeless persons to gain access to HF programs through multiple entry points (coordinated or centralized intake) by undergoing the same screening criteria or modalities (assessment, intake and prioritization) (Gaetz et al., 2013:11).

4.3 CHF HF implementation challenges

Deciding on what Housing First program model to engage in entails putting in place strategies to address the challenges associated with adopting a successful HF program. Such challenges ranged from available community resources, clients specific needs, confusion, resistance and possible concerns.

During the preliminary implementation stages of HF by the CHF, communities resisted the approach on the basis that HF was too structured and might not necessarily meet and respond to the exact needs of the community. Also, frontline workers who have been providing community homeless services thought is was unrealistice to put homeless person especially those who have experienced chronic homelessness into actual rental units and expecting them to succeed. These assumptions were based on the fact that there were other challenges associated with chronic homelessness including socio-economic and financial constraints.

More so, adhereing to the pre-selected core HF principle might pose some limitations. Reason being that certain activities could easily be labelled as HF activities even when it does not necessary provide individuals with the right supports required for the intended results of the HF program. This way, the programs' implementation fidelity can be jeopardized especially when emphasis and expectations focus on getting numbers that will impress funders of HF programs than the intended realistic outcomes of getting people out of homelessness into stable housing.

Added to the difficultiy of adhering to the core HF principles was that of effectively matching client services to their needs. Clients were sometimes referred to either the ACT or ICM in contrast of their actual actual situation and needs. The resultant acuity mismatch (Gaetz et al., 2013:19) created a situation whereby some clients were either adequately or inadequately provided services (comprehensive supports) program inflexibilty made switching participants to the rightful service difficult. This in otherwords constradicted the principle of consumer driven support in HF as a result of inappropriately assessing service users.

In spite of community intergration being an important expected client outcome in the HF model, it posed a challenge in the CHF HF. The delay in developing partnership with other important stakeholders such as; recreation centres, community organizations, religious institutions, which are vital in helping to reduce the risk of relapse resulting from social isolation, often triggered other challenging behaviours (antisocial behaviours) in clients which equally affected their housing stability.

Furthermore, the homeless population in Calgary at the time of CHF HF implementation marked an increase which was not necessarily matched by an increased investment in affordable housing. For example, 11,000 private market rental units disappeared during this period (City of Calgary, 2013) whereas between 2001-2011, Calgary marked an increase of

214-220,000 people (City of Calgary, 2011). Such a situation prompted an increased demand for rental subsidies and consequently recycled HF graduates and also brought in a bulk of new HF applicants who could not afford the high market rental prices. This could further generate pressure and competition for rental supplements from external funders and for which HF programs have no control. Funders may have different terms and conditions for subsidies (eligibility requirements and duration of access to funds) which does not necessarily tie with program lenghts. Clients may require longer stay hence more support which may become problematic for the respective programs if such funds are unavaible. Therefore, ensuring participants don't get cut in such tight situations will mean the integration of rent supplements into the respective programs (Gaetz et al., 2013:19). This way, the idea of client choice in housing (type & location) may become more realistic especially as programs will have more administrative control.

Finally, the flexibility of diverting resources to facilitate and accomodate HF implementation implies reduced funding for emergency services. The dilemma of providing services to users of both programs becomes a matter of scaling the preferences. Unfortunately, the importance of operating both services only makes them competitors as they both have a distinct role and both require funding to sustain their running cost. So far, the CHF HF despite the implementation challenges has been gaining steam with quite some improvements and successess which will be discussed in the subsequent chapter. The successes mentioned here below reflects mostly that of the HF implementation in Calgary. However, it is important to note that the CHF services covers most communities in Alberta such as Red Deer, Edmonton, Lethbridge, etc which have also recorded a high rate of success since HF implementation.

4.4 Outcmes of CHF HF implementation

Since the implementation of the CHF HF system of care model in 2008, Calgary has recorded over 4,500 successful cases of homeless persons who are now housed. Added to this, a relatively high number (80%) of those housed have retained their houses for over 12 months. According to the Alberta Secretariat for Action on homelessness, 2013, there has been a significant decline in the use of emergency services, emergency room visits and also police interactions of 72%,69% and 66% respectively. Equally, 82% fall in jail time, 72% decline in hospital stays and 69% decrease in court appearances plusable outcomes of the HF model. In considertion of the cost that were revealed from the Pathways to Housing program by Dr Sa Tsemberis, housing and supports cost $22,500 USD per HF user annually and shelter beds cost $35,000 (Gaetz et al.,2013:4), again, the CHF in their 2008 study further acknowledged a combined cost of $72.444 for health care, housing,and emergency services for those homeless persons in transition and $134,642 per person for those suffering from chronic homelessness. The figure from both studies indicated that it can be a huge cost and burden dealing with homelessness through emergency services compared to that of providing housing with support services.CHF HF results demonstrated with evidence that such expenses could be less with the ACT, ICM and Rapid Rehousing interventions. For example, the yearly cost for an individual on ACT is between $ 22-24,000, the ICM $18,000 yearly for each individual, while permanent Supportive Housing (PSH) without the provision of rental supplements was between $10-15000 yearly per user and lastly between $5-6,000 yearly per individual accessing Rapid Reshousing (Gaetz et al., 2013). The overall outcomes from HF implementation is no doubt yielding the results of government policy objectives. However, if governments must get credit for such an achievment, there must be a balance assessment from both the providers and receivers of services viewpoint. In this case therefore, the efforts of the

Canadian government in providing some sort of welfare through social investment in the housing sector, should not exclude analyses of the perceptions and level of satisfaction derived of service users who benefit from such services. The exploration of clients' choice therefore might be reflective indicator of the gap between governments intended objective and citizens expectations.

5. The issues of Clients' housing choice in the HF model

"Clients' or consumers' choice" of, quality of, and site of, housing is central to the Housing First model and guides both housing and service delivery in the program. According to Barnes, 2012, the Housing First approach is less stigmatizing since it gives service participants more choice. While many studies point to the success of the Housing First model in ending homelessness by providing the homeless with permanent and stable housing, researchers have also noted some barriers Housing First clients face in decision making relating to the choice of, quality of, and site of housing. In the Canadian context, the the housing system is completely controlled by market mechanisms such that housing supply and maintainance depends mostly on the market forces. Therefore, and in consideration of the HF participant composition, most of whom are suffering from mental health and addictions problem and greatly dependent on the welfare system for social assistance, such a market oriented housing system will set a motion of extreme hardship thus a social need for appropriate housing. According to Hulchanski (2003:1) such a market based housing system cannot meet the social demands. As such, the aspect of clients' choice in housing in the context of the Canadian HF program, especially with the social need for housing and limitation in housing supply due to such market forces, is questionable.

Eventhough clients' choice may be influenced by housing cost which directly pose affordability barriers as well as housing scarcity which is a limitation to the available rental

options in regards to location and type of housing they must chose from (either in the neighbourhood, scttatered site or congregate settings)),yet, amidst such barriers or limitation to clients' housing options; clients' choice in housing and decision making is still being emphasized as a vital component of HF success. Though the recommendation of the HF Model in ending homelessness is glued to the provision of stable, suitable and permanent housing to participants of the program, evidence has also pointed to the fact that client participation in decision making regarding housing quality, choice and site of housing is limited (Ritcher & Hoffmann, 2017). The reliance of most HF participants on social assistance, which provides them with housing subsidies and supplements is an important determinant of clients' housing options which is subtly taking into consideration when acknowledging such aspect of 'choice'. Most often, the housing supplements or subsidies clients get does not permit them to meet up with the high rental cost (which is often at martket rates) thereby limiting their options. Considering that HF participants have as a condition to access HF programs that they must pay 30% of their incomes towards rents irrespective of how much they receive as income, puts them in a very vulnerable and dependent position. Their adherence to program eligibility requirements as such does not put them in any decision making position when faced by the desperate need for a place to call home, talk less of deciding on the preferred area and type of accommodation.

Such limitations may further strain instead of boosting the relationship between participants and providers, thereby jeopardizing housing related outcome as well as clients' wellbeing. The trust alliance between providers and receivers of services may equally become very difficult if not completely broken.

More so, with respect to the principle of choice and self determination, HF clients can pick and choose the kind of service they wish to partake in and also decide on when to engage in

participation (Aubrey et al, 2015:469). Such a condition does not seem realistic especially when the causes of homelessness has been attributed to mental health and addiction issues and HF programs have been designed to provide a therapeutic approach or remedy to such pre-existing challenges faced by most HF participants. Choice might have been overrated in this case as most HF participants in order to gain entrance or access to most HF programs must undergo screening and be diagnosed of mental health and addictions so as to qualify for treatment services through the HF program. Although, sobriety and abstinence is of course, not a precondition to gain entry into the HF program, one of the program expectations is to see that clients can at least graduate from those challenges that held them back and caused them to be homeless. Hence, with a limited amount of resources available to HF service providers, and with respect to the program guidelines and participation timeframe, the feasibility of barely letting clients do as they see fit or necessary may seem more like babysitting the clients and expecting a change of their circumstances.

Deliberating on the above issues further will provide helpful insights which may influence policy decision in both the housing sector and restructuring of the HF model. Also and due to the fact that the current trend of homeless crisis is gradually expanding to include other sub-groups not previously included in the Canadian homeless discussion, this thesis may throw some lights into this problem and generate research attention relating to the discussed gaps in service delivery. For example, in the At Home/Chez Soi study research project conducted on homelessness and mental health, 99 (4.3%) out of 2,298 of the participants identified themselves as veterans and acknowledged the influence of mental health and addiction as a contributing factor to their homeless. Like other sub-categories of homeless person in Canada, the influence of addiction and mental health problems in provoking homelessness cannot be underestimated. The challenge here therefore is to successfully use the HF model in

addressing homelessness amongst a diverse client and community population whose homelessness has resulted from varied circumstances.

The emergence of Housing First as a model to reduce homelessness in Canada was prompted on a bias that homeless persons were suffering from mental health and addiction problems and completely ignored the intergenerational trauma, poverty, racism and social discrimination which also existed, and which created systemic barriers and enormous hardship to individuals of certain ethnic and social groups. To make matters worst, individuals experiencing homelessness were divided into two sub categories (chronically and episodically homeless) which did not erase the fact but rather, created a systemic categorization of homeless persons who could access HF services based on certain privileges.The fragmentational categorizing of those experiencing poverty induced homelessness with special needs definition such as (homeless families, HIV drug users, homeless teenagers, homeless veterans and so on) mostly emerged from the medical field (Wright (2000:6). As such, the grounds of such supports especially as it came from National Mental Health Institutes such as that which came from MHCC AH/CS research findings for example, only contributed in promoting an institutional funding agenda for the less priviledge in the society who suffered personal and social deficits by attributing most of their challenges to the effects of mental health, domestic violence, addictions and health problems with less attention to the systemic barriers in place. For instance, even when findings linked increasing homelessness; especially chronic homelessness, to contribute to increased government social spending, (for example, with an estimated 7 billion that is being spent on homelessness in Canada, $134,642 per person is spent every year on those chronically homeless) (Gaetz 2012; 6) although the chronically homeless population comprises just a small portion of the total Canadian homeless population. It is intriguing therefore to understand why addressing chronic

homelessness poses such a huge financial burden for the Canadian government even though it has such an insignificant number.

With over 200,000 homeless Canadians depending on government programs aimed at addressing their homelessness which cost over $ 7 billion yearly (Paula Goering et al., 2014), homelessness therefore is a very serious issue. The introduction of a holistic approach through community initiatives in the housing and the mental health sector have been the proposed government measures in thier efforts to remedy this situation (Nelson, 2010). Despite the interventions put in place by municipal, provincial and the federal government to tackle the situation of homelessness in Canada, the number of Canadians becoming homeless is still on a rise especially amongst the Indigenous population. According to Mark Maracle (executive director of Gignul Non-Profit Housing Corporation), poverty amongst the Indigenous population is the biggest cause of homelessness in Ottawa (Curtis et al, 2020). Amongst the most reported challenges in fighting homelessness in Canada, shortage of affordable housing according to Georing et al., (2014;18) is an obstacle to the implementation of the Housing First model in Canada. Most providers of the Housing First model are attributing gaps in the delivery of HF services on under-funding. An example of such claims has been made by housings advocates like Tina Slauenwhite a housing manager, who expresses concerns over low rental subsidies paid by the city to clients of the HF program (Ashley Burke; CBC News, 2017). According to her the rental subsidies are insufficient and poses a huge burden on HF clients, as they must spend over 90% of their income towards rents as opposed to the required 30% which is the amount required from HF clients. In such circumstances according to her, clients barely get the resources when placed into houses and must resort to accessing other survival means such as food banks and meal programs. More so, with such income limitation, it becomes extremely difficult to get cheap housing costing just 650$ or less a month which

leaves clients with no alternative than to secure houses in troubled parts of the city against their preference of a more stable neighborhood (Ashley Burke; CBC News, 2017). According to the Wellesley Institute (2010:1), a majority of Canadians are living in precarious housing conditions which are not affordable and on which they spend most of their income on rental payments.

Consumer Choice and Self Determination, which is an overrated key principle of the HF model, becomes less significant because the aspect of choice regarding the location and type of housing options available to HF participants is limited. The absence of choice directly deprives clients' of their dignity and promotes the stigma associated with being homeless and in need. The inability of the homeless to make such decisions that may improve their wellbeing by choosing the site and preferred accommodation type, according to Barnes (2012), is demeaning. The importance of identifying and understanding these issues can create solutions for a successful HF delivery model tailored to meet both recipients' needs and providers' objectives especially as homelessness is mostly the result of system failures including but not limited to structural, social and individuals factors (Georing et al., 2014:9).

According to the United Nations (UN), (E/CN.4/2002/59 and Corr.1) and (E/CN.4/2004/48), adequate housing as a component of the right to adequate standard of living hence, forced evictions are according to resolution 1993/77 and 2004/28 are considered gross violations of human rights, especially the rights to adequate housing.

The UN considers homelessness and its' causes and impacts, including on women, children, youth, indigenous peoples and people living with disabilities, especially mental illness from a human right perspective. Increasing and continuing homelessness is the ultimate symptom of the lack of respect for the rights to adequate housing.

According to the above UN declaration, government intervention in the housing market through policy and legislation is of utmost importance to prevent homelessness as well as to denounce forced evictions, ensure security of tenure to everyone, prohibit discriminatory practices and ensures that citizens and residents are adequately housed especially the most vulnerable and marginalized groups. Deduced from the above statement, this research has sought to explore the situation of homelessness in the Canada while taking into consideration both the socio-economic and political changes that have evolved relating to homelessness. The human right aspect of housing has been a key factor deliberated in most of the discourse in relation to Canadian welfare system and social protection. It is important to note that policy and legislation changes in Canada relating to homelessness have been triggered by international criticism since housing rights has subtly been a national policy or legislation concern expressed by politicians. Canada compared to other members of the Organization for Economic Co-operation and Development (OECD) is lagging behind in the provision of affordable housing since the end of its national affordable housing program in 1993 (Ling 2008:5). This also attest to the fact the right to housing is absent or being violated in the Canadian Charter of Rights and Freedoms (section 7 and 15) as well as the constitution act of 1982. This explains the reason for increasing homelessness and recent involvement by the government in seeking remedies to increasing homelessness especially after the 2007 recommendation from the former special Rapporteur, Miloon Kothari whereby she proposed that Canada should adopt a coordinated and comprehensive national housing policy which will protect its most vulnerable population with an inclusive human rights consideration enshrined in its application process (Canada Without Poverty).

Recent political discourses and policy development in Canada have emerged in efforts to address this problem of increasing homelessness due to immense international criticism and

also due to the need for a realistic development strategy in the housing sector. Although governments according to the United Nations 1988 Global Strategy for shelter places governments on a leading role as enablers by way of their administrative, legislative, policy and spending priorities by taking all measures necessary (i.e. providing direct assistance to the most affected persons in some cases), governments also have a responsibility to denounce (Article 5,14,15,11,27, (e)) practices that will promote or subject their citizens to discriminatory practices in this sector (UN/ Fact Sheet No. 21/Rev.1:6-9) especially as there is still a lot of struggle in distinguishing between ultimate and proximate causes of homelessness which have had divergent viewpoints from conservative and liberal perspective. While the conservatives consider homelessness as an individual problem resulting from their poor choices and the lack of motivation to compete in the society, they aslo regard the homeless as the unfit and dangerous persons whose activities needs some sought of restrictions and containment through police action and think repentance is the only way out of their problems. On the other hand, Liberals attribute homelessness to be the consequences of health problems that require treatment. Liberals consider homeless persons as victims of circumstances and propose a charity model whereby homeless person are provided shelter and medical services as possible solution to get them out of homelessness (Wright, 2000:5). The Liberal position and perspective on homelessness is what has boosted the Canadian fight to end homelessness. More so, as a signatory to both the International Covenant on Civil and Political Rights (ICCPR) and the International Covenant on Economic, Social and Cultural Rights (ICESCR), Canada is therefore required to meet certain obligations by ensuring its' citizens of certain basic needs and rights. Although these covenants went into effect in 1976 they were signed in 1966 to become the Canadian social contract and were embedded in both policy and law.

6. Conclusions

Apparently, " consumer choice" is a recommended theraupeutic and rehabilitation tool which has a tremendous impact on the quality of life (United Nations, 2006:2, Carling 1990, Ridgway and Zipple 1990, Nelson et al., 2007, Greenwood et al., 2005, Tsai & Rosenheck 2012). The importance and influence of choice, especially amongst individuals sufferring from disabilities is mostly associated with human dignity and social freedoms deprivation. According to the United Nations (UN),the provision of choice provides opportunities for fundamental freedoms and human rights, participation of such individuals in society greatly improves their wellbeing.

In as much as consumer choice is necessary to foster a sense of independence, responsiblity and equally a sense of autonomy, the aspect of 'choice' faces enormous limitation. It is glaring from the literatures presented in this research that the aspect of consumer choice in housing faces barriers. These barriers extends beyond the control of HF service providers even though HF is designed to a provide client-centered approach especially in providing housing and services.

The impact that housing has on individuals' physical, mental health and also social wellbeing due to it being a basic health determinant (Lindstrand et al.,2015:79), should be an important policy and political consideration especially when trying to minimize the burden and cost of homelessness. If the mental health and wellbeing of HF consumers is improved by granting them with the opportunity of making their own choices (Nelson et al., 2007:90, Deneulin & Shahani 2009:3), and with such move, they are equally triggered to actively integrate and participate in their respective communities, addressing such barriers therefore during HF implementation phases should be a vital first step in realizing the development objectives of the HF program. As such, development in this case should not only be viewed in economic

terms but rather, it should be considered as a step towards acquiring human freedom (Sen 1999a). By induction therefore, Sen, uses the concept of building capabilities so that poor people are capable of making those choices when opportunities are made available(Sen 1999b:36).

It therefore implies that, even though the HF model is a development agenda aimed at addressing the problem of homlessness in the Canada, accompanying policies and frontline intervention approaches may be compromised by certain value jugments. Program expectations for benefactors of the HF programs in relation to the treatment outcome may indirectly replicate some power inequality issues and eventaully control. For example, clients of the HF program have to sign contracts with the terms of the HF program which stipulates program obligations and their rights. However, when confronted with the challenges of actually getting a house of their choice, they may doubt program credibilty, feel powerless and ashame of being too dependent. This may cause participation reluctance and client retraumatization. Hence, the ability for HF consumers to exercise their right to choice, which is a basic purpose of development (Deneulin & Shahani 2009:3) may be completely eroded.

Finally, if development objectives must be successful, especially in the case of HF, implentation must take a multi-dimensional change process (involving political, social and economic considerations) which are likely to have an impact in human investment and equally their capabilities. A genuine process in addressing homelessness must therefore embark on denouncing those conditions which promote socio-economic inequlities and embrace the enrichment of citizens lives through the promotion of economic growth. However, efforts must be made to address program gaps by collecting, analysing and equally comparing data findings to previous studies so as to track deficiencies in service delivery.

References

Alkire, Sabina, and Séverine Deneulin. "Introducing the human development and capability approach." An introduction to the human development and capability approach. London: Earthscan (2009).

Alkire, Sabina. "Why the capability approach?." Journal of human development 6, no. 1 (2005): 115-135.

Amy S. Katz, Suzanne Zerger & Stephen W. Hwang (2017) Housing First the conversation: discourse, policy and the limits of the possible, Critical Public Health, 27:1, 139-147,DOI: 10.1080/09581596.2016.1167838

Aubry, T., Cherner, R., Ecker, J., Jette, J., Rae, J., Yamin, S., Sylvestre, J., Bourque, J. and McWilliams, N. (2015b) Perceptions of Private Market Landlords Who Rent to Tenants of a Housing First Program, American Journal of Community Psychology

Aubry, Tim, Geoffrey Nelson, and Sam Tsemberis. "Housing First for People with Severe Mental Illness Who Are Homeless: A Review of the Research and Findings from the at Home—Chez Soi Demonstration Project." The Canadian Journal of Psychiatry 60, no. 11 (November 2015): 467–74. doi:10.1177/070674371506001102.

Aubry, Tim, John Ecker, and Jonathan Jetté. "Supported Housing as a Promising Housing First Approach for People with Severe and Persistent Mental Illness." In Homelessness & Health in Canada, edited by Guirguis-Younger Manal, McNeil Ryan, and Stephen W. Hwang, 155-88. University of Ottawa Press, 2014. Accessed March 8, 2020. www.jstor.org/stable/j.ctt184qqc6.12.

Bradshaw, M., & Stratford, E. (2005). Qualitative research design and rigour. In Qualitative Research Methods in Human Geography. 2nd Ed., 67-78.
Creswell, J. W. (2012). Educational research: Planning, conducting, and evaluating quantitative and qualitative research (4th ed.). Boston, MA: Pearson.

Blackmore, Chloe. "Responsible Wellbeing and its Implications for Development Policy." (2009).

Barnes, S. (2012). Review of Trends, Policies, Practices and Implications of Scattered Site Housing. Toronto: Wellesley Institute

Bruce Wallace, Bernie Pauly, Kathleen Perkin & Geoff Cross (2019) Where's the Housing? Housing and Income Outcomes of a Transitional Program to End Homelessness, Journal of Poverty, 23:2, 161-178, DOI: 10.1080/10875549.2018.1549185

Creswell, J. W. (2014). Research Design: Qualitative, Quantitative and Mixed Methods Approaches (4th ed.). Thousand Oaks, CA: Sage

Creswell, John. "Research design." (2012).

Cartwright, Nancy., and Eleonora Montuschi. Philosophy of Social Science: A New Introduction: A New Introduction. Oxford University Press, 2014.

Casavant, Lyne. (1999) Definition of homelessness, Political and Social Affairs Division, Parliamentary Research Branch PRB 99-1E http://publications.gc.ca/Collection-R/LoPBdP/modules/prb99-1-homelessness/definition-e.htm#(1)txt

Curtis, Matt, Brandi Awad, and Dana Heatherly. 2020. "Ottawa's Housing First Strategy Not Working For Homeless Indigenous People | Capital Current". Capitalcurrent.Ca. https://capitalcurrent.ca/indigenous-homeless-ottawa-failed-housing-first/.

https://www.cbc.ca/news/canada/ottawa/city-of-ottawa-housing-first-program-concerns-1.4378918

Christopher N Parker 2017, Lived Experiences of 'Choice', 'Control', and 'Success' in Housing First

Devlin, Ann Sloan. Research methods: Planning, conducting and presenting research. Belmont, CA: Thomson/Wadsworth, 2006.

Deneulin, Séverine, and Lila Shahani, eds. An introduction to the human development and capability approach: Freedom and agency. IDRC, 2009.

Davy et al. (2013). Guest Editorial The global, the social and rights. New perspectives on social citizenship. International Journal of Social Welfare.

Dolbeare, C.N. (1996). Housing Policy: A General Consideration. In J. Baumohl (Ed.), Homelessness in America. Phoenix: Oryx Press.

Esping-Andersen, Gosta. "The three political economies of the welfare state." The Canadian Review of Sociology and Anthropology 26, no. 1 (1989): 10-37.

Greenwood, G. L., Paul, J. P., Pollack, L. M., Binson, D., Catania, J. A., Chang, J., Humfleet, G., & Stall, R. (2005). GREENWOOD ET AL. RESPOND. American Journal of Public Health, 95(6), 929–930. https://doi.org/10.2105/AJPH.2005.064519

Gaetz, S.; Barr, C.; Friesen, A.; Harris, B.; Hill, C.; Kovacs-Burns, K.; Pauly, B.; Pearce, B.; Turner, A.; Marsolais, A. (2012) Canadian Definition of Homelessness. Toronto: Canadian Observatory on Homelessness Press.

Gaetz, S. (2010) The Struggle to End Homelessness in Canada: How We Created The Crisis and How We Can End It, The Open Health Services and Policy Journal

Glendinning, C. (2008) Increasing Choice and Control for Older and Disabled People: A Critical Review of New Developments in England, Social Policy and Administration

Goering, P., Veldhuizen, S., Nelson, G., Stefancic, A., Tsemberis, S., Adair, C., Distasio, J., Aubry, T., Stergiopoulos, V., & Streiner, D. (2016). Further validation of the Pathways Housing First Scale. Psychiatric Services, 67, 11-114. http://dx.doi.org/10.1176/appi.ps.201400359.

Gaetz, S.; Barr, C.; Friesen, A.; Harris, B.; Hill, C.; Kovacs-Burns, K.; Pauly, B.; Pearce, B.; Turner, A.; Marsolais, A. (2012) Canadian Definition of Homelessness. Toronto: Canadian Observatory on Homelessness Press.

Guirguis-Younger, Manal, Ryan McNeil, and Stephen W. Hwang, eds. Homelessness & Health in Canada. University of Ottawa Press, 2014. Accessed February 8, 2020. www.jstor.org/stable/j.ctt184qqc6.

Government of Canada, Cat. No.: SSD-231-07-19E

Hughes, James. (2018), Beyond Shelters: Solutions to Homelessness in Canada from the Front Lines,James Lorimer & Company, Ltd., Publishers Toronto

Hansen Löfstrand, C. and Juhila, K. (2012) The Discourse of Consumer Choice in the Pathways Housing First Model, European Journal of Homelessness

Hulchanski, J. David, Philippa Campsie, Shirley Chau, Stephen Hwang and Emily Paradis. 2009. "Homelessness: What's in a Word?." In David Hulchanski et al. (ed.), Finding Home: Policy Options for Addressing Homelessness in Canada. Toronto: Cities Centre Press, University of Toronto

Hulchanski, J. David. 2007. Canada's Dual Housing Policy: Assisting Owners, Neglecting Renters. Toronto: University of Toronto, Centre for Urban and Community Studies.

Hulchanski, J. David. (2005). Rethinking Canada's Housing Affordability Challenge: University of Toronto, Centre for Urban and Community Studies.

Hulchanski, J. David. "What Factors Shape Canadian Housing Policy? The Intergovernmental Role in Canada's Housing System." (2003).

Homelessness in Canada 2013. Toronto: Canadian Homelessness Research Network Press.

Jacobs, K., Hulse, K., Stone, W. and Wiesel, I. (2016) Individualised housing assistance: findings and policy options, AHURI Final Report No. 269, Australian Housing and Urban Research Institute, Melbourne, http://www.ahuri.edu.au/research/final-reports/269, doi:10.18408/ahuri-4105001.

Jacobs, K., Lawson, J., Gabriel, M., Hulse, K. (2015) Individualised and market-based housing assistance: evidence and policy options, AHURI Final Report No. 253, Australian Housing and Urban Research Institute Limited, Melbourne, http://www.ahuri.edu.au/research/finalreports/253. Stone, W.,

Johnsen, S., & Watts, B, (2014). Homelessness and poverty: reviewing the links. Heriot-Watt University.

Jacobs, K., & Manzi, T. (2000). Evaluating the social constructionist approach in housing research, Housing, Theory and Society, 17(1), 35-42.

Jacobs, K., Kemeny, J., & Manzi, T. (2004). Social Constructionism in Housing Research. Burlington, VT: Ashgate Publishing Limited.

Kirby, M. J. L. and Keon, W. J. (2006) Out of the Shadows at Last: Transforming Mental Health, Mental Illness and Addiction Services in Canada (Ottawa, ON: The Standing Senate Committee on Social Affairs, Science and Technology, Canada).

Kwon, Huck-ju, and Eunju Kim. "Poverty Reduction and Good Governance: Examining the Rationale of the Millennium Development Goals." Development and Change 45, no. 2 (2014): 353-75.

Lindstrand Ann, Steffan Bergstrom, Hans Rosling, Birgitta Reubenson, Bo Stenson, and Thorkild Tylleskar. 2006. Global Health: An Introductory Textbook. Lund: Studentlitteratur.

Ling,T 2008, The Reality of Housing Insecurity A CPJ backgrounder on Housing and Homelessness

Mott, Sebastian, Malorie Moore, and David Rothwell. (2012). "Addressing homelessness in Canada: Implications for intervention strategies and program design." Montreal, QC: Centre for Research on Children and Families, McGill University

Matthew Stock (2016). Ending Homelessness? A Critical Examination of Housing First in Canada and Winnipeg www.policyalternatives.ca.

Miguel-Angel Luque-Fernandez. A counterfactual approach for impact evaluation. 2014

Msila, Vuyisile, and Angeline Setlhako. "Evaluation of Programs: Reading Carol H. Weiss." Universal Journal of Educational Research 1, no. 4 (2013): 323-327.

Moscovitch, Allan, "Welfare State". In The Canadian Encyclopedia. Historica Canada. Article published February 07, 2006; Last Edited May 22, 2019. https://www.thecanadianencyclopedia.ca/en/article/welfare-state

Mcafee, Ann, "Housing and Housing Policy". In The Canadian Encyclopedia. Historica Canada. Article published March 17, 2009; Last Edited November 22, 2017. https://www.thecanadianencyclopedia.ca/en/article/housing-and-housing-policy

Nelson, Geoffrey. (2019). Eliminating homelessness in Canada through housing first:From demonstration project to policy and program change. Health Education and Care. 4. 10.15761/HEC.1000148.

*Nelson, G., Sylvestre, J., Aubry, T. et al. Housing Choice and Control, Housing Quality, and Control over Professional Support as Contributors to the Subjective Quality of Life and Community Adaptation of People with Severe Mental Illness. Adm Policy Ment Health **34,** 89–100 (2007). https://doi.org/10.1007/s10488-006-0083-x*

Olsen, GM. Protective legislation: The "third pillar" of the welfare state. Soc Policy Admin. 2019; 53: 478– 492. https://doi.org/10.1111/spol.1247

Polvere, L., MacLeod, T., Macnaughton, E., Caplan, R., Piat, M., Nelson, G., Gaetz, S., & Goering, P. (2014). Canadian Housing First toolkit: The At Home/Chez Soi experience. Calgary and Toronto: Mental Health Commission of Canada and the Homeless Hub (HOUSING FIRST BIBLE)

Parkinson, S., Sharam, A. and Ralston, L. (2016) Housing assistance need and provision in Australia: a household-based policy analysis, AHURI Final Report No. 262, Australian Housing and Urban Research Institute Limited, Melbourne, http://www.ahuri.edu.au/research/final-reports/262, doi:10.18408/ahuri-5105201.

Polvere, L., MacLeod, T., Macnaughton, E., Caplan, R., Piat, M., Nelson, G., Gaetz, S., & Goering, P. (2014). Canadian Housing First toolkit: The At Home/Chez Soi experience. Calgary and Toronto: Mental Health Commission of Canada and the Homeless Hub.

Pleace, N. (2016). Housing First Guide Europe. Brussels: FEANTSA.

Powell, M., Doheny, S., Greener, I. and Mills, N. (2009) Introduction: Managing the 'Unmanageable Consumer', in R. Simmons, M. Powell and I. Greener (Eds.) The Consumer in Public Services: Choice, Values and Difference

Polvere, L., MacLeod, T., Macnaughton, E., Caplan, R., Piat, M., Nelson, G., Gaetz, S., & Goering, P. (2014). Canadian Housing First toolkit: The At Home/Chez Soi experience. Calgary and Toronto: Mental Health Commission of Canada and the Homeless Hub. www.housingfirsttoolkit.ca

Paula Goering, Scott Veldhuizen, Aimee Watson, Carol Adair, Brianna Kopp, Eric Latimer, Geoff Nelson, Eric MacNaughton, David Streiner & Tim Aubry (2014). National At Home/Chez Soi Final Report. Calgary, AB: Mental Health Commission of Canada. Retrieved from: http://www.mentalhealthcommission.ca

Polvere, L., MacLeod, T., Macnaughton, E., Caplan, R., Piat, M., Nelson, G., Gaetz, S., & Goering, P. (2014). Canadian Housing First toolkit: The At Home/Chez Soi experience. Calgary and Toronto: Mental Health Commission of Canada and the Homeless Hub.

Pleace, N 2013, 'Consumer Choice in Housing First', European Journal of Homelessness, vol. 7, no. 2, pp. 329-339.

Paula Goering, Scott Veldhuizen, Aimee Watson, Carol Adair, Brianna Kopp, Eric Latimer, Geoff Nelson, Eric MacNaughton, David Streiner & Tim Aubry (2014). National At Home/Chez Soi Final Report. Calgary, AB: Mental Health Commission of Canada. Retrieved from: http://www.mentalhealthcommission.ca

Richter, Dirk and Holger Hoffmann. "Preference for Independent Housing of Persons with Mental Disorders: Systematic Review and Meta-analysis." Administration and Policy in Mental Health and Mental Health Services Research 44 (2017): 817-823.

Ritchie, Albert G. "The State's Responsibility for Social Welfare." Social Forces 4, no. 3 (1926): 608-10. Accessed April 15, 2020. doi:10.2307/3004743.

Ritchie, Albert G. "The State's Responsibility for Social Welfare." Social Forces 4, no. 3 (1926): 608-10. Accessed April 9, 2020. doi:10.2307/3004743.

Rech, Nathalie, "Homelessness in Canada". In The Canadian Encyclopedia. Historica Canada. Article published April 29, 2019; Last Edited July 09, 2019. https://thecanadianencyclopedia.ca/en/article/homelessness-in-canada

Stephen Gaetz, Tanya Gulliver, & Tim Richter (2014): The State of Homelessness in Canada: 2014. Toronto: The Homeless Hub Press.

Stephen Gaetz, Erin Dej, Tim Richter, & Melanie Redman (2016): The State of Homelessness in Canada 2016.Toronto: Canadian Observatory on Homelessness Press.

Stephen Gaetz, Jesse Donaldson, Tim Richter, & Tanya Gulliver (2013): The State of Homelessness in Canada 2013. Toronto: Canadian Homelessness Research Network Press

Stephen Gaetz, Fiona Scott & Tanya Gulliver (Eds.) (2013): Housing First in Canada: Supporting Communities to End Homelessness. Toronto: Canadian Homelessness Research Network Press.

Segaert. Aaron (2012). The National Shelter Study: Emergency Shelter Use in Canada 2005-2009

Samosh, Jonathan & Rae, Jennifer & Jamshidi, Parastoo & Shah, Dhrasti & Martinbault, Jean-Francois & Aubry, Tim. (2018). Fidelity assessment of a Canadian Housing First programme for people with problematic substance use: Identifying facilitators and barriers to fidelity file:///C:/Users/Hei/Downloads/Samosh2018SandyHillFidelityAssessment.pdf

SCHNEIDER, ANNE, and HELEN INGRAM. "SOCIAL CONSTRUCTION OF TARGET POPULATIONS: IMPLICATIONS FOR POLITICS AND POLICY." American Political Science Review 87, no. 2 (1993).

Stephen Gaetz, Jesse Donaldson, Tim Richter, & Tanya Gulliver (2013): The State of homelessness in Canada

Segaert, A. (2012). The National Shelter Study: Emergency shelter use in Canada 2005–2009. Ottawa, ON: Homelessness Partnering Secretariat, Human Resources and Skills Development Canada.Retrived April 20, 2020 from:
https://homelesshub.ca/sites/default/files/Homelessness%20Partnering%20Secretariat%202013%20Segaert_0.pdf

Tsai, J., Mares, A.S. & Rosenheck, R.A. Housing Satisfaction Among Chronically Homeless Adults: Identification of its Major Domains, Changes Over Time, and Relation to Subjective Well-being and Functional Outcomes. Community Ment Health J ***48,*** *255–263 (2012).* *https://doi.org/10.1007/s10597-011-9385-x*

Tsemberis, S. (2010) Housing First: The Pathways Model to End Homelessness for People with Mental Illness and Addiction

Tsemberis, S., Gulcur, L. and Nakae, M. (2004) Housing First, Consumer Choice, and Harm Reduction for Homeless Individuals with a Dual Diagnosis, American Journal of Public Health

Tsemberis, Sam. (2011). Housing First: The Pathways Model to End Homelessness for People with Mental Illness and Addiction Manual. Sam Tsemberis

Thomas, A. (2000) "Meanings and views of development', Chapter 2, in Tim Allen and Alan Thomas p.

Taplin, D. H. and Heléne, C. Theory of change basics: A primer on theory of change. 2012

Wiesel, I., Habibis, D. (2015) NDIS, housing assistance and choice and control for people with disability, AHURI Final Report No. 258, Australian Housing and Urban Research Institute Limited, Melbourne, http://www.ahuri.edu.au/research/final-reports/258.

Wiesel, I. and Habibis, D. (2015) NDIS, housing assistance and choice and control for people with disability, AHURI Final Report 258, Australian Housing and Urban Research Institute, Melbourne,

Waegemakers Schiff, Jeannette; Rook, John (2012). Housing first - Where is the Evidence? (Toronto: Homeless Hub).

Wright, Talmadge. "Resisting homelessness: Global, national and local solutions." Contemporary Sociology 29, no 1 (2000): 27-43.