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.

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 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.

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 satisfaction. 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%). 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.
QUALITY OF LIFE

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 new 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). 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.

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

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). Figure 2 compares responses at the point of enrolment in the study with those at the last interview period. 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.
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


1 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.”

2 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.”

3 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.”

4 Some participants were administered the RAS research instrument at the 21 month period, while other were administered 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 participant’s ‘last’ interview period.
The Institute of Urban Studies is an independent research arm of the University of Winnipeg. Since 1969, the IUS has been both an academic and an applied research centre, committed to examining urban development issues in a broad, non-partisan manner. The Institute examines inner city, environmental, Aboriginal and community development issues. In addition to its ongoing involvement in research, IUS brings in visiting scholars, hosts workshops, seminars and conferences, and acts in partnership with other organizations in the community to effect positive change.