



WELLESLEY INSTITUTE
advancing urban health

Enabling Grant Research Report

Street Health Pilot Study

Table of Contents

- I. Background to the Research Project
- II. Purpose of the Research Project
- III. Activities Completed Under the Research Project
- IV. Observations and Lessons Learned from the Research Process
- V. The Way Forward

Annex 1 – Focus Group Interview Guide

Annex 2 – Participant Recruitment

Annex 3 – Feedback Session Interview Guide

Annex 4 – Consent Form

Annex 5 – Street Health CBR Research Report Executive Summary

I. Background to the Research Project

In May 2004 the Wellesley Central Health Corporation (WCHC) approved an Enabling Grant application from Street Health to undertake preliminary research into the priority issues faced by homeless people today. Street Health's application followed attendance by Street Health management and staff at a series of community-based research workshops offered by the WCHC. An Enabling Grant was sought as Street Health wanted to undertake a community needs assessment as a first step in narrowing down a research question. Street Health saw the Enabling Grant as offering a chance to explore, along with their distinct client group, what it is they should be learning more about, with and on behalf of homeless and under-housed people in Southeast Toronto.

II. Purpose of the Research Project

The purpose of the research project was to identify research priorities within the community of homeless and under-housed people in Southeast Toronto.

Having such a broad project purpose provided an excellent opportunity for Street Health to learn about an equally broad spectrum of recurring and high priority issues and concerns that homeless people are faced with. An executive summary of the research report is contained in annex to the current report. The full report is available upon request from Street Health. The research report is designed to:

- A. Present, and as much as possible prioritize, the research findings
- B. Propose research topics for further investigation

III. Activities completed under the Research Project

Upon approval of the Enabling Grant from the WCHC, Street Health recruited a research coordinator to take on responsibility for implementation of the project. Given the amount of funds available and the imperative to complete the work within a six-month time frame, Street Health recruited a consultant with whom the organization had been working for some time, and who had written the Enabling Grant application to the WCHC. Upon recruitment of the

coordinator she prepared a detailed work plan to guide the research process over the period May to September 2004 and began developing the research tools.

A research project committee was established to guide to the research project, comprised of the Executive Director, a community Board member and three members of Street Health's staff. The committee's first task was to confirm selection of the focus group methodology for the research project. Focus groups were the chosen method as they offer a relatively participatory means of data collection. Focus group questions could be kept fairly broad to allow participants to take the discussion in the directions of greatest importance to them. The focus group method was also chosen as provides an effective way of capturing many voices in a short period of time. In this instance, they were preferred over survey questionnaires, as focus groups could be held in a safe and sometimes familiar location without the distractions of the street (which would be the location of surveying, given the lack of fixed addresses of homeless people). Focus groups would allow the project to offer snacks and drinks, in an attempt to create a comfortable atmosphere. And, focus group logistics could be easily organized with the assistance of Street Health partner agencies.

The research project committee then reviewed and provided feedback on tools developed by the coordinator including a recruitment protocol, focus group guidelines, a consent form, and an invitation to participate in the focus group sessions. This feedback led to the revision of these tools prior to the pilot focus group session. The research coordinator was aided at this stage by an external expert in qualitative research, who contributed to the design of the guidelines and consent form, and who took the lead in facilitating the first session. This session closed with a few evaluation questions to gather feedback from participants on the process and content of the discussion. The feedback received was positive, thus the methodology and tools were left maintained as drafted.

After the pilot session, select community agency partners were contacted. All four agencies agreed to host subsequent focus groups. These partners were helpful in providing logistical support (space, coffee, flip charts) and in the recruitment of participants from their sites. Research project committee members were also present at the focus group sessions to assist the research coordinator with participant recruitment, note taking, and moderation. They also provided a familiar face to represent Street Health at the focus group sites.

A cross-section of homeless and under-housed individuals was sought to participate in the sessions. Three of the focus groups were mixed gender; one was female only and the other exclusively male. In the mixed groups approximately 30% of participants were female and the

remainder male. Represented at each of the sessions was a diverse mix of age, race and culture. The number of participants in the focus groups varied from six to nine per session for a total of 46 participants, which includes the participants of a validation focus group held at the end of the research project. While this sample size is not terribly statistically significant, it is sufficient for the purposes of this study as it enabled Street Health to gather and document data on the issues faced by the homeless in a systematic fashion.

The pilot focus group was recorded on flip chart paper and on a portable computer. Given the difficulty of capturing all that was said using these methods, subsequent sessions were recorded on flip chart paper and with a tape recorder, then later transcribed onto a computer.

After transcription the coordinator coded the data into frequently recurring themes. The coded data for each focus group session was shared with the research project committee members for their feedback, in order to verify the validity and reliability of the coding.

From the coding exercise further analysis of the data was undertaken and a research report drafted. The report presents the findings in the coding categories, along with a series of topics that could be pursued in further depth in a subsequent research project.

The first draft report was then discussed with research project committee members. This provided an opportunity to gather feedback on the presentation and content of the findings, and on the proposed research topics. Given the front line experience of committee members, this discussion was also a first step in validating the research conclusions.

In the Enabling Grant application to the WCHC an open forum of homeless community members had been proposed to validate and disseminate the research results, and to foster interest in and ownership of the larger research initiative that was expected to follow. As this Enabling Grant project drew to a close however, it was decided that such a forum would best be held at a later date, if at all, so as to avoid raising expectations, or building momentum too soon before the launch of the follow-on research project. Instead, a summary of the first draft report was presented to a small discussion group of homeless people for validation. Overall, the session did confirm the findings and conclusions drawn, with a few nuances that were then incorporated into the final version of the research report.

Plans are in place to circulate the final version of the CBR Enabling Grant research report to the community agency partners that collaborated in the project. Copies will be kept on hand for Street Health staff to use in the design and delivery of their service delivery projects, and for advocacy purposes as appropriate.

IV. Observations and Lessons Learned from the Research Process

Throughout the research project an attempt was made to observe and draw lessons from the process, as well as from the findings. The following lessons are noteworthy:

1) On the “ground-truthing” value of a research project committee of staff and community Board representatives

The participation of the research project committee was integral to the success of the research project. At the front-end the committee helped to ensure the method selected and tool design were practical and appropriate. In finalizing the research paper, the committee members helped validate the findings based on their experience of the front line. Their assistance on-site at the focus group sessions provided a familiar face and a back-up for the research coordinator in the unlikely (and un-encountered) event of disorderly behavior on the part of focus group participants.

2) On the nature of capacity building

Capacity building is one of the objectives of Wellesley’s Enabling Grants. The nature of capacity building seen in this project has occurred in two ways:

- cross-fertilization, or horizontal learning – Each of the research committee members brought their varied skills, experiences and ideas which were shared across the committee in a spirit of horizontal learning.
- building organizational ownership – Capacity building within this project has involved generating interest in and ownership of community-based research as one of Street Health’s areas of work. It is hoped that this process will continue as the report is shared more broadly across Street Health and an exercise of prioritizing which research question to pursue is undertaken.

3) On the importance of supportive partnerships

Four of Street Health’s partners participated in the research by providing space within which to hold the focus groups and by assisting with participant recruitment. Their willingness and support was integral to the research process as it helped ensure a cross-section of focus group participants, and raised awareness of the project outside of Street Health.

4) On the challenge of staying focused in focus groups with such a broad purpose

Perhaps because the focus group guide questions were so broad, it was difficult at times to focus the discussion. For instance, an attempt had been made to start the sessions on a positive note by asking participants about the kinds of things that support them or other homeless people to move forward with life. Inevitably this question led very quickly to answers to the second question, one that asked people about the kinds of things that hold them back in life. After the second focus group the order of questions was changed to allow people to get the negative things off of their chests first and in the hopes of improving the focus of the discussion. Another question enquired as to the actions participants would like to see to deal with the things holding them back. The answers to this question tended to be not so much actions, but further expressions of concern regarding the issues holding people back, despite attempts by the research coordinator to probe for action items. The result was that it was also sometimes difficult to then sort through the focus group transcripts. For instance, regarding the latter question it was difficult to distinguish actions from concerns when sorting through the data.

Overall, the broad, exploratory nature of the project provided an excellent opportunity to learn about an equally broad spectrum of recurring and high priority issues and concerns that homeless people are faced with. At the same time, this posed somewhat of a challenge in terms of narrowing down these issues and concerns into themes, and then translating them into actual research ideas.

5) On the process of recording research data

An attempt was made in the pilot focus group to document using flip charts and a lap top computer only. It was found that important information was lost using these methods, so a tape recorder and microphone were purchased for subsequent focus group sessions.

V. The Way Forward

It is expected that the results of this project will lead Street Health to undertake more in-depth research into select topics identified in the research report. The follow-on research findings will in turn serve multiple aims including policy and program development, while the process will be designed to further capacity building and community mobilization.

Recently Street Health had funding approved from the Ontario Trillium Foundation for a Research and Evaluation Coordinator position. Street Health hopes to pursue one of the research topics outlined in the Wellesley funded CBR research report with the oversight of this Coordinator. Once recruited, the first step for the Coordinator will be to organize an exercise to prioritize which research topic to pursue. This exercise is likely to involve all of Street Health's staff. The assistance of the Director of WCHC's CBR Resource Centre will no doubt be requested.

ANNEX 1 - Interview Guide for Street Health CBR Enabling Grant June 8th, 2004

Opening:

- Welcome and Thank you and Tea/Snacks
- Introduction of each other/Name Tags
- The purpose(s) of the project, and of this meeting
- Address possible 'raised expectations'
- The Consent Form – A walk through
- The Ground Rules – Ask and Add (no consensus, \$ for participation, one person speaks at a time, no wrong answers etc.)
- Any questions?
- Stage Setting for the Questions - The first couple of questions will be....Then...And Finally...
- Stage Setting for the Documentation (notes on a laptop, notes on the flip chart paper)
- After the meeting we'll have some more food and give you your money.

The Questions:

1. Warm Up Question – Let's get the conversation started with a brief discussion about Street Health. **Is everyone familiar with Street Health? Do you know about the kinds of services Street Health Provides? Do you have any questions about Street Health?** [Street Health staff can provide brief answers, as needed]
2. **What kinds of things support you or other homeless people to move forward with life?** [What kinds of things help you or other homeless people to be stronger?] (e.g. personal supports such as friends and family, or system supports such as certain services, government programs like ODSP, the Welfare Office)
3. **What kind of things prevent you or other homeless people from moving forward?** [What kinds of things work against homeless people or take away their strength?] (e.g. personal relationships, the Welfare Office, things that make it hard for you to get work, etc.)
4. **When there are things that are working against you or holding you back, what is the effect of this** (e.g. on you, on your family, others)?
5. **When there are things helping you be stronger/move forward, what is the effect of this** (e.g. on you, on your family, others)?
6. **Looking back on the things you said so far, what actions would you like to see?** [What changes to the system would you like to see?]
7. **Which topics are the most important ones to take action on?**

8. After we have had five meetings like this, we will be looking at everything everyone has said and we'll be selecting a topic that we will want to learn about in a deeper way. When we choose that topic, we will be going out into the community to learn about it in a very detailed way. And we hope that our funder will support us to do this work, but there is no guarantee.

The information you've already given will help us select this special topic. **But, we would like to know if there anything else going on for homeless people that you think we should be talking to people about, and learning about in a deep way?**

Evaluation Questions (for the pilot focus group of June 9th only):

Now we would like to take a couple of minutes to ask some really quick questions about our meeting today.

1. What things did you not like about our meeting (e.g. the questions?, the food)? [What concerned you about the meeting?]
2. What things did you like about our meeting (e.g. the questions, the food, the meeting place, other)? [What pleased you about the meeting?]
3. How was this meeting helpful or valuable to you?
4. What advice would you like to give us about how to do this project well?

Thank you for your time and for supporting the project. Please help yourself to more food.

ANNEX 2 - Street Health Community-Based Research Project

Participant Recruitment

Introduction

Street Health's Community-Based Research project team is recruiting participants for a new research study. The research study is funded with an enabling grant from the Wellesley Central Urban Health Initiative. The purpose of the study is to explore, with the community of homeless and under housed in the area, what the most pressing issues they face are. As service providers, we realize that we could easily identify a number of topics based on our daily contact with our homeless clients. However, in pursuit of a community-based research approach, we would like to hear first hand from the community we seek to serve.

The expected outcome of this preliminary research is a better understanding of the most common and highest priority issues worthy of further investigation. This research is only a first step. We hope to be able to use the information gathered to benefit the homeless and under housed in the community, such as to improve our services, or to advocate for policy change with government.

Recruitment of participants

We will be recruiting focus group participants just before the focus group session. We are aiming to have between six and eight participants at each focus group.

We want to recruit participants who meet the following two key **criteria**:

- Homeless or under housed
- Gender - We intend to hold one mixed gender focus group of three to four women and three to four men, two focus groups of women only, and two focus groups of men only.

We will also try to apply the following criteria, so that the focus groups will represent a diversity of views and will run smoothly:

- A mix of old clients and new-comers
- A mix of ages – young, older, middle-aged
- A mix of health concerns (inclusive of mental health, physical disability)
- A mix of ethnicity and race
- Ability to actively participate in a meeting/group discussion
- Ability to sit for a maximum of one and a half hours

The recruitment **procedure** will follow these guidelines:

First, we will seek to avoid recruiting participants from the same peer group. We are hoping to recruit a diversity of people experiencing a diversity of issues.

Second, we will seek to assess whether the above criteria are met. Are they homeless or under-housed? Are they the appropriate gender? Are there old and new clients among them? Are they a mix of ages? Do they represent a mix of health concerns? Does it appear that they will be able to sit for up to one and a half hours, and to actively participate in the focus group?

Third, we will ask if they might be interested in participating in a small research project. We will introduce the project using the *Introduction* found below.

Fourth, if they express interest in participating, we will give them an invitation to the focus group. They will need to bring the invitation with them to the focus group session. Only those coming with invitations will be able to participate. In order to assure that a minimum of six participants show up to the focus group, we will hand out invitations to eight people.

Introduction to the project:

Why is Street Health implementing this project?:

- Street Health wants to hear from you about the most important issues for homeless and under-housed people.
- We hope that this project will lead to benefits for homeless people. Possibly these benefits will include actions such as:
 - Changes to services for the homeless
 - Speaking out to government and politicians about needed changes
 - Finding concerns that we need to learn more about, in a bigger project in the future
- Taking part in this project means participating in a meeting of six to eight people, and answering questions about the experience of being homeless or under housed. You will be given an opportunity to ask us questions too.
- The information you provide us will be treated confidentially. No information that discloses your identity including your name, will be released or published without your consent.
- You will receive \$20 for your time at the end of the session. It will take no more than one and a half hours.
- Food will be provided.

Where is the information gathered going to end up?:

- The ideas and information that we gather from you, and from four other focus groups we're organizing, is going to be put into a report that will be ready in August. We hope to share the findings from these focus groups in some way – we're not sure how yet (could be a lunch meeting, a poster).

ANNEX 3 - Interview Guide for Street Health CBR Enabling Grant Feedback Session September 10th 2004

Opening:

- Welcome and Thank you and Tea/Snacks
- Introduction of each other/Name Tags
- The purpose(s) of the project, and of this meeting
- Address possible 'raised expectations'
- Stage Setting for the Documentation (recording and notes on flip chart paper)
- The Consent Form – A walk through
- The Ground Rules – Ask and Add (no consensus, \$ for participation, one person speaks at a time, no wrong answers etc.)
- Any questions?
- Stage Setting for the Questions - The first couple of questions will be....Then...And Finally...
- After the meeting we'll give you your money.

The Research Questions we asked (PRESENTED ON FLIP CHART):

9. **What kinds of things support you or other homeless people to move forward with life?**
[What kinds of things help you or other homeless people to be stronger?] (e.g. personal supports such as friends and family, or system supports such as certain services, government programs)
10. **What kind of things prevent you or other homeless people from moving forward?**
[What kinds of things work against homeless people or take away their strength?] (e.g. personal relationships, government programs, the Welfare Office, things that make it hard for you to get work, etc.)
11. **When there are things that are working against you or holding you back, what is the effect of this** (e.g. on you, on your family, others)?
12. **When there are things helping you be stronger/move forward, what is the effect of this** (e.g. on you, on your family, others)?
13. **Looking back on the things you said so far, what actions would you like to see?** [What changes to the system would you like to see?]
14. **Which topics are the most important ones to take action on?**
15. After we have had five meetings like this, we will be looking at everything everyone has said and we'll be selecting a topic that we will want to learn about in a deeper way. When we choose that topic, we will be going out into the community to learn about it in a very detailed way. And we hope that our funder will support us to do this work, but there is no guarantee. The information you've already given will help us select this special topic. **But, we would like to know if there anything else going on for homeless people that you think we should be talking to people about, and learning about in a deep way?**

The Research Findings or what people told us (PRESENTED ON FLIP CHART):

Things Holding People Back -

1. Housing
 - Long waits
 - Bureaucratic/red tape
 - Expensive

- Bad quality
- 2. Jobs....Keeping busy
 - Need the cash
 - Need to keep busy
- 3. Social Assistance
 - Not enough cash
 - Bureaucratic/red tape and nosy
 - Lesser priority than 2. above
- 4. Services
 - Type of service – not flexible; not enough personal/individual
 - The way services are delivered – controlling; make you feel like they are doing you a favour; it’s an industry; no voice
 - Attitudes – disrespectful; stereotyping; not understanding
 - Quality of service – poor quality, getting worse b/c of high demand and low resources
- 5. Knowledge, Attitudes and Perceptions
 - Judgemental overall
- 6. Addiction and Mental Health
 - Not enough support for these issues; not enough understanding of them; big source of people’s problem
- 7. Not enough prevention, or support to get off the street
 - No “in between” to help keep you from falling here; too many obstacles to getting out

Things helping people move forward –

1. Friendly Services
2. Hope and a Positive Attitude
3. Luck
4. Drugs
5. Friends

What to learn more about (from the second last version of the research report)-

1. The money (funding) – where does it come from?; where does it go to?; what is funded and for who?; how has this changed last 10 years or so?; how can this information be made more available to us all?
2. Who are the users of services? What are their situations?
3. Who gets out? What did they get or have to help them get out?
4. How to do service delivery in a way that gives you voice? Eg gets rid of the babysitting
5. More about knowledge, attitudes and perceptions and how these affect you.

The Feedback Questions:

1. **Do these things people said sound right to you? Do these sound like your issues and priorities?**
2. **Do these things people said make sense? What would you have said differently?**
3. **What’s missing from these findings? Are there other things you think should have been talked about?**
4. **Do the action/further learning ideas seem like they could be useful?**
5. **What do you think should be done to learn more or move forward that is not said here?**

ANNEX 4 - Consent Form
Learning about the Issues Facing Homeless People

Street Health has received a small amount of funding from the Wellesley Central Urban Health Initiative to learn about issues facing homeless people.

The reason for this project is to learn about the most important issues for homeless and under-housed people. We hope that this project will lead to benefits for homeless people. Possibly these benefits will include actions such as:

- Changes to Street Health’s services
- Speaking out to government and politicians about needed changes
- Finding concerns that we need to learn more about, in a bigger project in the future

Taking part in this project means answering questions about the experience of being homeless or under-housed in a meeting. This will take no more than one and a half hours. We don’t believe there are any risks from taking part in this project.

We will be recording this meeting and taking notes of the meeting on flip chart paper. The information we collect during this project will be written in a report. Your confidentiality and privacy will be protected. The information that you give us will be written in the report in ways that will not link what you say with who you are. Only the Street Health project team will hear the recording and will see the notes taken during our meeting. These notes will be destroyed once the report is written. The consent forms will be kept in a locked file.

Near the end of this project, we will share the information we gathered with a small group of homeless people to make sure they way we see this information matches the way homeless people see the information. This will happen in some way that is not yet decided, possibly in a lunch meeting.

Your time in this meeting is voluntary. You are free not to answer certain questions, or to leave the meeting at any time. If you choose to do so, this will not affect the services you receive from Street Health.

I, _____ (please print your name clearly) have been given full information about this project. I am satisfied with the answers given to my questions and I agree to take part in the meeting.

Signature of participant Date

Signature of witness Date

The contact person for this project is:
Laura Cowan, Executive Director
Street Health - 416-921-8668 ext 231
338 Dundas St. East, Toronto

ANNEX 5 - Street Health Community Nursing Foundation
Voices from the Front Line – An Exploration into the Lives Lived by Homeless
people in South East Toronto

Community-Based Research Report
Executive Summary

This report is the product of research undertaken by *Street Health* with an Enabling Grant approved by the *Wellesley Urban Health Grants Initiative* in May 2004. The purpose of this research project is to identify priority issues for further research within the community of homeless and under-housed people in Southeast Toronto. Following a community-based, action research approach, the findings and process of the research are meant to serve multiple aims: community capacity building; community mobilization; informing and influencing policy; informing program design.

With these aims in mind *Street Health* undertook five focus groups, with logistical assistance from community partners. A total of 46 homeless or under-housed individuals participated in five focus groups and one validation meeting. This report presents the focus group findings beginning with priority issues that hold people back, followed by positive forces that help them to move forward. Drawing from these findings, the report then proposes a short-list of five topics for *Street Health* to consider learning more about in a follow-on research project.

As can be imagined, the focus groups revealed many more sources of setback than positive forces. The sources of setback are indicative of the multi-dimensional nature of social exclusion lived by homeless people, exclusion that is both structural and attitudinal and feeds a vicious circle from which it is difficult to escape. The key negative forces in focus group participants' lives include:

- i. Shortage of quality, affordable **housing**
- ii. Lack of decently paying **jobs**, or something to **keep busy**
- iii. Inadequate **social assistance** rates and overly bureaucratic processes
- iv. **Delivery of services** “on their terms” – with regard to the type of service; the way services are delivered; attitudes, perceptions and knowledge of service providers; quality of services
- v. Lack of **knowledge**, negative and mistaken **perceptions**, and bad **attitudes** towards homeless and under-housed people
- vi. Insufficient support for **addiction and mental health** concerns, despite their prevalence in the homeless community
- vii. Lack of strategies for **prevention** and the many obstacles to **transition out** of homelessness

The positive forces that help people get through their days are fewer, and tenuous in nature. These include:

- i. Caring, respectful, one-on-one delivery of **services**
- ii. **Hopefulness**
- iii. **Good luck**
- iv. **Drugs**
- v. A network of **peers**

From these findings, five topics are presented for further learning. These topics are proposed either because they were specifically suggested by participants, because of the frequency of their occurrence or

the significance stressed in the focus group discussions, or because of their centrality to multiple issues raised. *Street Health's* next steps in moving forward with the results of this community-based research project will be to prioritize and refine one or more of these five topics. In sum, the research topics cover the following:

- 1) Financing for the homeless and under-housed: What are the sources of funding? How much funding is there? What is being funded and for whom? What have been the patterns over the past 15 years? How can this information be made available to the concerned community? -
This topic leans to macro-level, structural issues and would need creative thinking to pursue using a community-based research methodology. It is central to so many of the issues raised in this paper however: housing, jobs, social assistance, “service on their terms”.
- 2) Service use: Who are the actual users of services to the homeless and under-housed? What are their situations? What are the patterns of use? –
Data gathered on this topic could help to address issues on the type and quality of services, on knowledge, attitudes and perceptions, and on mental health and addiction. It would help to better understand the profile of service users such as with regard to age, jobs, social assistance, family status, housing situation, etc. If such a study were to be repeated over time, valuable information on changing patterns of service use could also be captured.
- 3) What does a typical homeless person’s “job description” look like? That is, what does a person need to do on a daily basis to access to minimum survival needs? What would they need to access more than the minimum? -
More data on the various hoops and travels that people regularly make could help to better understand the vicious circle of social exclusion that people find themselves in. It would provide greater depth of knowledge of the many obstacles to transitioning out of homelessness.
- 4) Investigate and experiment with models of social assistance and service delivery that encourage voice and foster ownership. -
Fundamental to the bulk of issues raised in this report is the absence of voice of homeless people, the absence of input into and control over their day-to-day experiences, as much as over their destinies. Clearly the focus group participants have ideas as to what they’d like for themselves and what they’d like to see changed in the various components of the social system. If having a voice, being encouraged to be pro-active, reducing “babysitting” and dependency can motivate people, while also improving service type and targeting, then it is worth pursuing.
- 5) Knowledge, Attitudes and Perceptions -
Little research has been done on how knowledge, attitudes and perceptions influence the “behaviour”, or the decisions of the makers of social policy and social programs; on the prevailing “content” of these three inter-related factors; or on how they can best be influenced to contribute to a social system that is genuinely geared to address the fundamental issues around homelessness. As one of the critical aims of *Street Health's* research is to influence policy, gathering a better understanding of the state of knowledge, attitudes and perceptions could be a good starting point.