

RESEARCH REPORT



An Evaluation Protocol for Community Supports for Marginalized Singles in Social Housing



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**PROTOCOLE D'ÉVALUATION DU SUPPORT COMMUNAUTAIRE DES PERSONNES
SEULES MARGINALISÉES DANS LE CADRE DU LOGEMENT SOCIAL**

**An Evaluation Protocol
for Community Supports
for Marginalized Singles
in Social Housing**

This document presents a research design developed by the Federation of Non-Profit Housing Organizations of Montreal and the CLCS Plateau Mont-Royal to investigate the effectiveness of providing community supports within social housing to address the needs of low income singles at risk of marginalization. It is hoped that, by making it available to other organizations involved in supportive housing, a common approach to such evaluations might contribute to greater knowledge and understand of the critical issues involved.

The development of this research protocol was funded by the Canada Mortgage and Housing Corporation, but the views expressed are the personal views of the authors and the Corporation accepts no responsibility for them.

**Evaluation of Social Housing with Community Support
for Low-Income Single Persons at Risk of Becoming Marginalized
in the Central Districts of Montréal**

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the Régie régionale de la santé et des services sociaux de Montréal-Centre
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1. RESEARCH PROBLEM AND OBJECTIVES

1.1 Problem

In Quebec, the population at risk of becoming socially marginalized is growing both vertically (number of people) and horizontally (number of problems) according to the RRSSSM-C (see *L'état de santé et de bien-être de la population de Montréal-Centre* [The state of health and well-being of the population of central Montréal], 1994).

Among the causes of the health problems, the Ministère de la santé et des services sociaux [department of health and social services] (MSSS) targets the following factors: habits, living environments and conditions, the physical environment and the service network. It is important that the organization and distribution of health and social services be reassessed (Government of Quebec, 1992). The MSSS is developing its intervention strategies in view of 1) promoting the reinforcement of individual potential; 2) sustaining living environments and developing healthy and safe environments; 3) improving living conditions; 4) acting with vulnerable groups; 5) harmonizing public policies and actions to improve health and well-being; 6) orienting the health and social services system towards the most effective and least expensive solutions. Social housing with community support fits well into the overall MSSS strategies.

It was during the 1980s that NPOs providing social housing with community support developed in the central districts of Montréal. These NPOs offer an alternative to marginalized single persons who have difficulty finding accommodation on the private market. Another advantage is the low cost of social housing with community support compared to that of hospitalization or institutionalization.

Today, 37 organizations grouped under the Fédération des O.S.B.L. d'habitation de Montréal [Montréal federation of housing NPOs] (FOHM) manage social housing units¹. The founders of the FOHM and many of its current administrators are workers who deal with people trying to cope with homelessness, drug addiction, isolation, mental health or financial problems. The FOHM has adapted its management style to these people. It fosters their independence, their residential stability and their well-being in healthy, low-cost housing units. The services provided by the FOHM complement traditional resources and are part of a continuum that goes from rehabilitation to integration.

Social housing with community support has gone beyond the experimental stage, and its qualitative and quantitative impact is considerable. This means of prevention and social reintegration is innovative in that its interventions are done on a socio-economic and environmental level. It involves accompanying tenants on a daily basis in their individual and collective adaptation to their environment, in their role as responsible tenants and good neighbours. In particular, this type of intervention prevents disorganization and counters the perverse effects of poverty (violence, drugs, etc.).

Tessier and Clément (1992) drew up an inventory of the literature on housing programs in the United States. The concept of supported housing is new, and little research has been done in this area. "We are very interested in hearing about any evaluation activities related to supported housing." (Carling, 1990). Social housing is embarking on a major change in philosophy where the individual is being called upon to assume an active role. The impact of this change on the

¹ In addition, the FOHM manages 200 housing units for single persons on behalf of the Office municipal d'habitation [municipal housing board] of Montréal.

population at risk of becoming marginalized is having positive repercussions on the costs of the health system.

The demand for social housing units is increasing rapidly. This year, the FOHM alone will receive 650 applications. According to the Plan régional d'organisation des services [regional services organization plan] (PROS) for mental health in the Montréal metropolitan area, it is estimated that approximately 950 social housing beds will have to be produced (Morin *et al.*, 1990: 53). But, how will this be possible if development budgets are cut?

Practical experience has shown an improvement in the objective living conditions of tenants (savings associated with housing costs, reduction in the use of onerous resources, etc.) and in their subjective living conditions (feeling of security, control over their lives, establishment of relations, etc.), as well as in their degree of social integration (stability, return to school or to work). The current withdrawal of government calls for a broader reflection on the conditions required for the implementation of communalization as a preferable alternative to privatization in the area of health and welfare.

The proposed research project will assess the contribution of social housing with community support to the quality of life of tenants and situate this housing concept in a context of evolving communalization. Quality of life refers to individual satisfaction with life in general, place of residence, neighbourhood, food, clothing, health, financial situation, free time, outside entertainment, family, friends, coresidents, privacy, security and citizenship (Baker and Intagliata, 1982).

Does social housing with community support enhance quality of life and how does it affect whether or not people stay in their living environments? What segments of the population could benefit from this option? Should society develop this type of program? What conditions are required for its implementation? These few general questions form the basis of the proposed evaluation. This assessment has both advisory and regulatory goals (as described by Champagne *et al.*, 1985) to the extent that it will provide NPOs with information to improve and amend the program. For decision makers, the results will be useful in preparing a new intersectorial service distribution plan.

1.2 Research Objectives

General Objective

The general objective of this research project is to evaluate the contribution of social housing with community support (as a model community alternative to privatization) to the improvement in the quality of life of low-income single persons at risk of becoming marginalized in the central districts of Montréal.

Intermediate or Specific Objectives

This general objective will be attained through a series of more specific objectives. First, we propose to document the experiment carried out by the FOHM and its NPO members. This will essentially be done using administrative data (documentary analysis) and through structured interviews with key resource persons.

1) *Document the management practices in social housing with community support developed by the FOHM and the social housing NPOs in the central districts of Montréal.*

This first objective is a prerequisite for attaining the other objectives, since the information obtained will be very useful to better identify the scope of the study. It will lead us to the two objectives at the core of this research project.

2) *Assess (objectively and subjectively) the degree of improvement in the quality of life of tenants and their social integration into their environments since they entered the social housing with community support program.*

3) *Identify the factors contributing to the improvement in the quality of life of these people and their social integration into their environments.*

To attain these objectives, we will perform a triangulation² of the data obtained from individual interviews (with the tenants), focus group sessions (with people who know the tenants) and administrative sources.

Subsequently, an interpretation of the overall survey results (including an analysis of interviews with public officials) should enable us to achieve the following objective.

4) *Formulate specific recommendations to the housing NPOs in view of improving the effectiveness of their current social housing with community support services.*

Lastly, we also intend to stimulate reflection on social policies by raising new proposals.

5) *Suggest new forms of community intervention in the area of social housing that would make it possible, in a context of non-institutionalization, for communalization to provide an alternative preferable to that of privatization.*

2. REVIEW OF LITERATURE AND DESCRIPTION OF THE INTERVENTION

2.1 People Who Are, or Are at Risk of Becoming, Socially Marginalized: Needs to Be Considered

The literature is just beginning to deal with the subject of people who are, or are at risk of becoming, socially marginalized. The problems involved here are many (violence, abuse, alcoholism, drug addiction, homelessness, mental and physical illness, crime, gambling, etc.). Seniors or people losing their independence also represent vulnerable groups. Since the available research material on rehabilitation deals mainly with mental health, the review of the literature covers this problem extensively and only briefly discusses the other problems.

Several studies reported by Dufort *et al.* (1994) show that most of the people frequently admitted to psychiatric emergency units are not psychotic. Lefebvre and Coudari (1985) refer to the psychiatrization and criminalization of the psychosocial distress of the so-called mentally ill. According to the authors, this distress appears when individuals are no longer able to handle the pressure in their environment with the internal and external resources and means at their disposal. The "descent into hell", according to Lefebvre and Coudari (1992), results in double, triple, morbid diagnoses.

Health and welfare policy (Government of Quebec, 1992) considers health and welfare as a resource of everyday life qualified by the physical, psychological and social capacity of individuals to act in their environment and to fulfill the roles that they want to assume, in a manner acceptable to them and to the groups of which they are part. In the same line of thought, CLSCs are concerned with prevention. Community action represents an indispensable means of

² The principle of triangulation refers to the combination of at least two collection methods or the use of at least two data sources.

intervention to help communities act on collective factors that have an impact their health and well-being (Fédération des CLSC du Québec [Quebec federation of CLSCs], 1994).

People who are, or are at risk of becoming, marginalized can integrate into their communities when a combination of conditions are present: capacity to take responsibility for their health and well-being (Pilon and Boyer, 1993), to satisfy their basic needs (food, clothing, housing and security) and to acquire a living space where they are free and independent (control over their daily activities, adaptation to their living environment, emergence of aspirations, of projects, etc.)

Social support and health are indissociable (Government of Quebec, 1992). A minimal support network precludes the appearance of health problems and, consequently, reduces the use of onerous resources (Dufort *et al.*, 1994; Bozzini and Tessier, 1985; Lefebvre and Coudari, 1985 and 1992). People living in isolated conditions are more vulnerable, present more signs of distress and are more often victims of abuse of all kinds. The proportion of Quebecers with a high threshold of psychological distress is estimated at 20%.

The study carried out by Dufort *et al.* (1994) considers housing as a condition that promotes keeping people in their communities. The authors conclude that it remains important to examine this factor (residential stability) and its impact on the quality of life of people trying to cope with severe mental health problems and on the extent to which these people can be kept in their communities. Montréal has between 10,000 and 15,000 homeless people and some 36,895 persons who are vulnerable in terms of housing (Lecomte, 1989).

According to Flynn *et al.* (1990 in Pilon and Boyer, 1993), the place of residence must provide a quality living environment that allows for a certain amount of privacy, fosters feelings of security and a sense of belonging, makes it possible to assume significant and rewarding social roles, respects people's choices and ensures a flexible and rewarding environment. Other studies on the homeless (Hulchanski *et al.*, 1991; Tessier and Clément, 1992) fully support this idea, also adding that these people need flexible support services adapted to their physical and mental health. The involvement of persons in choosing, planning and managing their residences is essential (Hogan and Carling, 1992). Mercier *et al.* (1994) observe that transition programs such as housing with support services for daily activities promote residential stability.

Morin (1992) advocates a paradigm shift because the importance of the environment, community support and the deprofessionalization of the assistance process must be recognized and sustained.

2.2 Housing and Support: A New Association

With the withdrawal of government, the concepts have shifted from shelter to housing and from assumption of responsibility to social support (Ridgeway and Zipple, 1990). The resulting rehabilitation programs are more individualized and respect the tastes, preferences and choices of clients (Tessier and Clément, 1992). According to this new approach, people who are, or are becoming, marginalized must choose their living environments themselves, provided that adequate support is provided to them (Morin, 1992; Hogan and Carling, 1992). Witheridge (1990 in Tessier and Clément, 1992) supports this approach because supported housing programs reduce hospital re-admissions and public spending.

Pilot projects involving supported housing, in Texas, have proven satisfactory for families, users and program administrators (Curtis, 1993). Among the positive repercussions were fewer hospitalizations, greater stability, increased hope, motivation and empowerment, and enhanced

quality of life. The success of such projects depends on worker availability, regular home visits, psychological support, assistance in times of crisis and monitoring of daily activities.

In Quebec, research projects undertaken by Mercier (1986) demonstrate that a sheltered apartment program for psychiatric patients contributed to enhancing quality of life in all areas related to the material dimension of everyday life. Research performed by Dickey *et al.* (1986 in Tessier and Clément, 1992), confirms that transitional resources are preferable to institutional care, but that they do not succeed in improving the degree to which people integrate into their communities (1979 in Tessier and Clément, 1992; Stroul, 1988).

Studies conducted on supported housing assess the support provided in sheltered apartments for psychiatric patients only, but the results are conclusive. Tanzman (1990 in Morin, 1992) listed 23 studies and summarized that the people surveyed preferred living in their own apartments or houses and not under the auspices of mental health programs. What about people experiencing other types of problems? The literature unfortunately deals very little with this issue.

Social housing with community support has existed in Montréal for over 7 years. It is based on fundamental elements that affect the lives of tenants: having one's own home, making decisions, assuming normal tenant responsibilities (cleanliness, neighbourliness, control of keys), integrating on a social level, learning in a hands-on manner in permanent premises and benefitting from flexible and individualized support and services (Drolet, 1993).

2.3 Social Housing with Community Support as Part of a Continuum that Goes from Rehabilitation to Integration

For Morin (1992), an anonymous habitat is the key to keeping people who are, or are becoming, marginalized within their community. In the early 1980s, the deplorable state of the rooms inhabited by needy people prompted community workers to demand decent housing units from the City of Montréal. They created the FOHM, an organization that manages social housing units (FOHM, 1987).

A study conducted by Côté (1993) on tenants in NPO projects revealed that most of those surveyed lived in private rooming houses in Montréal, but it was obvious from the conversations with them that they had only spent a short time in each house and that unhealthy conditions, high housing costs that deprived them of essential goods or lack of privacy appeared to be the main reasons underlying their residential instability. Other authors (Morin, 1992; Mercier *et al.*, 1994) also explain how speculative pressure in downtown cores reduced the stock of affordable rooms, thereby increasing the number of homeless and intolerance towards them (Lefebvre and Coudari, 1985 and 1992; the Roeher Institute, 1994; Dorvil *et al.*, 1994; Séguin, 1994).

Morin *et al.* (1990: 17-18) note that there is a tendency today, throughout the western world, to use the social housing approach to meet new needs occurring as a result of recent social and economic changes, i.e., the deinstitutionalization of persons with physical and mental disabilities, the growing fragility of families, the increasing number of people in precarious situations and even without housing, etc. Social housing is therefore becoming less and less associated with working-class or wage-earner families. It is not surprising then that the need for supportive care and attention, over and above the provision of housing, is becoming one of the main issues of the day.

Experts do not favour one approach over another (e.g. group homes, sheltered apartments, self-contained units). There is a consensus on the necessity of offering a varied range

of residential programs (Tessier and Clément, 1992; FOHM, 1994; Pilon and Boyer, 1993; CSSSRMM, 1990: 194).

The literature on social or public housing deals mainly with low-rental housing projects and cooperatives. Little information is available on community-managed housing NPOs. Dreier (1993), an American observer, affirms that they represent a real bargain for Canadian taxpayers. He writes that, in the U.S., many subsidized housing projects were undercapitalized and poorly managed by profit-seeking owners who were more interested in tax relief than in their tenants. The housing crisis in the U.S. should serve as a warning to Canadians who are attempting to eliminate government housing programs and to dismantle the social housing sector.

2.4 Social Housing with Community Support: An Alternative in the Context of a Public Finance Crisis

In Quebec, non-institutionalization and home care constitute topical challenges in the area of social housing (Morin *et al.*, 1990; FOHM, 1994; Morin, 1992; Creamer *et al.*, 1994). The first low-rental housing projects for seniors appeared in the late 1960s. Then came cooperative projects for families and NPO projects for clients with special needs. According to Haye (1992), the Office municipal d'habitation [municipal housing board] of Montréal began shifting its activities towards social management in 1988, as a result of the withdrawal of government from this area.

Vaillancourt (1994a) considers that the welfare state crisis is transforming the role of government and the way in which social and health services are being handled. The private sector is becoming a component to be integrated into the new social partnership contract. Privatization, however, threatens the universality of services and spawns fear that frail and needy people may be abused. These ongoing changes are therefore calling the third sector into a process of communalization of services.

In the health and social services sector, government must allocate budgetary and human resources based on quality of life, home care and the attainment of health and welfare objectives. Government has the role of organizing (and no longer distributing) services and redistributing budgetary resources. Its challenge is not so much to inject new money, but rather to radically change the breakdown of expenses and to take into consideration the determining factors in health and welfare (Vaillancourt, 1994b).

Health and welfare policy recognizes the importance of an intersectorial strategy (Government of Quebec, 1992). This strategy confirms that we have to broaden the outlook and promote a more comprehensive approach that would integrate the determining factors in the health and welfare of the population, namely: poverty, work, housing and professional training (Vaillancourt, 1994b). On the issue of housing, it would seem that agreements are currently being negotiated between the Société d'habitation du Québec [Quebec housing corporation] (SHQ) and the MSSS (Poulin, 1993).

Social housing with community support represents a solution to government withdrawal. The question is to know how housing NPOs will take part in this withdrawal process and how they will be affected by it (Creamer *et al.*, 1994). Another subject that should be explored is that of the third sector's participation in the negotiation of a new intersectorial division of responsibilities. What will its role be in distributing social and health services?

2.5 Résidence de l'Académie and the FOHM:

Two Examples of Social Housing with Community Support

Two of the organizations participating in the research project, Résidence de l'Académie and the FOHM, manage social housing units for low-income single persons. Some tenants and certain members of the staff (janitors and workers) and administrators of the houses managed by these two organizations will take part in the research project.

The FOHM has three community workers (two full-time and one part-time) for six houses and janitors (either residents or non-residents) for each of the houses. At the Chambredor house, directed by the FOHM, a team ensures a presence of 20 hours per day on average. In the case of the Résidence de l'Académie corporation, a resident janitor looks after maintenance for the three houses and members of the board of directors handle the management tasks³. The level of community support offered by the Résidence de l'Académie corporation is therefore slightly lower.

3. RESEARCH ASSUMPTIONS

General Assumption

In a context of government withdrawal, our general assumption is that community intervention by housing NPOs constitutes an *alternative* preferable to that of privatization in the area of housing for marginalized people.

Specific Assumptions

This general assumption will be explored through more specific assumption related to certain objectives presented in point 1.2.

By their very nature, objectives 1, 4 and 5 are not related to specific assumptions. The first is essentially descriptive, whereas the last two are recommendations or proposals. As a result, our specific assumptions are essentially focused on objectives 2 and 3.

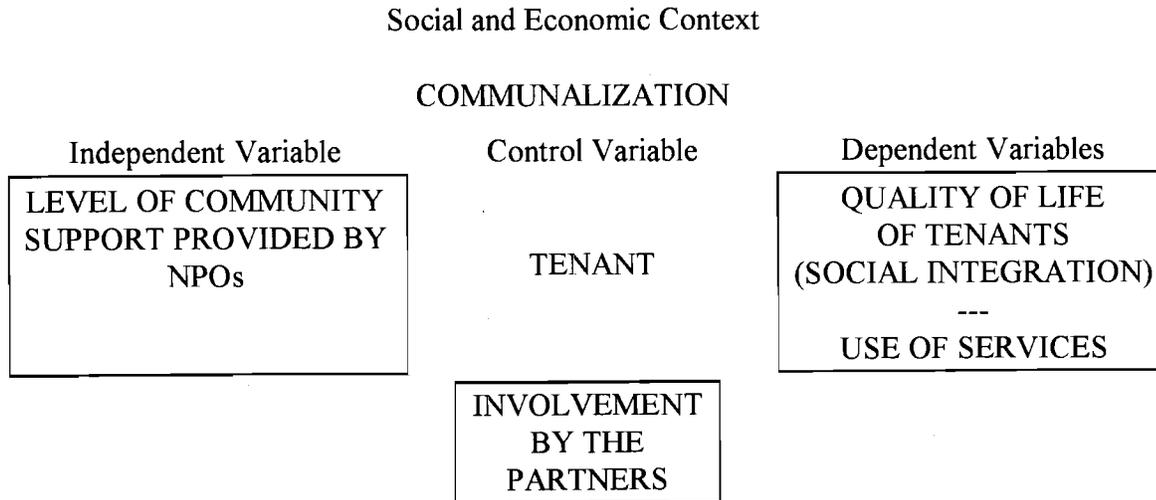
- A1. Social housing with community support has a positive impact on the quality of life and social integration of very poor people.
- A2.
 - a) Sufficient and adequate involvement by the "partners" is an important factor in allowing the social housing with community support program to produce an improvement in the quality of life and social integration of these people.
 - b) This is even more true for tenants with major disabilities.

Finally, we will explore one last assumption associated with the idea expressed by several authors that social housing with community support represents a promising solution, in the context of a public finance crisis, by curbing the use of the most onerous and expensive services (such as hospitalization or institutionalization).

- A3. By preventing crisis situations, social housing with community support contributes to reducing the use of the most onerous public services, in favour of a more regular use of standard public and community services.

³ See Appendix 1 for details of the housing NPO program.

4. CONCEPTUAL MODEL



4.1 Summary Definition of Variables

1) Quality of Life (dependent variable)

As pointed out by Zautra and Goodhard (1979), quality of life must be understood in terms of subjective experience and objective conditions. The objective conditions refer to a certain number of measurable socio-economic indicators mainly involving availability and use of resources.

Subjective experience refers to the perceptions of individuals as to their quality of life. A distinction is often made here between the overall perception of well-being and perceptions specifically associated with certain areas such as place of residence, neighbourhood, food, clothing, health, financial situation, free time, outside entertainment, family, friends, coresidents, privacy, security and citizenship (Baker and Intagliata, 1982).

The quality of life concept therefore includes a component related to social integration in the environment. Current objective conditions and subjective perceptions will be analyzed in comparison with the situation as lived (perceived) by the tenants prior to their arrival in social housing with community support.

2) Use of Services (dependent variable)

For this variable, we will prepare a scale (typology) to distinguish between the use of standard services offered by the CLSCs and community resources and the use of much more onerous services provided by psychiatric hospitals, long-term care residences and nursing homes. The analysis of this variable will be based on a comparison between how tenants made use of available services before and after their participation in the social housing program.

3) Level of Community Support in Social Housing (independent variable)

The level of community support provided varies from one house to another and, in particular, between De La Roche house where there is the least support and the FOHM houses (Chambredor and Le Soleil) where the support is greater. We will draw up a scale that will reflect

not only the variations between these different environments, but also the variations in the support offered to tenants depending on their particular problem areas (financial problems, drug addiction, mental health problems, etc.).

4) Partners (control variable)

The FOHM's partners are members of volunteer groups, community organizations and specialized services that provide tenants with ongoing care or specific need-based assistance (budget management, health services, etc.). In many situations, the housing NPO community workers act in cooperation with the partners.

We will identify the partners working with the tenants and seek to ascertain which ones are most effective and why. This variable will prove useful to us, in relation to the second assumption (A2) set out above, to "specify" the conditions in which community support can contribute to improving the quality of life of tenants⁴.

4.2 Interpretation Framework: Communalization

Communalization refers to the conditions for implementing non-institutionalization and keeping people in the community as the state withdraws from the distribution of social and health services. It will be considered: 1) as an alternative preferable to that of privatization in view of attaining health and welfare objectives; and 2) in relation to the conditions necessary for its implementation (see Vaillancourt, 1994b, on paradigm shift concerning the new division of responsibilities between the public and third sectors).

The study will recognize the influence of the social and economic context: 1) on the quality of life of the population; 2) on political choices; and 3) on the program under review (in particular, increase in the number of applications for housing units and in the problems experienced by applicants). The study will also reflect the fact that political directions determine the conditions of social housing with community support programs (program conversions, theoretical recognition and budget allocation).

5. METHODOLOGY

The synthetic approach that will be used for our multiple case studies (tenants) will have overlapping levels of analysis (Contandriopoulos *et al.*, 1990). The program evaluation will include three types of analyses:

- ◆ strategic analyses concerning the avenues of communalization: is such an intervention justified in relation to the context and the problems encountered by the population? Is it appropriate that this type of stakeholder handle the intervention?
- ◆ analyses of the intervention with respect to its effectiveness: does the intervention propose a satisfactory manner to attain the objectives?
- ◆ analyses of the effects pertaining to the improvement in the quality of life: which effects are attributable to the intervention?

⁴ Here we are referring to "specifying" in the sense of Lazarsfeld's model development (Babbie, 1983: 385-404).

5.1 Internal and External Validity

The proposed research project will test the assumptions and the conceptual model in relation to reality. The study will seek out the relations between the various elements such as quality of life, level of community support and involvement of the partners.

The validity of the study is based on the overall coherence of the project and on the triangulation of the data (Denzin, 1970). Interviews with several tenants, public officials and focus groups composed of people who know the tenants (community workers, janitors, partners and administrators) will make it possible to verify the impact of social housing with community support and to identify the strategic issues associated with the program.

The reliability of the results obtained, as they pertain to the impact of social housing, should allow for a generalization of the results to other populations, contexts and periods⁵. The internal validity will be a gauge of the external validity that will make it possible to extrapolate the results to promote reflection on communalization.

5.2 Advantages and Limitations

The performance of multiple case studies, based on a cross-occurrence pattern, gives more weight to the findings of the analysis. A review of several tenant accounts will reveal whether the processes under review are reproduced in different environments (in this case, in the houses) and whether the effects of the program are the same for all the people in the sample.

The study will include several analytical levels. The testimony provided by the tenants will indicate the effects of social housing with community support on any changes in their quality of life. The workers and janitors will provide their points of view based on their experiences with the tenants. The administrators will explain how the program works and its resulting effects on quality of life. The public officials will note their assessment of the social housing program and situate it in relation to all other social programs.

The main limitation of the research project comes from the fact that it deals only with social housing. Other similar studies are under way, however, on the effectiveness of various social programs (for example, in the areas of intellectually challenged persons, home care and mental health) and their results will contribute to enriching our reflection on communalization.

5.3 Target Population

Individual interviews will be conducted with the tenants. Focus groups will bring together community workers, NPO administrators, partners and all the janitors in the houses involved in the study. Officials from various public and parapublic organizations, concerned with social housing, will be interviewed individually.

Several groups will therefore be tapped for our data collection. On the whole, their comments should indicate to us all the conditions that must be present to ensure that social housing with community support functions properly in a perspective of increased communalization of social and health services.

⁵ We are referring here to a generalization on a theoretical level, rather than on a statistical basis.

Types of persons encountered (Y) as part of the research project, and categories of information sought (X) from these persons

Y\X	Strategic Information	Intervention Analysis	Information on Effects
Tenants		x	x
Community Workers		x	x
Janitors (residents and non-residents)		x	x
Housing NPO Administrators	x	x	x
Partners	x	x	x
Public officials	x		

5.4 Selection Criteria and Sampling

The research project will use a probabilistic sampling for the tenants based on the following characteristics:

- ♦ their residential stability (they have been living for at least 12 months in a social housing project with community support);
- ♦ their inhabitation of one of the three target houses (Chambredor, Le Soleil or De La Roche, three houses that are representative of all houses given their varied sizes);
- ♦ their availability (they live in their units at the time of the study); and
- ♦ their consent.

Names will be drawn at random from the lists of tenants who meet the selection criteria and live in one of the three designated houses. These three houses vary in size, and this affects the services provided (independent variable). By obtaining information from tenants in different houses, we will be able to verify whether results are similar from one house to another.

At the present time, Chambredor house has 54 tenants (52 men and 2 women) whose average age is 47 years. Le Soleil house has 37 tenants (29 men and 8 women) with an average age of 43 years. De la Roche house has 15 tenants (8 men and 7 women) with an average age of 42 years and an average monthly income of approximately \$600.

House	Number of Tenants (Total in the House)	Number of Tenants Participating in Study
Chambredor	54	15
Le Soleil	37	10
De la Roche	15	5
Total	106	30

To ensure tenant participation, the research assistants who will make the initial contact and conduct the interviews will be people trained and aware of the social problems involved.

Their ability to express themselves (using simple, clear and precise language), their ability to adapt to the client group and their personal attitude (open-mindedness, candour and neutrality vis-à-vis the replies) will favour a good rate of participation and reply to the questions.

The three community workers and four janitors of the selected houses will participate in the study. These workers and janitors have daily contact with the tenants, giving them an overall view of the client group and its quality of life.

The partners will be contributors who know the FOHM and who are involved with the tenants on a regular basis. The NPO administrators will be either the founders or the current administrators. The public officials will be people involved in social housing or in strategic positions with regard to the development of communalization. A sound choice (by experts) will lead to the selection of the partners, NPO administrators and public officials.

In addition to the tenants (30) of the three houses mentioned above, the community workers (3) and janitors (4) working in these houses will be consulted. The research team will also meet with 8 administrators, 8 partners and 5 public officials. The study will therefore be relying on the testimony of 58 people.

Persons who will be interviewed as part of the research project

Category	Sample Size
Tenants	30
Community Workers	3
Janitors (residents and non-residents) working in the three houses	4
Housing NPO Administrators and Founders	8
Partners	8
Public Officials (MSSS, MSR [department of income security], SHQ, CMHC, municipal, Régie régionale [regional board] and others)	5
Total	58

5.5 Data Collection Fields and Analytical Strategies

The methodology calls for the use of three sources of information. The first will be the individual interviews with the tenants and the public officials. The second source will be the four focus groups bringing together: 1) the community workers, 2) the janitors, 3) the administrators, and 4) the partners. The third source will be the documentary material.

Interviews

The interview grid details have not yet been finalized. The interviews with the public officials will be summarized in writing and subsequently validated by the interviewees. We intend to analyze this information using qualitative analysis software (NUD*IST², Ethnograph³ or Data Collector⁴).

As for the tenants, we plan to hold interviews lasting slightly over one hour to collect both quantitative and qualitative data. The interviewers will have to establish a climate of trust with the

interviewees in order to optimize the data collection process. The tenant interviews will be divided into two parts.

During the first part, the person's quality of life and degree of social integration will be assessed (before and after participation in the FOHM program) using various measurement tools, including at least one general measurement scale (Affect Balance Scale, Bradburn, 1969) and one instrument for measurements "by domain" (Satisfaction with Life Domains Scale)⁶. These measurements concern the subjective (or "psychological") assessment of the quality of life.

The objective (or "socio-economic") assessment will be based on the use of financial position indicators (e.g. comparison of housing types and percentage of income spent on housing before and after participation in the program, etc.), on the one hand, and on indicators pertaining to the social relations maintained (social support network) and the types and frequency of use of services, on the other hand.

In the second part of the interview, open questions will be asked providing the tenants with the opportunity to describe their experiences and provide contexts for the quantitative data collected during the first part of the interview. These open questions will allow the tenants to talk about their quality of life before moving into the NPO house, as compared to their current situations. They will be able to explain how and why their quality of life has improved.

There will be a preliminary test involving a few tenants to verify the pertinence and clarity of the questions and to determine whether they will make it possible to attain the objectives of the study. The interviews will be recorded and anonymity will be ensured. At the end of the sessions, general information will be collected about the respondents, such as age, marital status, etc.

Certain information collected in the first part of the interview will be entered in a data base (spreadsheet) for standard statistical processing. Selective transcriptions of the second part of each interview will be prepared and then coded so that the information may be processed using the selected qualitative analysis software.

Focus Groups

A specialized consultant will be retained to lead the focus groups with the community workers, janitors, administrators and partners. These group discussions will be recorded, summarized in writing and coded in order to be processed using the qualitative analysis software.

Documentary Material

Social housing literature, including Canadian, American, French and British documents, from both academic and NPO sources, will be consulted. In addition, "grey literature" (letters, guidelines, etc.) generated by departments, the public and parapublic network and community organizations, constituting previously unpublished documentation, will also be reviewed. This material, which the players keep in their personal files, will be sorted and analyzed.

The results of the study will therefore be generated using various data sources, and this represents an excellent manner to validate the findings. As well, the results of this research project will be compared to those of other studies on social programs, making it possible to draw inferences on social and political trends, particularly with respect to communalization.

In sum, the methodology is based on the use of three types of data collection: interviews, focus groups and a review of "grey literature" and other documentation. The analytical strategy will be mainly focused on a qualitative content analysis of the interviews and group discussions,

⁶ Concerning this instrument, see Backer and Intagliata (1982) and Mercier (1986).

while maintaining a more quantitative component in the assessment of the quality of life of the tenants.

Each interview or discussion will first be analyzed individually. This analysis will identify the properties of the elements and the natural variations and form the basis of an explanation on the relations between the causes and the effects, on the relations between social housing with community support and the improvement in the quality of life of the tenants.

6. SCHEDULE AND BUDGET

According to the schedule, the research project will be conducted over a period of 18 months, from January 1996 to the end of June 1997. See Appendix 2 for details. The requested budget is \$58,916, that is, \$48,584 for the first twelve months⁷ (in 1996) and \$10,332 for the last six months (in 1997). The budget is detailed in Appendixes 3 and 4.

7. STEERING COMMITTEE AND RESEARCH TEAM

A steering committee will be composed of Daniel Labesse and Yves Girard, both from the CLSC du Plateau-Mont-Royal, Norma Drolet from the FOHM, and Réjean Mathieu and Yves Vaillancourt from the UQAM. Daniel Labesse will assume the administrative management of the project. The committee may take on observers such as Claude Roy from the SHQ, as required.

The committee will facilitate the work of the researchers and promote their contacts with the resources and community workers involved. In addition, it will exercise constant vigilance in view of ensuring that the project remains pertinent throughout its course.

The research team will be made up of Réjean Mathieu and Yves Vaillancourt and three research assistants. Professors Mathieu and Vaillancourt will assume the scientific responsibility and supervise all stages of the research process on a theoretical and methodological level. They will direct the work of the research assistants and will be closely involved in the preparation of the final report (see Appendix 5 for more details on the contributions and roles of the organizations involved).

8. ETHICAL CONSIDERATIONS

The steering committee and the research team will ensure compliance with the current code of ethics governing research at the UQAM. The people who will be contacted for the interviews will be informed of the research project objectives and the process being followed. All tenants will receive \$10 in compensation for their interview time. They will know that they have the right to withdraw their participation at any time. Interviews will be suspended at the request of interviewees. All participants will be informed of the research project objectives and how the results may be used.

In order to guarantee the confidentiality of the data, a series of principles will be respected. No person will be named (except for those persons who will provide a written authorization to this effect). The material will be identified by codes and the tape recordings will be erased once the research has been completed. Any publication concerning this research will

⁷ An initial payment of \$15,000 has already been effected.

provide no details from which any person could be identified. The UQAM protocol should be consulted for any other matter that may arise in this regard.

The interviewers who will be retained will have: 1) experience in this type of research; and 2) knowledge of social housing issues. They will receive specific training from the two professor-researchers who possess a good deal of experience in qualitative research and interview procedures. In addition, the researchers have extensive experience with community, public and parapublic groups in the area of housing and communalization. One of the two researchers was a member of the board of directors of the FOHM for four years.

9. PERTINENCE AND EXPECTED IMPACT

Social housing with community support in the central districts of Montréal is an innovative and inexpensive practice to maintain hard-to-house people in their communities. The pertinence of this issue can be measured by the growing number of applications to be handled, the newness of this subject in the literature, the interest shown by American and Canadian researchers, the political recognition of such an orientation and the challenges involved in the new partnership for the distribution of health and social services. In the area of housing research, however, much remains to be done in Quebec (Morin *et al.*, 1990)

Our study will enable us to assess and document, in a systematic manner, the practice of social housing with community support. It will help refocus and consolidate the intervention and advance the reflection on tenant selection. The study will also have an impact on the programming of rehabilitation services. Its results will constitute key indicators for the planning and development of resources for frail persons.

As well, the study has an interesting potential for generalization. The expertise that will be developed, on the qualitative approach and on the attention brought to the community and on quality of life, may be applied to other client groups. The results will also make it possible to enrich the reflection on communalization and the quality of life of marginalized people.

BIBLIOGRAPHY

- ARCAND, M. (1983). *Vivre en H.L.M. : Les conditions de vie dans les logements municipaux subventionnés*. GRAP (Groupe de Recherche en Action Populaire), cahier 10, 40 p.
- BABBIE, E. (1983). *The Practice of Social Research*, Fourth Edition, Belmont, Cal., Wadsworth Publishing.
- BAKER, F. and INTAGLIATA, J. (1982). Quality of life in the evaluation of community support systems, *Evaluation and Program Planning*, 5: 69-79.
- BLANCHET, L.; LAURENDEAU, M.-C.; PAUL, D. and J.-F. SAUCIER (1993). *La prévention et la promotion en santé mentale : Préparer l'avenir*. Le Comité de la santé mentale du Québec, Gaëtan Morin éditeur, 138 p.
- BOZZINI, L. and R. TESSIER (1985). Support social et santé, dans *Traité d'anthropologie médicale. L'institut de la santé et de la maladie*, sous la direction de J. DUFRESNE, F. DUMONT et Y. MARTIN. Presse de l'Université du Québec. Institut québécois de la recherche sur la culture. Presses Universitaires de Lyon, 905-940.
- BRADBURN, N.M. (1969). *The Structure of Psychological Well-being*, Chicago, Aldine.
- CARLING, P.J. (1990). Supported Housing: An Evaluation Agenda. *Psychosocial Rehabilitation Journal*, 13 (4): 95-104.
- CHAMPAGNE, F.; CONTANDRIOPOULOS, A.P. and R. PINEAULT (1985). Un cadre conceptuel pour l'évaluation de programme, *Revue Épidémiologique et Santé Publique*, 33: 173-181.
- CONSEIL DE LA SANTÉ ET DES SERVICES SOCIAUX DE LA RÉGION DE MONTRÉAL MÉTROPOLITAIN (CSSSRMM) (1990). *Plan d'organisation des services de santé mentale de la région de Montréal métropolitain (1990-1995)*, Montréal, 228 p.
- CONTANDRIOPOULOS, A.-P., CHAMPAGNE, F., POTVIN, L., DENIS, J.-L. and P. BOYLE (1989). *Savoir préparer une recherche*. Programme de subventions pour projets d'interventions, d'études et d'analyses en santé communautaire.
- CÔTÉ, S. (1993). *Les pratiques d'habiter des personnes seules à faible revenu; cas des maisons gérées par des organismes sans but lucratif*. Mémoire présenté à la Faculté de l'aménagement aux études supérieures en vue de l'obtention de grade de Maître ès sciences appliquées en aménagement, Août, 120 p.
- CREAMER, F.; DROLET, N.; LEGROS, P.; MATHIEU, R. and A. ROBIN (1994). *Au coeur du changement social : une expérience de gestion sociale du logement par la communauté : La Fédération des O.S.B.L. d'habitation de Montréal*. Communication au RQIAC, le 27 mai, 24 p.

CURTIS, L.C. (1993). Building on Choice in a World of Constraints, *Innovations & Research*, 2 (3).

DENZIN, N. (1970). *The Research Act: A Theoretic Introduction to Sociological Methods*, Chicago, Aldine.

DRIER, P. (1993). Le secteur du logement social au Canada vu par un américain, *Canadian Housing - Habitation Canadienne*, 10 (2): 12-16.

DROLET, N. (1993). *Le logement permanent avec support communautaire : une solution préventive à l'itinérance*. Fédération des O.S.B.L. d'habitation de Montréal (FOHM), 8 p.

DROLET, N. (1994). Une expérience réussie de gestion sociale à Montréal, *Canadian Housing - Habitation Canadienne*, 11 (3): 10-12.

DORVIL, H.; RENAUD, M. and L. BOUCHARD (1994). L'exclusion des personnes handicapées, dans *Traité des problèmes sociaux*, sous la direction de F. Dumont, S. Langlois et Y. Martin. Institut québécois de recherche sur la culture: 711-738.

DUFORT, F.; BERTRAND, C.; LANDRY, S.; GIROUARD, J.; HETHERINGTON, K.; LALONDE, L.; SCOTT-FLEURY, M.-H. and L. SENEZ (1994). *Évaluation du potentiel de maintien dans la communauté chez des personnes fréquemment hospitalisées en psychiatrie*. Résumé d'une étude réalisée dans le cadre d'un programme conjoint MSSS-CRSSS, Mai, 14 p.

FOHM (1987). *La Fédération des O.S.B.L. d'habitation de Montréal : 1) Origines, 2) Objets, 3) Projets et 4) Financement*. Montréal, 7 p.

FOHM (1991). *La FOHM et le support communautaire : Analyse, cadre théorique, pistes de développement*. Document de réflexion du conseil d'administration, décembre.

FOHM (1994). *Le logement social avec support communautaire : Lien avec les objectifs de santé et de bien-être*. Mémoire préparé pour la Régie régionale de Montréal-centre, Montréal, FOHM, 4 p.

FEDERATION DES CLSC DU QUEBEC (1994). *Pratiques d'action communautaire en CLSC*. Document de réflexion, 92 p.

FRONT D'ACTION POPULAIRE EN RÉAMÉNAGEMENT URBAIN (1993). *Pour la promotion du logement social*. Document de référence, 35 p.

GOUVERNEMENT DU QUÉBEC (1992). *La politique de la santé et du bien-être*. Ministère de la Santé et des Services sociaux, 192 p.

HAYE (la), R. (1992). Pour l'Office municipal d'habitation de Montréal, la gestion sociale : une affaire de coeur, *Canadian Housing - Habitation Canadienne*, 9 (2): 34-37.

HOGAN, M.F. and P.J. CARLING (1992). Normal Housing: A Key Element of a Supported Housing Approach for People with Psychiatric Disabilities, *Community Mental Health Journal*, 28 (3): 215-226.

HULCHANSKI, J.D.; EBERLE, M.; OLDS, K. and D. STEWART (1991). *Housing and Community Planning. Solutions to Homelessness: Vancouver Case Studies*. UBC Centre for Human Settlements. A report prepared for the Canada Mortgage and Housing Corporation. The University of British Columbia, January, 107 p.

INSTITUT ROEHER (1994). *Le Bien-être au sein de la société*, Institut Roehrer, 68 p.

LABERGE, D. and S. ROY (1994). Interroger l'itinérance : stratégies et débats de recherche, *Cahiers de recherche sociologique*, 22: 93-112.

LAVOIE, F.; TESSIER, L. and Y. LAMONTAGNE (1985). *La santé mentale : prévenir, traiter et réadapter efficacement; 2. L'efficacité de la prévention*. Québec. Comité de la santé mentale du Québec. Gouvernement du Québec. Ministère des Affaires sociales, 101 p.

LECOMTE, Y. (1989). Dernier Recours Montréal : lieu de convergence des exclus, *Santé Mentale au Québec*, XIV (2): 10-25.

LEFEBVRE, Y. and F. COUDARI (1985). *Psycauses*. Recherche subventionnée par la section nationale du Bien-être social de Santé et Bien-être social Canada, décembre, 176 p.

LEFEBVRE, Y. and F. COUDARI (1992). *Entre le délit et le délire : Apprivoiser le désir*. Recherche soutenue par le Programme des subventions nationales au bien-être social, Santé et Bien-être social Canada, 267 p.

MERCIER, C. (1986). Les appartements protégés : Le point de vue des locataires, *Santé Mentale au Québec*, 11 (2): 108-116.

MERCIER, C.; FOURNIER, L. and G. RACINE (1994). L'itinérance, dans *Traité des problèmes sociaux*, sous la direction de F. Dumont, S. Langlois et Y. Martin. Institut québécois de recherche sur la culture, 739-764.

MORIN, R.; DANSEREAU, F. and D. NADEAU (1990). *L'habitation sociale : Synthèse de la littérature*. Institut national de la recherche scientifique/urbanisation, Université du Québec à Montréal, Collection "Rapport de recherche", 109 p.

MORIN, P. (1992). Être chez-soi : désir des personnes psychiatisées et défi des intervenants, *Nouvelles Pratiques Sociales*, 5 (1): 47-61.

PILON, M.-M. and T. BOYER (1993). *Axes d'organisation des services résidentiels et des activités de développement personnel aux personnes ayant un problème de santé mentale et nécessitant une aide de longue durée*. Service en santé mentale et sociale, Direction de la

planification-programmation, Régie régionale de la santé et des services sociaux de l'Outaouais. Accepté par le Comité d'actualisation du plan de services en santé mentale, 22 p.

POULIN, C. (1993). Le logement public au Québec à l'heure des compressions budgétaires, *Canadian Housing - Habitation Canadienne*, 9 (4): 19-23.

RÉGIE RÉGIONALE DE LA SANTÉ ET DES SERVICES SOCIAUX DE MONTRÉAL-CENTRE (RRSSMC) (1994). *L'état de santé et de bien-être de la population de Montréal-Centre*. Direction de la santé publique, 26 p.

RIDGWAY, P. and A.M. ZIPPLE (1990). The Paradigm Shift in Residential Services: From the Linear Continuum to Supported Housing Approaches, *Psychosocial Rehabilitation Journal*, 13 (4): 11-31.

ROY, C. (1990). *La gestion du parc de maisons de chambres réalisée par la Fédération des O.S.B.L. d'habitation à Montréal (FOHM)*, Direction générale de la gestion des programmes, Société d'habitation du Québec, janvier, 18 p.

RUTMAN, L. (1982). La préparation d'une recherche évaluative, dans *Introduction aux méthodes de recherche évaluative*, sous la direction de R. Lecomte et L. Rutman. Les Presses de l'Université Laval, Québec, 23-46.

SÉGUIN, A.-M. (1994). Transformations sociales et carences de l'habitation, dans *Traité des problèmes sociaux*, sous la direction de F. Dumont, S. Langlois et Y. Martin. Institut québécois de recherche sur la culture, 65-80.

SHUBERT, S. (1992). La proposition du gouvernement fédéral de se retirer du secteur du logement, *Canadian Housing - Habitation Canadienne*, 8 (4): 37-39.

TAGGART, J. (1993). Détruire les mythes entourant le logement public, *Canadian Housing - Habitation Canadienne*, 9 (4): 3 et 8.

TESSIER, L. and M. CLÉMENT (1992). *La réadaptation psychosociale en psychiatrie : Défis des années 90*. Le comité de la santé mentale du Québec. Gaëtan Morin éd., Chap. 6, 145-165.

TREMBLAY, M.-A. and G. FORTIN (1964). *Les comportements économiques de la famille salariée du Québec : Une étude sur des conditions de vie, des besoins et des aspirations de la famille d'aujourd'hui*. Les Presses de l'Université Laval, Québec, 405 p.

VAILLANCOURT, Y. (1994a). *La description du projet sur la communautarisation des services sociaux*. Montréal, octobre, 17 p.

VAILLANCOURT, Y. (1994b). Éléments de problématique concernant l'arrimage entre le communautaire et le public dans le domaine de la santé et des services sociaux, *Nouvelles pratiques sociales*, 7 (2): 227-248.

ZAUTRA, A. and D. GOODHART (1979). Quality of Life Indicators: A Review of the Literature, *Community Mental Health Review*, 4 (1): 3-10.

ZUNIGA, R.B. (1992). *L'évaluation dans l'action : Choix de buts et de procédures*. Université de Montréal, Faculté des arts et des sciences, École de service social.

APPENDIX 1

SOCIAL HOUSING WITH COMMUNITY SUPPORT IN HOUSING NPOs IN THE CENTRAL DISTRICTS OF MONTRÉAL

1. BACKGROUND: THE EMERGENCE OF HOUSING NPOs IN THE CENTRAL DISTRICTS OF MONTRÉAL

As a result of the Colloque sur la situation des maisons de chambres [symposium on the status of rooming houses] organized by the Centre de développement du logement communautaire [centre for the development of community housing] (CDLC) and the Department of Urban Studies of Concordia University, a round table discussion was organized on the same theme for April 4, 1981. Noting the deplorable state of rooms in the central districts of Montréal, the participants decided to become directly involved in managing healthy and safe housing units for roomers and for the homeless. They set three main objectives for themselves, namely: 1) to promote the acquisition and management of rooming houses; 2) to promote the active participation (social management) of roomers in the development and consolidation of projects; and 3) to put pressure on the authorities concerned to improve housing conditions for low-income single persons. In order to provide common social housing services for low-income single persons, and also to act on their will to gather forces for the defense of social housing, the promoters of this event founded the Fédération des O.S.B.L. d'habitation de Montréal [Montréal federation of housing NPOs] (FOHM) at the end of 1986.

2. THEORETICAL BASIS FOR THE INTERVENTION

Various experiences observed in FOHM-managed houses made it possible to establish a model of social management with community support in the housing units (FOHM, 1991).

Social management consists in offering clean, safe, permanent and financially affordable housing for economically under-privileged people who have problems finding decent housing; and involving these tenants in the management of their houses.

Community support is a process of attaining or realizing intermediate or specific objectives requiring the provision of support to tenants in the house, in relation with external resources that ensure a follow-up as to the psychosocial problems involved: mental health, drug addiction, alcoholism, etc.

3. GOAL OF THE INTERVENTION

Main objective

Enable the tenants to develop, recover or maintain a certain level of independence.

Intermediate or specific objectives

- 1) allow for the acquisition of basic knowledge (hygiene, food, payment of rent);
- 2) promote individual and collective adaptation to their living environment and the acquisition of a certain amount of control over their immediate environment (involvement in management of the house or in the selection committee);

- 3) counter individual and social isolation, promote relations between the tenants by developing tolerance, neighbourliness, cooperation and mutual support and by encouraging involvement in activities (tenant suppers, tenant committees, recreational committees, etc.); and
- 4) promote involvement in the neighbourhood through information on, and encouragement to participate in, the resources and organizations operating in the district or city.

4. PROGRAM RESOURCES

The social housing with community support program examined in this study includes the following real estate and human resources:

- ◆ over 250 subsidized, clean and safe housing units (rooms or studio apartments);
- ◆ community areas in each building (community room, balcony, yard, etc.);
- ◆ a team of 11 janitors, residents and non-residents, who are responsible for building maintenance, janitorial services and security, and also provide a reassuring physical and psychological presence;
- ◆ a team of 3 community workers responsible for implementing the social management with community support approach;
- ◆ a team of 4 persons responsible for overall management of the projects (management, administration, secretarial tasks); and
- ◆ 2 boards of directors, one at the FOHM and one at the Résidence de l'Académie corporation, involved to varying degrees in their projects.

5. PROGRAM SERVICES

The program combines various services such as:

- ◆ social management that promotes involvement in various activities (tenant selection committee, tenant meetings and representatives, community suppers, exhibitions of tenant art work, field trips, etc.);
- ◆ community support applied through 1) individual interventions which, depending on the needs and the situations, take on different forms: listening, referral to and cooperation with external resources, technical assistance, crisis prevention and management, friendly settlements, etc., and 2) collective interventions, such as the formation of organizing committees for special activities, collective participation in NPO activities (demonstrations, petitions, etc.), involvement in tenant committees, provision of training so that tenants may take part in the selection of future tenants, etc.; and
- ◆ availability 24 hours a day, 7 days a week, for emergencies, on the part of the janitors and community workers, on a rotating basis.

6. EXPECTED EFFECTS OF THE PROGRAM

The program should:

- ◆ promote the social rehabilitation of tenants, as a prerequisite for their return to work, school or society;

OR

- ◆ make it possible for tenants to continue coping with their situations in minimal humanly and socially acceptable conditions, while respecting their rights and duties as citizens.

APPENDIX 2**SCHEDULE**

1. Review literature* and develop interview grids	January and February 1996
2. Contact participants in the research (tenants and public officials)	January and February 1996
3. Hold preliminary test interviews and, if necessary, amend questions	February and March 1996
4. Conduct interviews (30 tenants and 5 public officials)	March to May 1996
5. Code, summarize and analyze data	May and June 1996
6. Develop grids and convene participants for group interviews	August and September 1996
7. Hold focus group sessions (4)	September and October 1996
8. Code, summarize and analyze focus group discussions	October and November 1996
9. Analyze and compare the data from the interviews and the focus group discussions	December 1996 to April 1997
10. Write research report**	April to June 1997
11. Submit report	End of June 1997
Total	18 months

* The analysis of the "grey literature", which will begin in January 1995, will continue until April 1995.

** Preliminary drafting will be performed concurrently with data coding and analysis.

APPENDIX 3

BUDGET SUMMARY

Salaries' 1 senior assistant at \$16 per hour, 20 hours per week, for 72 weeks of work [1] x \$16 x 20 hours x 72 weeks	\$23,040
2 assistants (for particular tasks) at \$13 per hour, 20 hours per week, for 40 weeks of work [2] x \$13 x 20 hours x 40 weeks	\$20,800
Benefits (salaries x 15%)	\$ 6,576
Fees (consultant)**	\$ 2,500
Travel Expenses (interviews with public officials and participation in symposiums to collect documentation)	\$ 1,000
Results Dissemination Costs (contributions to scientific publications and symposiums)	\$ 1,000
Data Processing Services and Equipment (including qualitative analysis software)	\$ 1,000
Financial Compensation to Tenants	\$ 300
Transcriptions	\$ 2,700
Total	\$58,916

* A senior research assistant will work throughout the project. Two other assistants will join the team for specific mandates (interviews, etc.).

** For particular tasks such as revising the research specifications, leading the focus groups, etc.

APPENDIX 4

**DETAILS AND JUSTIFICATION OF BUDGETARY ITEMS
BASED ON TASKS AND SCHEDULE**

RESEARCH STAFF SALARIES

Function or position	Tasks	Salaries and benefits	12 months 1996	6 months 1997
Senior research assistant	Assist in developing the interview grids and contact participants (in 1996) Collect and process (input) the data from the documentary analysis and the individual and group interviews. Perform other particular tasks (in 1996) Assist in analyzing the data and drafting the report (in 1996-1997)	\$16/hour x 20 hours x 72 weeks (in 1996-1997) + 15% (benefits)	\$17,664	\$ 8,832
Second research assistant	Collect and process (input) the data from the documentary analysis and the individual and group interviews. Perform other particular tasks (in 1996)	\$13/hour x 20 hours x 40 weeks (in 1996) + 15% (benefits) [from Jan. 15 to Aug. 15, 1996]	\$11,960	\$ 0
Third research assistant	Collect and process (input) the data from the documentary analysis and the individual and group interviews. Perform other particular tasks (in 1996)	\$13/hour x 20 hours x 40 weeks (in 1996) + 15% (benefits) [from Jan. 15 to Aug. 15, 1996]	\$11,960	\$ 0
Salaries: \$43,840	Benefits: \$6,576	TOTAL (1)	\$41,584	\$ 8,832

CONSULTANT

Name, organization	Specialization, nature of service	Fees	1996	1997
Luc Thériault, Consultation - Recherche L.T.	Correction of research specifications	\$ 1,200	\$ 1,200	\$ 0
To be determined	Leading (focus groups)	\$ 800 (approx.)	\$ 800	\$ 0
To be determined	Data processing consulting and other particular tasks	\$ 500 (approx.)	\$ 200	\$ 300
		TOTAL (2)	\$ 2,200	\$ 300

TRAVEL AND DISSEMINATION EXPENSES

Description	Basis for calculations	1996	1997
Travel expenses for the interviews with the public officials and the collection of documentation	Experience	\$ 1,000	\$ 0
Results dissemination expenses (participation in symposiums or contributions to scientific publications)	Experience	\$ 0	\$ 1,000
		TOTAL (3)	\$ 1,000

MATERIAL, SERVICES AND OTHER EXPENSES

Details	Basis for calculations	1996	1997
Qualitative analysis software (NUD*IST, Ethnograph or Data Collector)	Approximate current price	\$ 400	\$ 0
Other material (diskettes, paper, ink, photocopies, etc.) or services	Experience	\$ 400	\$ 200
Financial compensation to tenants (\$300) and assistance for transcriptions (\$2,700)	30 tenants x \$10 Experience	\$ 300 \$ 2,700	\$ 0 \$ 0
<i>Note that some material and services will also be provided by the FOHM and the UQAM (see Appendix 5)</i>	TOTAL (4)	\$ 3,800	\$ 200

GRAND TOTAL	<u>1996</u>	<u>1997</u>	<u>TOTAL</u>
TOTAL (1)	\$41,584	\$ 8,832	
TOTAL (2)	\$ 2,200	\$ 300	
TOTAL (3)	\$ 1,000	\$ 1,000	
TOTAL (4)	\$ 3,800	\$ 200	
GRAND TOTAL	\$48,584	\$10,332	\$58,916

APPENDIX 5**CONTRIBUTION OF ORGANIZATIONS TO THE PROJECT**

The FOHM, the CLSC and the UQAM will free up some employees to work on the study.

The CLSC du Plateau-Mont-Royal will act as the trustee for the project. It will free up its manager of services and programs and a community organizer one day per month to monitor the project. These two persons will be part of the steering committee. As they are greatly involved in the implementation of three projects of the Résidence de l'Académie corporation, they will facilitate liaison with the board of directors, staff and tenants of this NPO. They will also cooperate in all stages of the project requiring their assistance, in particular, by making the resources of the establishment available as needed.

The FOHM will delegate two people one day per week. The FOHM representatives will facilitate access by the research staff to tenant files and any other type of pertinent documentation that the FOHM may have (rental application forms, community worker logs, etc.). They will also promote the cooperation of the staff and board members of the Résidence de l'Académie corporation. Finally, the FOHM representatives will assume an important liaison role between the tenants and the research staff. This role will consist in providing information to the tenants concerning the research project objectives and the interview conditions, on the one hand, and in raising awareness among the interviewers as to the problems experienced by the tenants, on the other hand.⁸ As for the material, the FOHM will provide the transcription equipment, cassettes, office supplies and secretarial services (around \$1,500).

Each of the two UQAM professors will spend one day per month on this research project. Acting as the general managers of the project, they will be responsible for the scientific direction of the survey and for the selection and supervision of the research assistants. As for the material, the UQAM will provide the team with premises, office equipment, recorders, and data processing and telecommunications equipment. The university will also pay for any postal fees.

⁸ The collection of information on persons at risk of becoming marginalized presents several practical problems. While it is clearly to our advantage to collect data directly from the tenants themselves, this type of data collection presupposes greater sensitivity on our part in the interactions (Laberge and Roy, 1994: 103).