



INSTITUTE OF
URBAN STUDIES

AT HOME/CHEZ SOI FACT SHEETS

#7 - QUALITY of LIFE

The At Home/Chez Soi Fact Sheets comprises a series of brief reports highlighting key features and themes of the At Home/Chez Soi Housing First demonstration project in Winnipeg. As a collection, the fact sheets provide a broad overview of the project's structure, scope, methods, and outcomes to inform public understanding of the project. This fact sheet compares participants' quality of life at the beginning and the end of the At Home/Chez Soi project, as recorded by different research instruments.

Inventory (QOLI20+); Community Integration Scale (CIS); Health, Social, Justice Service Use (HSJSU); and Recovery Assessment Scale (RAS). These research instruments include questions associated with quality of life on topics such as safety, community participation, and perceptions of well-being. To explore if Intervention (INT) and Treatment as Usual (TAU) participants experienced an increase in their quality of life, responses to these instruments at the point of entry into the project are compared to responses collected the last time the research instrument was administered.

HOUSING FIRST AND QUALITY OF LIFE

People experiencing homelessness face constant uncertainty and instability, often functioning in survival mode and unsure of where their next warm meal and bed will come from. The Housing First model is rooted in the idea that once housed, people are better able to focus on less immediate concerns, such as their mental health, participation in the community, and developing goals for the future. This fact sheet compares participants' quality of life at the beginning and the end of the At Home/Chez Soi project, as recorded by different research instruments.

QUALITY OF LIFE INVENTORY (QOLI20+)

The QOLI20+ instrument contains 21 questions about participants' level of satisfaction with family relationships, finances, leisure time, safety, social circles, and neighbourhood quality. For each question, participants were asked to rate their level of satisfaction¹. At the point of entry in the study, 87.4% and 83.8% of participants felt poorly about their financial situation and the amount of money they had available to spend on fun activities respectively. Many participants also felt poorly about their living arrangements (80.3%), and how safe they were in their neighbourhood (67.1%) and home (62.6%). However, as shown in Figure 1, at the last interview period most INT participants expressed being more satisfied with all indicators in the QOLI20+ than they were at baseline. Among the indicators where participants expressed the greatest increase in satisfaction were their living arrangements (+34%), safety of their neighbourhood (+22.4%), and safety in where they live (+27.6%). However, at the last interview period only 28.6% and 28.2% felt good about their financial situation and the amount of money they had available to spend on fun activities respectively.

MEASURING QUALITY OF LIFE IN THE AT HOME/CHEZ SOI PROJECT

Data from four different research instruments were used to gain broad understanding of participants' quality of life and community integration during the last six months of the study. These research instruments are the **Quality of Life**

QUALITY OF LIFE

Figure 1. INT participants level of satisfaction with select QOLI questions

Response at Interview Period	QOLI20+ Question: How do you feel about...											
	Your family in general?	How comfortable and well off you are financially?	The amount of money you have available to spend on fun?	The amount of time you have to do things you want to do?	The chance you have to enjoy pleasant or beautiful things?	The amount of fun you have?	The amount of relaxation in your life?	The living arrangements where you live?	How safe you are in your neighbourhood?	How safe you are where you live?	the people you see socially?	Your life overall (as a whole)?
Baseline: Well	38	12.6	16.2	34.3	39.5	32.1	29.9	19.7	32.9	37.4	48	29.2
Last Interview: Well	48.1	28.6	28.2	50.7	52.7	44	49	53.8	55.3	65	60.9	51
Difference in Wellness (Last Interview Wellness - Baseline Wellness)	10.1	16	12	16.4	13.2	11.9	19.1	34.1	22.4	27.6	12.9	21.8

COMMUNITY INTEGRATION SCALE (CIS)

The Community Integration Scale (CIS) measured participants' perceived level of community integration over the past month by asking eleven questions. Seven of these pertained to their presence in the community (physical integration) and four to their sense of belonging (psychological integration).

PHYSICAL INTEGRATION

At the point of enrolment in the study, the majority of participants did not consider themselves physically integrated into their community. Only 28% of participants reported they had been involved in a community event in the previous month, and fewer than half (47%) had met someone out for a coffee or at a restaurant. Less than one-quarter of participants had attended a movie or concert (23%) or engaged in outside sport or recreational activity (22%). Despite receiving Housing First services, supports, and housing, INT participants did not experience increases

in physical integration between the start and end of the study period, with the exception of a slight increase in the frequency of those involved in 'outside sport.' In fact, there was a decrease in the number of INT participants visiting libraries and /or places of worship. This drop may be associated with a corresponding reduction in dependency on these places for services, once INT participants were receiving supports through the At Home/Chez Soi project.

PSYCHOLOGICAL INTEGRATION

The CIS's four psychological integration questions asked participants how they felt about where they lived. Responses range from 1 (strongly disagree) to 5 (strongly agree)ⁱⁱ. At the beginning of the study few INT participants agreed that they felt at home where they lived (only 37%), or felt like they belonged where they lived (23%). However, during the last month of the study 59% of participants felt at home and 48% like they belonged where they lived. However, many INT participants still did not know (44%) or interact with (46%) their neighbors.

QUALITY OF LIFE

Figure 2. INT participant responses to select RAS questions at study entry, and during last Interview Period

Select Recovery Assessment Scale (RAS) Questions	Agree with RAS Question by Study Period		
	Study Entry	Last Interview Period	Difference between Study Entry and Last Interview Period
I have a desire to succeed	79.3	83.4	4.1
I have goals I want to reach	81	79.3	-1.7
I have a purpose	69.4	78.7	9.3
I like myself	58	70.5	12.5
Something good will eventual happen	67.8	74.2	6.4
I'm hopeful about my future	64.5	69.3	4.8
I can handle what happens in my life	53.3	67	13.7
Coping with my mental illness is no longer the main focus of my life	32.3	41.5	9.2
My symptoms interfere less and less with my life	30.5	40.5	10
I can handle stress	29.7	41	11.3
I have people I can count on	59.8	67.7	7.9
I Believe I can meet my current personal goals	48.1	67.6	19.5

VICTIMIZATION RATES (HSJSU)

In the Health, Social, Justice Service Use (HSJSU) instrument, participants were asked a series of questions about instances or threats of violence in the previous six months. Participants were asked if they had been victims of theft, threat, unwanted sexual activity, or physical assault. Over 45% of INT participants and 54% of TAU participants indicated they were victimized in at least one of these ways during the last six months of the study. The most common types of victimization were physical assault and the threat of physical assault, with 33% of INT and 37% of TAU participants stating they had been hit or attacked, and 35% of INT and 34% of TAU participants indicating they had faced threats of physical violence. Furthermore, 7% of INT and 9% of TAU participants reported experiencing unwanted sexual activity. Many At Home/Chez Soi participants, in both the INT and TAU groups, were vulnerable to victimization during the project.

RECOVERY ASSESSMENT SCALE (RAS)

The Recovery Assessment Scale (RAS) identifies how participants felt about their life. Participants were provided with 22 positive statements regarding their mental health, well-being, sense of purpose, level of support from people around them, and optimism about the future. Participants responded to each statement using a scale from 1 (strongly disagree) to 5 (strongly agree)ⁱⁱⁱ. Figure 2 compares responses at the point of enrolment in the study with those at the last interview period^{iv}. At the beginning of the study period the majority of INT participants had generally positive outlooks on life; 79% noted a desire to succeed in life, 69% felt like they had purpose in life, 64% were hopeful about the future, and 81% had goals in their life they wanted to reach. Despite having goals, only 48% believed they could meet their personal goals, just over half (53%) believed they could handle what happens in their life, and only 30% believed they could handle the amount of stress they experienced.

QUALITY OF LIFE

However, at the last interview period, the percent of INT participants who believed they could meet personal goals went up nearly 20%. Additionally, the number of participants who believed they can handle what happens in their life and handle their stress, went up by 14 and 11% respectively. These findings suggest that participants receiving Housing First services delivered as part of the At Home/Chez Soi project experienced an improvement in their sense of well-being, purpose, and optimism about the future. When compared to TAU participants, however, percentages of participants who agreed with the RAS questions did not greatly differ.

When the RAS was first administered, at the point of enrolment in the study, a large number of INT participants noted that dealing with their mental illness was a daily focus. At that time, fewer than one-third of participants agreed that coping with their mental illness was no longer a focus (32%), or that their symptoms interfered less and less with their life (31%). At the last interview period, however, these numbers increased, with 42% of INT participants agreeing that coping with their mental illness was no longer a focus, and 41% that their symptoms interfered less and less with their life.

CONCLUSION

Information collected about quality of life issues indicates that, generally, INT and TAU participants struggled to obtain a high quality of life and level of community involvement even after receiving Housing First supports and services through the At Home/Chez Soi project. Transitioning out of chronic homelessness, particularly for those suffering from multiple or complex health issues, is extremely challenging, even with Housing First supports. However, determining a person's quality of life is complex and challenging. The finding from select research instruments is not enough to draw larger conclusions to overall quality of life, but instead shows insight into a few of the key variables known to reflect a person's quality of life.

SOURCES AND FURTHER READING

Distasio, J., Sareen, J. & Isakk, C. (2014). **At Home/Chez Soi Project: Winnipeg Site Final Report**. Calgary AB: Mental Health Commission of Canada. Retrieved from: <http://www.mentalhealthcommission.ca>

Gaetz, S., Scott, F. & Gulliver, T. (Eds.) (2013). **Housing First in Canada: Supporting Communities to End Homelessness**. Toronto: Canadian Homelessness research Network Press. Retrieved from: <http://www.homelesshub.ca/housingfirstcanada>

ⁱ For the purposes of this analysis, responses of 1 (terrible) to 4 were combined into the category “poor,” while responses of 5 (agree) to 7 (delighted) were considered “well.”

ⁱⁱ For the purposes of this analysis, responses of 1 (strongly disagree), 2 (disagree), and 3 (neither) were combined into the category “disagree,” while responses of 4 (agree) and 5 (strongly agree) were considered “agree.”

ⁱⁱⁱ For the purposes of this analysis, responses of 1 (strongly disagree), 2 (disagree), and 3 (neither) were combined into the category “disagree,” while responses of 4 (agree) and 5 (strongly agree) were considered “agree.”

^{iv} Some participants were administered the RAS research instrument at the 21 month period, while other were administer it at the 24 month period. However, no participant was administered the RAS for both periods. For this reason, the last time the RAS research instrument was administered was considered a participants ‘last’ interview period.

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