




'We stick people in a house and say okay, you're housed. The problem is solved': A qualitative study of service provider and organisational leader perspectives on thriving following homelessness

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Abstract

Research aimed at identifying and evaluating approaches to homelessness has predominately focused on strategies for supporting tenancy sustainment. Fewer studies focus on strategies for enabling thriving following homelessness, and the perspectives of service providers and organisational leaders (SPOL) on this topic are rare. We conducted this study in the context of a community-based participatory research project in two cities in Ontario, Canada. This research was aimed at identifying the strengths and challenges of existing supports in enabling thriving following homelessness, followed by co-designing a novel intervention alongside persons with lived experience of homelessness (PWLEH) and SPOL. The current study presents the findings of interviews conducted in 2020–2021 with SPOL in organisations serving PWLEH. We interviewed 60 individuals including service providers ($n = 38$; 63.3%) and organisational leaders ($n = 22$; 36.7%) using semi-structured qualitative interviews. Interviews were conducted and recorded on Zoom to align with physical distancing protocols associated with the COVID-19 pandemic. Recordings were transcribed verbatim and analysed abductively informed by the lenses of social justice and health equity. The essence of our findings is represented by a quote from a research participant: 'We stick people in a house and say okay, you're housed. The problem is solved'. This essence was expressed through five themes: (1) stuck in a system that prevents thriving, (2) substance use as an important coping strategy that prevents tenancy sustainment and thriving, (3) the critical importance of targeting community integration following homelessness, (4) incorporating peer expertise as imperative and (5) people need to be afforded options in selecting housing and services following homelessness. Our

findings indicate that SPOL envision possibilities of thriving following homelessness yet are embedded within a system that often prevents them from supporting individuals who are leaving homelessness to do so. Research, practice and policy implications are discussed.

KEYWORDS

community intervention, health and social care, housing and community care, mental health, preventing homelessness, service delivery and organisation

1 | INTRODUCTION

At least 235,000 Canadians experience homelessness annually (Gaetz et al., 2016). This problem continues to grow despite ongoing efforts at prevention and intervention (Gaetz et al., 2016). The complex needs of persons with lived experience of homelessness (PWLEH) are well documented in the existing literature and include social and health challenges (Bassuk et al., 2015; Fazel et al., 2014; Frankish et al., 2005). These include high rates of mental illness and substance use disorders (Hossain et al., 2020), traumatic brain injury (Hwang et al., 2008), poverty (Gaetz et al., 2016), housing instability (Macnaughton et al., 2015) and food insecurity (Parpouchi et al., 2016). Although it could be assumed that these needs are alleviated upon obtaining housing, research suggests that PWLEH struggle to thrive following homelessness by continuing to experience difficulties with managing the symptoms of mental illness, substance misuse, poor community integration, a lack of engagement in meaningful activity, unemployment and poverty (Marshall et al., 2017, 2018, 2019, 2021; Marshall, Phillips, Holmes, Todd, Hill, Panter, Easton, Jastak, et al., 2022; Poremski et al., 2015; Stergiopoulos et al., 2014; Tsai et al., 2012; Tsemberis et al., 2004). Leaving these needs unmet has the potential to perpetuate the cycle of homelessness, decrease housing stability and prolong social and health challenges for this population. To inform the development of strategies for helping individuals to move beyond basic survival following homelessness, research focused on the conditions needed for thriving from the perspectives of PWLEH, service providers and organisational leaders (SPOL) is needed.

1.1 | 'Thriving' as a social justice and health equity issue related to homelessness

The concept of 'thriving' has roots in humanism and positive psychology, and the components and definition of this construct have long been the subject of academic debate. Frequently, thriving has been defined according to its outcome. When a person thrives, they are seen to 'grow or develop well and vigorously, and they may prosper and be successful' (Brown et al., 2017). As such, it is a concept akin to 'flourishing' and is often regarded as having multiple dimensions and meanings for a range of

What is known about this topic

- Existing research suggests that individuals housed following homelessness are not always thriving in their communities.
- Few studies have focused on the perspectives of service providers and organisational leaders on what conditions are needed for thriving following homelessness.
- Generating evidence on what is needed for thriving following homelessness from the perspectives of a range of stakeholders, including service providers and organisational leaders, is needed.

What this paper adds

- An appreciation of the concept of thriving following homelessness, rather than a focus on tenancy sustainability alone.
- The perspectives of service providers and organisational leaders on what is needed to thrive following homelessness.
- Strategies for more effectively building on existing, evidence-based services to support thriving following homelessness.

individuals and populations and arises through complex interactions of personal and contextual conditions (Brown et al., 2017; Nussbaum, 2011). While few researchers have defined thriving in relation to PWLEH, some have applied theories of thriving such as The Capabilities Approach (Nussbaum, 2011) to this social issue and identified that the needs of this population frequently go unmet during and following homelessness (Kerman & Sylvestre, 2020; Marshall, Gewurtz, et al., 2022). While securing housing is one very important step towards thriving, outcomes including community integration, mental well-being, meaningful activity engagement and exiting poverty are also critically important. Leaving these basic needs perpetually unmet is a serious social justice issue and is a likely reason for the significant health inequities experienced by this population (Fazel et al., 2014; Hossain et al., 2020).

1.2 | The current study

Guided by the lenses of social justice (Jost & Kay, 2010) and health equity (Sen et al., 2004), we conducted a qualitative study aimed at identifying what is needed to enable thriving following homelessness within the current system of supports in two cities in Ontario, Canada (Kingston and London). While we have conducted this research by interviewing PWLEH and SPOL, this paper focuses specifically on the perspectives of SPOL. The current study was guided by the research question: What are the strengths and challenges of existing support to enable thriving following homelessness from the perspectives of SPOL in two communities in Ontario, Canada?

2 | MATERIALS AND METHODS

This paper presents qualitative findings from community-based participatory research (CBPR; Hacker, 2013) study aimed at identifying what is needed to build on existing services to enable thriving following homelessness in two communities in Ontario, Canada (Kingston and London). This was followed by using the information gathered to co-design a novel intervention to build on existing services. The parent study, called the 'Transition from Homelessness Study', involved qualitative interviews with PWLEH and SPOL. Findings detailing the perspectives of PWLEH in this research and our co-design process can be found in two separate papers (Marshall, Phillips, Holmes, Todd, Hill, Panter, Easton, Jastak, et al., 2022; Marshall, Phillips, Holmes, Todd, Hill, Panter, Easton, Landry, et al., 2022). Methods and findings associated with SPOL interviews conducted across both recruitment sites are detailed in this paper.

2.1 | Setting

Kingston and London were selected for this research due to their demographic similarities and differences with regard to the issue of homelessness. Kingston is a small city with a population of 117,660 in 2016, and London is a moderate-sized city with a population of 494,069 in the same year (Statistics Canada, 2021a, 2021b). Kingston has historically had one of the lowest vacancy rates in Canada and the second lowest vacancy rate in the Province of Ontario in 2021 at 1.4%, and while London's vacancy rate has been historically higher, it decreased to 1.9% in 2021 (Canada Mortgage and Housing Corporation, 2022). These vacancy rates are some of the lowest in the province in which they are situated, which has an overall vacancy rate of 3.4% (Canada Mortgage and Housing Corporation, 2022). While these two cities have different population sizes, their vacancy rates are similar, and both have historically struggled to address a significant and growing homelessness problem.

2.2 | Recruitment

After receiving ethics approval from Western and Queen's Universities, we recruited SPOL from organisations providing social service and mental health supports to PWLEH in Kingston and London, ON, Canada. To recruit participants, we (1) sent emails directly to leaders of health and social care organisations detailing information about our study and requested their participation and (2) presented to shelter and case management staff within relevant organisations and encouraged interested individuals to contact the research team directly.

2.2.1 | Inclusion and exclusion criteria

We included participants who had been working in social service and mental health organisations where they occupied a direct service or leadership position supporting persons who were unhoused or housed following homelessness. Individuals who were over the age of 18 and who had at least 1 month of experience in supporting PWLEH were included.

2.3 | Procedure

We arranged suitable times and dates with individuals meeting inclusion criteria to facilitate the conduct of interviews. Once these interviews were arranged, we sent a link to a survey developed in Qualtrics (2018) that included a letter of information and informed consent followed by brief demographic questions (age, gender, role, months of experience in their current role, months of experience in supporting persons with histories of homelessness, a pseudonym to assign to their quotes to protect their confidentiality).

Four members of our team (CM, BP, RG and SA) conducted semi-structured interviews using a qualitative interview guide. These interviews were conducted and recorded over Zoom (Zoom Video Communications, 2018). Questions posed to participants focused on identifying the strengths and challenges associated with existing supports in their respective communities (Kingston or London, ON), and their perspectives on what individuals need to thrive following homelessness. Interviews were transcribed verbatim. Sample interview questions posed to participants are provided in Figure 1.

2.4 | Analysis

We analysed interview transcripts abductively informed by theories of social justice (Jost & Kay, 2010) and health equity (Sen et al., 2004) using thematic analysis (Braun & Clarke, 2014). Using Dedoose, a cloud-based qualitative data management program that facilitated the organisation of our data (SocioCultural

Sample interview questions posed to participants
<ol style="list-style-type: none"> 1. Tell me about your experiences of supporting those with mental illness and/or substance use difficulties as they make the transition to being housed? <ol style="list-style-type: none"> a. What challenges do you see them face? b. What strengths do they have that help to facilitate this transition? 2. What services seem to be especially helpful for those that you serve or that you think we need more of in supporting those with mental illness and/or substance use challenges as they leave homelessness? 3. Are there services that are unavailable or limited in your community that are needed by persons with mental illness and/or substance use difficulties who've left homelessness that they don't seem to have? What are they? 4. Is there anything about housing itself that may support or detract from the mental well-being of those that you serve? (e.g. people they live with, quality of their housing, neighbourhood) <ol style="list-style-type: none"> a. Do you have any suggestions for how family and friends, service providers, governments, and organizations can help those leaving homelessness to find housing that supports their mental well-being? 5. When you see persons who've left homelessness lose their housing, why does that happen in your experience? 6. Do those that you support spend much time doing activities in the community outside of their homes? If so, what facilitates this? If not, what supports need to be in place to help? 7. In what ways do persons with mental illness and/or substance use difficulties belong in their community following homelessness, or not? <ol style="list-style-type: none"> a. What helps to promote or detract from a sense of belonging from your perspective? b. What could family and friends, service providers, governments or organizations do to help those with mental illness and/or substance use difficulties find a sense of belonging if this is a challenge? 8. What do persons leaving homelessness need to be mentally well? 9. Are individuals who use drugs and alcohol who are leaving homelessness able to get help with using more safely or stopping altogether? <ol style="list-style-type: none"> a. If so, do you find the help that they receive is effective? Why/why not? b. If not, what could family and friends, service providers, governments and organizations or others do to help individuals use more safely or reduce their use? Is this important to address as one leaves homelessness?

FIGURE 1 Sample interview questions posed to participants

Research Consultants, LLC, 2015), several members of our team (CM, BP, JH, CE, RG and CS) who had experience working in services for persons experiencing homelessness and who had been involved in previous and ongoing research related to homelessness, coded statements pertaining to the research question followed by grouping these codes into like categories. These categories were then arranged into themes. These themes were refined through several discussions among the coders. Consistent with the method proposed by Braun and Clarke, a central essence that characterised participant interviews was identified among the research team (2014). Once our findings were analysed and written, final feedback was provided by all study authors on the analysis presented and refined further.

2.4.1 | Trustworthiness

Trustworthiness was established using criteria identified Lincoln and Guba (1985). Strategies used included: (a) prolonged engagement with the population of interest, which was achieved through the research team's extensive lived experience, involvement in research and practice related to homelessness and pre-existing relationships with the recruitment organisations; (b) peer debriefing, which involved continuous debriefing among several members of the research team involved in data collection and analysis; (c) recording interviews; (d) accurate transcription; (e) intercoder consensus and (f) use of a computer program to organise data (Dedoose), which contributed to the dependability of our analysis.

2.4.2 | Reflexivity

In conducting our analysis, we have assumed a constructivist epistemology recognising that participants and researchers construct their own views through the lenses of their prior experiences and through interactions with each other (Charmaz, 2014; Denzin & Lincoln, 2011). Together, the principal investigator and several members of our research team have decades of combined lived experiences of homelessness, conducting research related to homelessness, and practicing in a range of health and social care professions with individuals during and following homelessness. We recognise the impossibility of setting aside any preconditions to analyse our data, and as such, have embraced this knowledge as a strength in informing our analysis.

3 | FINDINGS

3.1 | Sample characteristics

A total of 60 individuals participated in interviews across the Kingston and London, Ontario communities ($n = 32$ and $n = 28$ respectively). Of these, 38 (63.2%) were involved in direct service provision, and 22 (36.7%) occupied leadership roles in organisations serving PWLEH. A summary of the demographic characteristics of participants is provided in Table 1.

TABLE 1 Participant demographic characteristics ($n = 60$)

Characteristic	Kingston ($n = 32$)	London ($n = 28$)	Full sample ($n = 60$)
Demographic characteristics	n (%)	n (%)	n (%)
Age			
Service providers	25–57 (Mdn = 32; IQR = 14)	25–62 (Mdn = 34.5; IQR = 9)	25–62 (Mdn = 34.5; IQR = 9)
Leaders	34–58 (Mdn = 44; IQR = 13)	28–64 (Mdn = 43; IQR = 9)	28–64 (Mdn = 43; IQR = 10)
Gender			
Women	21 (65.6)	19 (67.9)	40 (66.7)
Men	7 (21.9)	10 (35.7)	17 (28.3)
Non-binary	2 (6.3)	0 (0)	2 (3.3)
Missing	1 (3.1)	0 (0)	1 (1.7)
Role			
Service provider	21 (65.6)	17 (60.7)	38 (63.3)
Leader	11 (34.4)	11 (39.3)	22 (36.7)
Organisational sector			
Mental health sector	16 (50)	14 (50.0)	30 (50.0)
Social services sector	15 (46.9)	10 (35.7)	25 (41.7)
Both mental health and social services	1 (3.1)	4 (14.3)	5 (8.3)
Time in current role			
Service providers	2 months–19.7 years (Mdn = 3 year; IQR = 5.1 year)	1 month–31 years (Mdn = 22 month; IQR = 4.3 year)	1 month–31 years (Mdn = 2 year; IQR = 4.3 year)
Leaders	3 months–7 years (Mdn = 10 month; IQR = 2.2 year)	2 months–29 years (Mdn = 1.8 year; IQR = 2.3 year)	2 months–29 years (Mdn = 1.5 year; IQR = 1.9 year)
Experience in supporting persons experiencing homelessness			
Service providers	3 months–30 years (Mdn = 3 year; IQR = 10.4 year)	2 months–31 years (Mdn = 5.5 year; IQR = 7.8 year)	2 months–31 years (Mdn = 3.5 year; IQR = 9.1 year)
Leaders	13 months–30 years (Mdn = 10 year; IQR = 14.1 year)	4 months–29 years (Mdn = 12.5 year; IQR = 14.8 year)	4 months–30 years (Mdn = 10 year; IQR = 15.8 year)

Abbreviation: IQR, interquartile range.

3.2 | Qualitative interviews

Interviews ranged from 29 to 103 min in duration ($m = 60$ min). The overarching essence of these interviews was 'we stick people in a house and say okay, you're housed. The problem is solved'. This essence is expressed through five themes generated in our analysis: (1) stuck in a system that prevents thriving; (2) substance use as an important coping strategy that prevents tenancy sustainment and thriving; (3) the critical importance of targeting community integration following homelessness; (4) incorporating peer expertise as imperative and (5) people need to be afforded options in selecting housing and services following homelessness.

3.2.1 | Overarching essence

Participants identified a range of strengths and challenges of existing services and perspectives on what is needed to support thriving beyond tenancy sustainment following homelessness. Overall, the sentiment of these interviews was: 'We stick people in a house and say okay, you're housed. The problem is solved' [Jean, Service Provider, Kingston]. This statement was offered cynically and suggested that following homelessness, there is a need to help individuals to attain more than tenancy sustainment alone. In providing services, participants identified that they often inadvertently 'over-sell' housing to persons leaving homelessness with lofty promises about how it will solve most, or all, the challenges

they face. Participants identified that individuals are often left with disappointment when they continue to struggle after obtaining housing:

I picture so many young people I've worked with the first night of their housing. And this should be one of the happiest nights that they've experienced in a long time because ... it's been promised to them for the past year while they've been in and out of shelters having all of these different experiences with police and service providers. We just gotta get you housed. Then you get them housed ... and it's not great. And then they're alone. [Ashley, Leader, Kingston]

Helping individuals to integrate into their community following homelessness and supporting them to achieve well-being were identified as critically important by participants beyond tenancy sustainment and were described as a homelessness prevention strategy. This sentiment reverberated across interviews, and the themes that we generated in our analysis.

3.2.2 | Theme 1: Stuck in a system that prevents thriving

Participants discussed that they felt stuck in a system that prevented them from helping individuals thrive in their housing and communities following homelessness. They described being in a constant state of crisis, and this limited their ability to focus on homelessness prevention. They warned that 'until we fix the root issues of the systems, we're going to keep putting out fires' [Ashley, Leader, Kingston]. These systemic issues led to gaps in service that were seen as essential for helping individuals to thrive following homelessness. Without filling these gaps, service providers and leaders saw this as a lost opportunity to help people to thrive and prevent ongoing homelessness: 'you can house someone, but if they don't have any support ... then the housing doesn't really mean anything, and they're not going to have it for long, unfortunately' [Alex, Service Provider, Kingston].

Service providers and organisational leaders discussed how the system in which they were embedded was insufficiently meeting the needs of the people that it was meant to serve, and this had an impact on them personally. They operated with limited resources, and when they could not help, they found that other organisations were in a similar position:

They're looking for shelter. They're looking for food, or whatever it is, and we don't do that here. But when we call the services that do, they're either overwhelmed or unable to help for whatever reason. So we try to help people with a granola bar and maybe like a phone number to one of the shelters or whatever ... but yeah. It's certainly challenging. [Hope, Service Provider, London]

Working in an overburdened system with few resources to support thriving following homelessness had a serious impact on the well-being of service providers and leaders: 'It's a miracle I haven't burned out yet' [William, Service Provider, Kingston].

Participants identified that structural issues led to individuals living in ongoing poverty and low-quality housing following homelessness: 'with financial difficulties, food security is really hard, so it's difficult to make the decision to spend so much on rent at the cost of food' [Mandy, Service Provider, Kingston]. Housing quality was a particular problem: 'I wouldn't want anybody to live in these buildings. They're just awful' [Kathleen, Service Provider, London]; 'I wouldn't house a pet there let alone a human being' [MC, Service Provider, Kingston]. Participants described housing that was poorly maintained and infested with bugs and vermin: 'When you have bedbugs and cockroaches and mold, it's harder to feel good about your situation' [Hope, Leader, London]. They recognised how this poor housing quality had an impact on the mental well-being of persons who were leaving homelessness: 'if you're struggling with mental health or substance use ... in a building that has pest issues, that can play a lot on someone's mind' [CM, Service Provider, London].

Addressing these issues, according to service providers, was essential to promoting thriving following homelessness, and included increasing: (1) the availability of supports to relieve pressure on an overburdened system; (2) the availability of adequate quality housing; and (3) the incomes of persons leaving homelessness.

3.2.3 | Theme 2: Substance use as an important coping strategy that challenges tenancy sustainment and thriving

Participants recognised that using substances was an important strategy for coping with trauma and living in undignified conditions following homelessness: 'people are just using substances to feel well' [Ashley, Leader, Kingston]. They pointed out, however, that the misuse of substances was something that placed tenancies at risk and prevented thriving following homelessness by imposing a negative impact on mental well-being and causing financial strain: '99% of the clients that we're working with ... have major substance use issues' [David, Service Provider, London]; 'Having the substance use. That is very tough financially' [Pil, Service Provider, Kingston]. While trauma was identified as a cause of substance misuse, participants identified that they felt ill-prepared to integrate trauma-informed care in their work:

That terminology is something that I hear used a lot because it's best practice and that's how you get funding. But I don't actually see a commitment to it necessarily. Like our agency is not rolling out any trainings on trauma-informed care, what it actually means, and what it looks like in practice ... I think that would make a difference. [Lorna, Service Provider, Kingston]

Participants identified that harm reduction services were vital to supporting persons following homelessness and that such services were delivered well and effectively in their communities: 'the harm reduction-based approaches that we do have are great and working' [CM, Service Provider, London]. They emphasised that such services could go further if existing regulations were modified to legalise safe supply: 'our biggest struggle right now is that there is a ... dirty drug supply ... we have actually seen a significant increase in the number of times we've needed to use Naloxone' [Sarah, Leader, London].

While harm reduction services were widely available and of good quality, support for reducing or abstaining from substances was seriously lacking: 'it's almost impossible to get anybody into treatment' [Heather, Service Provider, London]. If a person wanted to access such services, waitlists were unreasonably long, with participants indicating that 'it's sometimes months before they have a chance to go' [Cheryl, Service Provider, Kingston]. Such waitlists were improperly attuned to the dynamics of substance dependence: 'When a person makes up their mind to do something, we need to act on it' [Tess, Service Provider, Kingston].

Overall, SPOL indicated that there is a need to build on harm reduction supports by (1) introducing a safe supply, (2) providing consistent and ongoing training in trauma and violence-informed care (TVIC) and (3) increasing access to substance use treatment services for persons who have chosen to reduce substance use or abstain.

3.2.4 | Theme 3: The critical importance of targeting community integration following homelessness

Service providers and organisational leaders discussed how social disconnection and loneliness emerging following homelessness was an ongoing threat to psychosocial well-being: 'That's the thing that people often articulate to me, like when we get down to it and have conversations about what's really eating at them or really causing a low mood or whatever. It's often that kind of stuff ... just feeling aimless and purposeless, and lonely' [Anna, Service Provider, London]. To alleviate this loneliness, service providers recalled multiple instances in which individuals would invite friends who were unhoused into their apartments, often leading to a violation of their lease agreement and a threatened or actual eviction: 'they invite guests because they don't want to be alone' [MK, Service Provider, London].

Helping individuals to integrate into their communities was seen as critical for supporting thriving following homelessness: 'So I think the more people isolate, the less they're connected. They feel like they're not part of the bigger community and maybe they don't matter' [CM, Service Provider, London]. An important way of achieving community integration, according to participants was through engagement in meaningful activity, something that was seen as a challenge following homelessness: 'When they fall into homelessness

and addiction, they lose all track of their hobbies and interests and things that you know propel them or things that would get them out of bed everyday' [Edward, Leader, London]. Just 'getting out and integrating in the community ... something to do outside of just you know, living day to day' [Alex, Service Provider, Kingston] was seen as essential to promoting thriving. Working in an overburdened system meant that community integration was addressed after tenancy-related issues. SPOL emphasised the need for services that are dedicated specifically to supporting persons leaving homelessness to integrate into their communities, particularly those that emphasised engagement in meaningful activity.

3.2.5 | Theme 4: Incorporating peer expertise as imperative

Following homelessness, participants emphasised the importance of providing support composed of 'an interdisciplinary team that included and prioritized peer support' [Veronica, Leader, Kingston]. Peer support specialists were identified as a gap in services that would be particularly suitable for promoting community integration: 'peer support is actually more beneficial for that than professional related support because I think you can identify with peers and there's different groups and things ... to encourage someone to get out and join different things in the community' [Xavieria, Leader, Kingston]. Incorporating peer support specialists in current services was seen as a way of promoting more positive outcomes overall: 'the more we incorporate lived experience and peer support into services and community, the better the outcomes will be for everybody' [Hope, Leader, London]. Participants emphasised, however, the importance of providing education to prepare PWLEH for such roles:

We've hired a lot of people we serve ... the ones who are still actively [unhoused] are set up for failure in a really big way ... and education is a major privilege ... that most people who live in poverty don't have access to ... I think for good peer-led programming, we need to create programs that are a condensed version of what you would learn in a social service worker program ... a bit of a foundation. [Ashley, Leader, Kingston]

3.2.6 | Theme 5: People need to be afforded options in selecting housing and the services they receive following homelessness

Participants emphasised that persons leaving homelessness are often not afforded options in housing and services and that this lack of choice undermines their autonomy, something that was seen to impose a negative influence on well-being. One factor that presented as a barrier to having a choice in housing options

was stigma, particularly for persons living with substance use challenges: 'pop culture and the media has us believe that there are crazy, dysfunctional things happening and if addictions are involved, then you know somebody's going to go crazy and burn the house down ... when we're looking at persons who experience homelessness and mental illness, it's a double-whammy' [Terry, Leader, Kingston].

Participants also emphasised that services need to be tailored to the specific needs of the individual and should account for the functional challenges that result from living with mental illness and/or substance use challenges: 'I think we've got a lot of good things, but how we deliver it and where we deliver it are the barriers we add on—[unnecessary] layers for those with mental health challenges' [James, Leader, London]. Overall, participants emphasised the need for structuring supports to be responsive to the needs of persons who have been housed following homelessness: '...the way that we're providing these solutions are not accessible to our population ... a lot of our folks don't ... wear a watch ... they wouldn't know it's appointment time ... and then we penalize them ... it's just a nightmare' [Sarah, Leader, London].

4 | DISCUSSION

We conducted this study to generate an understanding of SPOL perspectives on what is needed to thrive following homelessness in the context of existing services. The findings of this research suggest that SPOL are committed to helping individuals to thrive following homelessness but are stuck in a crisis-oriented and under-resourced system that prevents them from focusing on outcomes associated with thriving and preventing ongoing homelessness. Participant narratives across recruitment sites were remarkably similar, suggesting that service providers are noticing the same trends across communities. Barriers to supporting thriving following homelessness were primarily systemic, and participants felt ill-equipped to address them. This situation represents a serious social justice and health equity issue that may lead to prolonged and repeated experiences of homelessness and the ongoing trauma with which it is associated (Carrillo Beck et al., 2022; Pope et al., 2020). SPOL in this study emphasised several policies and practice changes needed to shift the current system of support in their communities to one that enables thriving following homelessness and highlighted avenues for future research. This study builds on a growing body of literature focusing on what is needed to support individuals to not only sustain housing following homelessness, but to secure the necessary conditions for optimal well-being (Boland et al., 2018; Marshall, Gewurtz, et al., 2022).

The most prominent finding of this research was the degree to which SPOL felt restricted in their ability to support individuals due to structural barriers that prevented thriving following homelessness. For the past several decades, researchers, advocates and practitioners have been advocating for changes to address structural poverty and inadequate health and social support, and thereby

improve the lives of persons living in deep poverty (Hodgetts & Stolte, 2017). It is disheartening to see that despite this advocacy, these pleas have remained unheeded. In the current study, participants identified that individuals leaving homelessness struggle to pay for basic needs including shelter and food and that the housing available to them on a limited income was inadequate. Living in conditions of ongoing need prevented individuals from thriving as they were forced to focus on survival rather than thriving in their lives. Needing to choose among the most basic of needs was reported to impact the mental health of persons leaving homelessness according to participants in this study, and SPOL emphasised how this situation often led to a return to homelessness. These needed conditions are consistent with the findings of previous research with individuals with lived experiences of homelessness who were supported by Housing First, which has identified that positive changes supporting housing stability include having access to good quality housing, increased ability to manage substance use, having positive relationships in one's life, and occupying valued social roles (Nelson et al., 2015). These conditions were not only supportive of housing stability but having access to such conditions enabled persons with lived experience to have hope as they progressed in their recovery journeys (Kirst et al., 2014). Being embedded within a system that prevented SPOL from helping individuals access the necessary conditions to achieve a basic degree of well-being placed them at risk of moral distress and injury, a finding consistent with previous research (Kerman et al., 2022; Lenzi et al., 2021; Waagemakers Schiff & Lane, 2019).

4.1 | Research implications

This study offers several directions for future research focused on supporting individuals to thrive following homelessness in concert with other evidence-based supports. In this study, SPOL emphasised the importance of substance use in enabling coping for PWLEH yet recognised that high degrees of substance misuse placed tenancies at risk. Existing research supports this finding, with several studies identifying that substance misuse is closely associated with homelessness both as a pathway into, and something that complicates tenancy sustainment (Ecker et al., 2020; Johnson & Chamberlain, 2008; Piat et al., 2014). Future research focused on strategies for preventing ongoing homelessness specifically for individuals who live with substance use disorder is needed.

Service providers and organisational leaders in the current study discussed the need for developing and evaluating interventions aimed at promoting community integration. Previous research indicates that existing interventions known to be effective for promoting community integration are limited and that the development of novel interventions is needed (Marshall et al., 2020). SPOL in the current study identified that potential pathways to community integration could include meaningful activity engagement and peer support. Researchers are encouraged to consider the findings of this study in the design of approaches for supporting thriving following

homelessness and to engage with communities using participatory approaches as they develop such strategies.

Previous research on homelessness has primarily explored the experiences and needs of PWLEH, and little is known about the service providers who support them. Recent studies have turned their attention towards understanding the impacts of working in an overburdened housing and homelessness system on service providers and revealed that consistent with the findings of this study, service providers are exposed to chronic stress and trauma in their work and are at risk of moral injury (Kerman et al., 2021, 2022). This research is only beginning to develop, and future research aimed at describing the impacts of working in the housing and homelessness sectors on service providers and how these impacts may translate into the ways in which services are provided is needed.

4.2 | Practice implications

The findings of this study, combined with previous research indicate that chronic stress and trauma experienced by SPOL in the housing and homelessness sector are associated with regularly observing service users with unmet needs in the context of high caseloads, low pay, and long work hours (Kerman et al., 2022). Organisational leaders are encouraged to attend to these factors in the development of new positions and the management of existing roles. Further, scholars have identified that integrating opportunities for accessing social support in the workplace may help to mitigate the impacts of chronic stress and trauma for individuals working in direct service roles (Kerman et al., 2022). Integrating open sharing and support, or structured meetings that provide opportunities for navigating through complex cases and debriefing stressful or traumatic events within existing services may support this aim. Workplace mental health programs should account for the high levels of stress and trauma to which this occupational group is exposed and account for this in the design and delivery of services. Further, training in TVIC was identified as a serious gap in existing services in this study. Such training not only has the potential to lead to the more humane treatment of individuals who are accessing housing and homelessness services but also has the potential to address chronic stress and vicarious trauma experienced by service providers through limiting the re-activation of trauma among service users. Organisational policymakers may consider implementing structured TVIC training within their organisations and evaluating the impact on service users and providers to inform the future delivery of these approaches.

Consistent with existing literature (Dej, 2020), SPOL in this study emphasised that individuals frequently experience loneliness resulting from profound social exclusion during and following homelessness and that this is a need that requires increased attention. Community integration is frequently defined as having three components: (1) physical integration: spending time in the community outside of one's apartment, (2) social integration: securing and sustaining social networks and (3) psychological integration: having a

sense of belonging in one's community (Wong & Solomon, 2002). SPOL emphasised that one pathway to community integration may be through engagement in meaningful activity which has the potential to develop all of these aspects of community integration by facilitating social relationships between PWLEH and their broad community. Further, SPOL described the potential value of peer support in enabling thriving following homelessness yet identified that such services were relatively unavailable. While peer support has been embraced within the mental health system in Canada (Mental Health Commission of Canada, 2015), such support has been slow to become integrated within the housing and homelessness sector (Miler et al., 2020). A recent systematic review identified that peer support is increasingly included in interventions aimed at supporting PWLEH, however, peer support specialists need preparation to avoid personal vulnerability within such roles (Miler et al., 2020). Further, the authors of this review suggest that individuals who take on peer support roles should be fairly compensated for their work (Miler et al., 2020). SPOL in this study also identified the need for selecting peer support specialists who are in stable living situations so that they are able to take on the emotional work of supporting others. Providing education and support to enable peer support specialists to be effective within these roles was similarly emphasised and should be considered in the implementation of peer support in existing services.

4.3 | Policy implications

Ending homelessness in high-income countries requires action by policymakers in building a system that takes a preventative approach by investing in resources that can enable thriving following homelessness rather than continuing to fund a crisis-oriented system that places persons leaving homelessness and the SPOL who support them at risk. First, there is a need for increasing the availability of deeply affordable housing by immediately and drastically increasing investment in public housing to meet the needs of individuals living in low income. Relying on market housing appears futile in the context of an increasingly competitive housing market that has grown exponentially in most high-income countries in recent decades (Lee et al., 2021). Increasing public housing stock will not only increase the availability of deeply affordable housing but will counteract the effects of an unaffordable housing market that cultivates the conditions in which unscrupulous landlords can rent inadequate housing to individuals leaving homelessness. Further, participants in this study identified that PWLEH continues to live in poverty after securing housing and that this interferes with thriving by limiting their ability to secure adequate housing and pay for food and other basic needs, sometimes leading to tenancy loss. Increasing social assistance rates or introducing an adequate universal basic income to address the poverty that individuals continue to experience following homelessness may be a powerful way of promoting thriving, reducing health inequities, and preventing ongoing homelessness (Hodgetts & Stolte, 2017).

4.4 | Limitations

Our findings represent the perspectives of SPOL who are situated in a high-income country with a universal health care system and should be interpreted as such. Further, as we only interviewed SPOL in two communities with very low vacancy rates in Canada (Canada Mortgage and Housing Corporation, 2021), individuals wishing to transfer these findings should consider recognising the context in which these data were collected.

5 | CONCLUSION

Our findings suggest that housing and homelessness services continue to be delivered within a crisis-orientated system in the face of a shortage of necessary resources for supporting individuals to thrive following homelessness. This situation has led both to the development of moral distress and burnout among service providers and undermines efforts aimed at preventing and ending homelessness. Shifting this crisis-oriented system to one that is aimed at homelessness prevention is essential for ending homelessness in high-income countries. Doing so will require a focus on supporting individuals to move beyond survival following homelessness by creating the conditions where they can not only sustain their tenancies but create a life of meaning that will enable them to thrive. SPOLs are an essential component of the system of supports designed to help individuals to sustain their tenancies and thrive following homelessness, and their perspectives and well-being need to be incorporated into future research, policy and practice.

AUTHOR CONTRIBUTIONS

Dr. Carrie Anne Marshall designed this study, provided methodological guidance throughout the project, conducted and analysed interviews, wrote the first draft of the article and incorporated feedback from all authors throughout the manuscript writing process. Ms. Brooke Phillips, Ms. Julia Holmes, Mr. Eric Todd, Ms. Corinna Easton, Ms. Rebecca Goldszmidt, Ms. Chelsea Shanoff and Mr. Suliman Aryobi conducted interviews for this project and participated in the analysis of data. Mr. Eric Todd, River Hill and Mr. George Panter provided lived experience consultation on the design of this study and the analysis of data. Ms. Sarah Collins, Mr. Terry Landry, Mr. Tom Greening, Ms. Ashley O'Brien, Ms. Marlo Jastak, Ms. Rebecca Ridge, Ms. Alexandra Carlsson and Ms. Shauna Perez provided consultation on the design of this study and analysis of data from the service provider perspective. Dr. Debbie Rudman and Dr. Abe Oudshoorn collaborated with Dr. Carrie Anne Marshall on the design of this study and strategies for the analysis and interpretation of data. All authors provided feedback on the first draft of this article, which Dr. Carrie Anne Marshall incorporated during the revision process.

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CONFLICT OF INTEREST

The authors declare that they have no conflicts of interest in this research.

DATA AVAILABILITY STATEMENT

The data sets generated during and/or analysed during the current study are available from the corresponding author upon reasonable request.

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