Program Monitoring Results of the City of Ottawa’s Homelessness Initiative

Final Report

Prepared for:

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Glossary of Terms Used in the Report

**Community involvement** – Involvement in volunteer work (unpaid), paid work, schooling, job-training, or apprenticeship.

**Eviction prevention services** - Services for clients in permanent housing who are at risk of eviction with the objective of helping them retain their housing.

**Health and support services** - Health and support services offered to clients who are homeless or at risk of losing their housing and not directly targeting entry or retention of housing.

**Homelessness** - Homelessness refers to a living situation in which one is without his or her own permanent housing (i.e., for which he or she pays rent or owns).

**Housing placement services** - Services to persons who are homeless with the objective of assisting them to move into and retain housing.

**Housing retention** – Maintaining permanent housing.

**New Canadians** – Individuals who were non-Canadian citizens and had immigrated to Canada in the past five years.

**Permanent housing** – Housing for which a person is paying rent or owns and in which they can choose to live for an indefinite period.

**Transitional housing** - Supportive housing (for 3 years of less) that were intended to help individuals develop the necessary living skills and recover from health problems in preparation for living in permanent housing.
Executive Summary

Objective

• The current report presents a summary of the results emerging from the program monitoring effort undertaken by community organizations delivering programs that constituted the City of Ottawa’s Homelessness Initiative for the period of March 2001 – December 2002. The report presents the overall results of the program monitoring undertaken by programs in four identified clusters, eviction prevention, housing placement, transitional housing, and health and support services.

Method

• The method for program monitoring used in the project required direct service providers to record information on outputs (i.e., client characteristics and services delivered) and outcomes (i.e., changes in housing status and participation in community activities) and to submit this information on a monthly basis to CRCS for entry into a data base. Participating organizations and the HIT were provided with individual program reports on a quarterly basis and at the end of the program monitoring period, which summarized results on key outputs and key outcomes.

Results

• The following results were found on client outputs (i.e., client characteristics and service characteristics):
  ▪ Over 10,000 persons served by programs in homelessness initiative on a continuous basis
  ▪ Almost one-fifth of individuals (18%) served by the initiative are new Canadians
  ▪ Almost one-quarter of cases served have received services from two or more agencies
  ▪ Almost half of individuals (49%) served by programs in the initiative are in permanent housing at service initiation
  ▪ Almost half of individuals (46%) in permanent housing are at a very high and imminent risk of losing their housing
  ▪ A range of types of services with some being relatively intensive are being provided through the initiative

• The following results were found on client outcomes:
  ▪ Housing retention rates over a six-month period exceed 80% even for those cases with a high risk for eviction
  ▪ Over 1900 cases have been placed in permanent housing
  ▪ Housing placement programs have placed over one-half of their clients (50%) into permanent housing
  ▪ Transitional housing programs have placed 50% of its clients into permanent housing
Recommendations

Based on the findings, the following recommendations relating to program planning are proposed:

1. It is recommended that future program planning ensure adequate service coverage relative to the sex of clients taking into account the greater proportion of men who are homeless.
2. It is recommended that staff working in agencies such as emergency shelters, drop-in centres, and other agencies serving the sector receive multi-cultural training that orients them to the needs of new immigrants as well as how to serve them in a relevant manner.
3. It is recommended that prevention programs give priority to clients who have eviction risk factors and are at imminent risk of losing their housing.
4. It is recommended that housing placement and eviction prevention services prioritize services targeting housing and financial issues and rely on referrals to other community agencies to address other health and social service issues frequently faced by clients.
5. It is recommended that future programming continue to include housing placement services. The location of these services in emergency shelters appears to be a particularly effective strategy for assisting persons who are homeless move back into permanent housing.
6. It is recommended that future programming for persons who are homeless in Ottawa also include transitional housing programs as a service option for those individuals with severe mental health and/or addictions problems.
7. It is recommended that future program planning carefully assess the role of health and support services and determine which services are needed to help persons who are homeless meet basic and emergency needs.
8. It is recommended that further research on the data base, including identifying what types of services are effective for what types of clients, be conducted.

Based on the findings, the following recommendations relating to program monitoring are proposed:

9. It is recommended that future program monitoring involve a simpler tool that focuses on client characteristics and client outcomes.
10. It is recommended that future program monitoring continue to include regular feedback to service providers using the opportunity to link program results to findings in the research literature.
11. It is recommended that future program monitoring efforts build in regular monthly training orienting new staff on why and how to complete the program monitoring tools being used.
12. It is recommended that future program monitoring efforts related to services addressing homelessness be implemented and coordinated by the Housing Branch at the City of Ottawa.
13. It is recommended that future program monitoring be allocated appropriate level of resources enabling the combination of data management and support of participating community agencies.
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Background and Context

The current report presents a summary of the results emerging from the program monitoring effort undertaken by community organizations delivering programs that constituted the City of Ottawa’s Homelessness Initiative for the period of March 2001 – December 2002. The Centre for Research on Community Services (CRCS) at the University of Ottawa was contracted by the City of Ottawa’s Homelessness Initiative Team (HIT) to coordinate this program monitoring. In this role, CRCS developed the program monitoring tools in collaboration with participating programs, trained personnel from participating programs to collect data using the tools, received the collected data from participating programs, analyzed and summarized data, and reported results back to the programs and to the HIT at the City of Ottawa.

The history of program monitoring in the City of Ottawa pre-dates this initiative with the development of a “pilot” program monitoring system by CRCS with programs funded through Hostel Redirection Funding (HRF) allocated from the Ontario Ministry of Family and Community Services. The pilot program was implemented from May to December 2000 with 13 programs that were providing either eviction prevention services to persons at risk of losing their housing or housing placement services to individuals and families who were homeless. The pilot summarized data from these programs and reported it back to participating programs on a monthly basis. The data collected over the eight month period was also used by the Region of Ottawa-Carleton for developing a business case for the continuation of HRF.

Given the success of the initial pilot program monitoring system, it was decided by the City of Ottawa to develop a larger scale program monitoring system for the more than 50 programs delivering health and social services funded either provincially through HRF, or federally through the Supporting Community Partnership Initiatives. The development of this larger system occurred over the period of February and March, 2001. The implementation of the system began in March 2001 and continued until December 2002 for a period of 22 months. The program monitoring system implemented during this period was intended for four types of programs based on the focus of their services: (1) eviction prevention, (2) housing placement, (3) transitional housing, and (4) health and support services. Each program participating in program monitoring was identified as belonging to one of these clusters. Appendix A provides a list of the programs and their host agencies making up each of the clusters.

Similar to programs providing these services during the pilot program monitoring phase in 2000, eviction prevention programs involved services for clients in permanent housing who are at risk of eviction with the objective of helping them retain their housing. Also similar to the programs that were offered in 2000, housing placement programs offered services to persons who are homeless with the objective of assisting them to access and retain housing. In addition to these types of programs, another group of programs was identified as providing transitional housing. This entailed supportive housing (for 3 years of less) or outreach services that were intended to help individuals develop the necessary living skills and recover from health problems in preparation for living in permanent housing. The last group of programs was characterized as offering a variety of health and support services to clients who are homeless or at risk of losing their housing. For
example these programs included outreach services that included providing health care, clothing, and food to homeless persons on the street.

In creating the program monitoring tools, a standard process was followed in which program logic models for each of the service clusters were defined. Using these program logic models, outputs and outcomes of highest priority were identified and program monitoring tools were created to measure these outputs and outcomes (Rossi, Freeman, & Lipsey, 1999). This work also built on the products that came out of the pilot program monitoring system in 2000, namely program logic models and program monitoring tools for eviction prevention and housing placement programs. Appendix B presents the program logic models for the clusters of programs in each of these four areas.

Program monitoring can be defined as the collection of information on indicators on how well programs perform, particularly with regard to the delivery of services (outputs) and the achievement of results (outcomes) (Rossi et al., 1999). Program monitoring, which is also referred to as “performance measurement” or “results-based management”, had a number of objectives in the context of the Homelessness Initiative of the City of Ottawa: (1) to provide information to programs to guide service improvement; (2) to promote accountability to programs; (3) to set local norms for innovative services (e.g., caseloads, intensity, types of services); (4) to provide feedback to service providers and thereby foster self-evaluation; (5) to facilitate the exchange of information among personnel from different community agencies providing similar types of services; and (6) to provide the City with a system overview of system outputs and outcomes. These objectives correspond to those commonly identified as the most important reasons for undertaking program monitoring (Plantz et al., 1996).

The report presents the overall results of the program monitoring undertaken by programs in the four identified clusters. Results are presented in the report to answer the following questions about programs making up the Homelessness Initiative in the City of Ottawa:

1. What are the characteristics of clients served by programs in the City of Ottawa’s homelessness initiative?
2. What are the housing characteristics of clients served by programs in the City of Ottawa’s homelessness initiative?
3. What are the characteristics of services delivered by programs in the City of Ottawa’s homelessness initiative?
4. What are the outcomes of clients receiving services from programs making up each of the clusters?
5. Is there a relationship between services delivered and client outcomes in each of the program clusters?

A brief description of the method implemented for the program monitoring is presented next followed by the results.
**Method**

The method for program monitoring used in the project required direct service providers to record information on outputs (i.e., client characteristics and services delivered) and outcomes (i.e., changes in housing status and participation in community activities) and to submit this information on a monthly basis to CRCS for entry into a database. CRCS provided quarterly feedback to participating organizations and the City of Ottawa’s HIT on results associated with each of the aforementioned service clusters. Participating organizations and the HIT were also provided with individual program reports on a quarterly basis and at the end of the program monitoring period, which summarized results on key outputs and key outcomes.

**Description of Program Monitoring Instrument**

**Client forms.** Client forms were developed and used in cases where services were being provided on a continuous basis. The forms were completed by service providers to collect information on client and service characteristics (outputs), and client outcomes. Separate forms were developed for each of the service clusters. Appendix C presents copies of the client forms that were used for the program monitoring.

The first and final page of the client forms were the same for the four service clusters. The first page captured basic demographic information such as: service initiation date, client’s unique identification number, client’s date of birth, sex of the client, and housing status at service initiation. The final page of the client forms for all clusters tracked the number and type(s) of services that clients received in each month of the study. There are ten different types of services: (1) engagement and assessment; (2) referrals / access services of all types; (3) provision of physical health services; (4) provision of mental health and personal social services; (5) housing placement; (6) housing retention; (7) financial management; (8) legal services; (9) vocational / educational services; and (10) social / recreational/ leisure services.

Appendix D presents the definitions that were used for each of these services. A specific service was counted as having been provided once if during the course of contact with a client or in working on their behalf, the service was delivered. It was possible to provide more than one type of service during any client contact, but a service was only counted once if it was delivered during a particular contact no matter how long the contact lasted.

For clients in the eviction prevention cluster, the second page tracked the risk factors for eviction that a client may have at service initiation and at one, three, and six month follow-up dates. This page also assessed in what type of housing the client is living at one, three, and six month follow-up dates. These follow-up dates were similarly calculated at one, three, and six months after the service initiation date. The initial pilot program monitoring project in 2000 limited the longest follow-up to three months which corresponds to the amount of time to be considered housed stably as set by the Ontario Ministry of Housing and Community Services for individuals (Ministry of Housing and Community Services, 2004). The choice of a longer follow-up (i.e., six months) was the
Program Monitoring of the Homelessness Initiative

result of discussions with personnel from participating organizations and from the city who argued that services provided to individuals often exceeded three months and therefore, a longer follow-up period was required.

For clients in the housing placement cluster, the second page collected the clients’ “milestone” dates - i.e., when they lost permanent housing or when they moved to shelter, transitional housing, or permanent housing. Also on this page, the type of housing in which the client was living at one, three, and six month follow-up dates was determined. For housing placement clients, these follow-up dates were calculated as one, three, and six months following the date in which clients were successfully housed in permanent housing.

For transitional housing clients, the second page tracked milestones such as when the client lost permanent housing and when they moved to shelter, from shelter, to transitional housing, or permanent housing. For this group, the third page assessed the type of housing the client was living in at one, three, and six month follow-up dates. In addition, the number of hours of community involvement completed by the client was quantified at each of the follow-up periods. These follow-up dates were identified as one, three, and six months after to the service initiation date.

For health and support services clients, the second page assessed when a client moves into permanent housing as well as in what type of housing the client was living in at one, three, and six month follow-up dates. The number of hours of community involvement in which the client participated was also measured. These follow-up dates were also set as one, three, and six months after the service initiation date.

**Group forms.** Group forms were used when services were being offered in groups or when there was a one-time contact with a client or family. No program information was recorded on these forms. The group and one-time contact forms included service date, type of contact (e.g., group), gender, number of different types of clients (e.g., number of seniors), as well as number and types of services. A copy of the group form is provided in Appendix E.

**Procedures**

As indicated above, service providers from programs participating in the Homelessness Initiative completed the program monitoring forms upon providing services to clients. In order to collect client data that was as complete and accurate as possible, service providers were instructed to log services delivered to specific clients on a daily basis using the “Service Log Sheet” (Appendix F). Other client data (i.e., outputs and outcomes) were to be completed on forms on at least a weekly basis. Service providers were expected to complete group forms as soon as possible after they had provided services whether to groups or to clients on a one-time basis.

Service providers submitted collected data to CRCS on a monthly basis. Monthly data submissions occurred in a number of ways: (1) handwritten paper forms which were either sent to CRCS by mail, courier, or fax, (2) email submissions, or (3) on-line submissions at a private web site. Paper forms sent by mail or courier were scanned into
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a data base using *Cardiff Teleform*, a software that converts collected information into data. Fax -ed forms were automatically transferred into the data base again through *Teleform*. E-mail and web submissions were also transferred into the data base through *Teleform*. All data from these separate sources were then merged together in an *SPSS* data base. The reason for using a scanning-based software for converting information into data was because of the high volume of information that was received from the agencies.

**Results**

For the purpose of the presentation of results, a “case” is defined as an individual or family (composed of one or more adults and at least one youth or child) that was served on an ongoing basis. Therefore, in the context of families, a case represents more than one individual being served.

1. **What are the characteristics of clients served by programs in the City of Ottawa’s homelessness initiative?**

A total of 44,252 individuals were served through groups or through one-time contacts. The breakdown of individuals served in groups or through one-time contacts involved 21,588 adults, 14,864 children, 5,700 youth, and 2,100 seniors. There is no way of knowing how many different persons these numbers represent because in some cases the same individuals received group services repeatedly (e.g., Boys and Girls Club; Pinecrest-Queensway Health & Somerset West Community Health Centre).

Overall, 9225 cases were served on an ongoing basis by the programs from the Homelessness Initiative in Ottawa that were participating in the program monitoring project. Taking into account the multiple individuals making up families, these cases represented 14,433 individuals. An examination of client identifications, which entailed the initials and date of birth of individuals, found that 23% of cases were served by 2 or more programs. Therefore, the actual number of unique cases served by the Homelessness Initiative was 7,103 representing 11,121 individuals.

Overall, females represented a majority of the cases served (*n* = 5055; 56%) versus males (*n* = 3943; 44%) and those individuals identifying themselves as transgendered (*n* = 19; < 1%). It is important to note that a contributing factor to females being in the majority is that females are usually the identified client (i.e., individual on whom data on client characteristics are collected for program monitoring) in the case of families.

As shown in Figure 1, single adults (25-64 years old) was the most common client type served, representing 60% of the cases. This was followed by families (24%) and youth (16-24 years old) (12%). A relatively small number of seniors (4%) were also served by programs from the Homelessness Initiative. Breaking down the families into individuals, adults still represented the largest group of individuals served (*n* = 8231; 57%), followed by children (0-14 years old) (*n* = 3409; 24%), youth (*n* = 2400; 17%), and seniors (*n* = 393; 3%).
As shown in Figure 2, 3513 cases were served by programs from the housing placement cluster (38%) followed by 3226 cases served by eviction prevention programs (35%). Health and support services cluster served another 1770 cases (19%), whereas the transitional housing cluster served another 715 cases (8%).

Figure 3 provides a breakdown of client type by program clusters. Relative to other client types, adults formed the largest subgroup in all the clusters. Families were particularly prominent in the eviction prevention cluster representing 40% of those served (n = 1289). Housing placement was the other service cluster in which a large number of families were served (n = 825) representing almost one-quarter of the clients (24%). Youth clients were served mostly by housing placement programs (n = 608; 17%) and health and support services (n = 324; 18%).
For those cases on which the information about whether or not a client was a new Canadian\(^3\) was provided (N = 5859), almost one-fifth (18%) were identified as being new Canadians. As shown in Figure 4, new Canadian clients were most prominent in housing placement programs representing over one-third of the cases served (37%). In contrast, only 11% of eviction prevention clients were new Canadians and less than 5% of clients in either of the programs providing transitional housing or health and support services were new Canadians.

Figure 4 - % of Clients Identified as New Canadians by Program Cluster (N = 5859)

2. What are the housing characteristics of clients served by programs in the City of Ottawa’s Homelessness Initiative?

As shown in Figure 5, of those served by the Homelessness Initiative, the largest group of cases were in permanent housing at service initiation (49%). However, almost as many were homeless at service initiation (42%). The remainder of those served were in

\(^3\) New Canadian refers to clients who had immigrated to Canada within the past 5 years.
transitional housing (4%) or other types of housing, for example hospitals or correctional institutions, (5%) at service initiation. Within the homeless group, 57% of the cases (n = 2374) were living in emergency shelters at service initiation, while another 18% of the cases (n = 726) were living with family or friends.

**Figure 5 – % of Cases According to Housing Status at Service Initiation (N = 8834)**

![Figure 5](image)

Figure 6 presents the breakdown of cases living in permanent housing according to type of housing in which they lived. Among those clients living in permanent housing at service initiation (n = 4153), the largest group lived in high rise apartments (i.e., 5 floors or more) (39%), followed by those living in low rise apartments (17%), collective dwellings (i.e., rooming houses) (16%), and garden or row houses (14%). A small number of clients were also living in supported housing (4%).

**Figure 6 - % of Cases in Different Types of Permanent Housing at Service Initiation (N = 4153)**

![Figure 6](image)

The program monitoring tool also asked service providers to identify those clients living in permanent housing who had rent that was geared-to-income or who were receiving a rent supplement. For those cases where this information was provided by service providers (N = 2825), 61% were identified as having rent geared-to-income or were receiving a rent supplement. As presented in Figure 7, the range of percentage of cases varied greatly with client subgroups, from a high of 90% for seniors to a low of 40% for youth.

**Figure 7 – % of Cases with Rent Geared To Income or Rent Supplement (N = 2825)**

![Figure 7](image)
Program Monitoring of the Homelessness Initiative

For cases within the eviction prevention cluster, the presence of eviction risk factors was identified at service initiation for those cases living in permanent housing. Table 1 presents the percentage of cases having the different eviction risk factors. It is important to note that clients could have more than one eviction risk factor. Overall, of those cases on which the information was provided (N = 3070), more than one-half of the cases (46%) had at least one eviction risk factor. According to service providers, over one-quarter of cases (28%) were identified as being in arrears and one-quarter (25%) had received an informal eviction notice. Another 15% had received a formal eviction notice while the landlord had applied to the Tribunal for eviction in 12% of the cases.

### Table 1 - % of Cases Served by Eviction Prevention Programs with Eviction Risk Factors at Service Initiation (N = 3077)

<table>
<thead>
<tr>
<th>Eviction Risk Factor</th>
<th>% of Cases Reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client in arrears in accommodation costs</td>
<td>28</td>
</tr>
<tr>
<td>Client received an informal eviction notice</td>
<td>25</td>
</tr>
<tr>
<td>Client received a legal eviction notice</td>
<td>15</td>
</tr>
<tr>
<td>Landlord applied to the Tribunal for eviction</td>
<td>12</td>
</tr>
<tr>
<td>Client lost housing for any other reason</td>
<td>9</td>
</tr>
<tr>
<td>Client filed a dispute against landlord’s application for eviction</td>
<td>8</td>
</tr>
<tr>
<td>Client legally evicted</td>
<td>3</td>
</tr>
</tbody>
</table>

### 3. What are the characteristics of services delivered by programs in the City of Ottawa's homelessness initiative?

As previously described, service providers recorded the frequency of their delivery of ten different services. A service was considered as being delivered if it was part of a contact with a client or done on behalf of a client. A specific episode of service delivery could include the delivery of several different services, although a particular service could only be counted once within that episode.
Table 2 provides descriptive statistics on services provided within each of the program clusters. Overall, a total of 285,319 services were provided to the 9225 cases served by the participating programs in the initiative. The transitional housing program cluster emerged as the most intensive cluster of service provision with an average of 100 services provided per case. On the other hand, housing placement was the least intensive cluster of service provision with an average of 18.6 services delivered per client.

### Table 2 – Overall statistics on Services Provided by Each of the Program Clusters

<table>
<thead>
<tr>
<th>Program Cluster</th>
<th># of Cases</th>
<th>Total # of Services</th>
<th>Average # of Services Per Case</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eviction prevention</td>
<td>3226</td>
<td>101,353</td>
<td>31.5</td>
</tr>
<tr>
<td>Housing placement</td>
<td>3513</td>
<td>65,327</td>
<td>18.6</td>
</tr>
<tr>
<td>Transitional housing</td>
<td>715</td>
<td>71,382</td>
<td>100</td>
</tr>
<tr>
<td>Health and Support Services</td>
<td>1770</td>
<td>47,076</td>
<td>26.6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>9225</strong></td>
<td><strong>285,319</strong></td>
<td><strong>30.9</strong></td>
</tr>
</tbody>
</table>

As shown in Figure 8, engagement / assessment emerged as the most common service delivered by programs making up the City of Ottawa’s Homelessness Initiative, with 30% of service activities devoted to it. Mental health / personal social services were second in frequency representing 21% of total activities delivered, followed by referrals (11%) and housing placement (10%). The variety of services delivered by service providers can be interpreted as reflecting the complexity of client needs being addressed by service providers.

### Figure 8 – Breakdown of Services Delivered Across All Programs

Table 3 provides a breakdown of the frequency of service activities according to program cluster. An examination of the breakdown of the services delivered by programs within each of the clusters confirms their distinctiveness. In all clusters, engagement / assessment emerged as a frequent service activity, making up over one-quarter of the service activities in all the clusters.
Table 3 – Frequency of Different Services Provided by Program Clusters

<table>
<thead>
<tr>
<th>Service Type</th>
<th>EP</th>
<th>HP</th>
<th>TH</th>
<th>HSS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(n = 3226)</td>
<td>(n = 3513)</td>
<td>(n = 715)</td>
<td>(n = 1770)</td>
</tr>
<tr>
<td>Engagement /Assessment</td>
<td>29,622 (29%)</td>
<td>17,876 (27%)</td>
<td>7775 (30%)</td>
<td>4583 (26%)</td>
</tr>
<tr>
<td>Referrals</td>
<td>16,334 (16%)</td>
<td>5435 (8%)</td>
<td>1919 (7%)</td>
<td>2741 (15%)</td>
</tr>
<tr>
<td>Physical Health</td>
<td>1539 (2%)</td>
<td>534 (1%)</td>
<td>2589 (10%)</td>
<td>1384 (8%)</td>
</tr>
<tr>
<td>Mental Health/Social Services</td>
<td>14,545 (14%)</td>
<td>11,805 (18%)</td>
<td>8701 (33%)</td>
<td>3875 (22%)</td>
</tr>
<tr>
<td>Housing Placement</td>
<td>5074 (6%)</td>
<td>20,118 (31%)</td>
<td>559 (2%)</td>
<td>772 (4%)</td>
</tr>
<tr>
<td>Housing Retention</td>
<td>10,272 (10%)</td>
<td>2505 (4%)</td>
<td>273 (1%)</td>
<td>609 (3%)</td>
</tr>
<tr>
<td>Financial Management</td>
<td>9062 (9%)</td>
<td>2732 (4%)</td>
<td>602 (2%)</td>
<td>470 (3%)</td>
</tr>
<tr>
<td>Legal</td>
<td>4586 (4%)</td>
<td>2275 (3%)</td>
<td>490 (2%)</td>
<td>148 (1%)</td>
</tr>
<tr>
<td>Vocational/Educational</td>
<td>3119 (3%)</td>
<td>763 (1%)</td>
<td>947 (4%)</td>
<td>980 (5%)</td>
</tr>
<tr>
<td>Recreational/Social</td>
<td>7380 (7%)</td>
<td>1284 (2%)</td>
<td>2411 (9%)</td>
<td>2309 (13%)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>101,533</td>
<td>65,327</td>
<td>71,382</td>
<td>47,076</td>
</tr>
</tbody>
</table>

For eviction prevention programs, referrals (16%), mental health and personal social services (14%), and housing retention (10%) were most frequent after engagement / assessment. In the case of housing placement programs, housing placement services (31%) were the most frequent followed by engagement / assessment (27%) and mental health and personal social services (18%).

Not surprisingly, given the focus of programs in the transitional housing cluster which are intended to prepare clients to live independently by addressing health and substance abuse problems, mental health and personal social services represented the largest proportion of services (33%), followed by engagement and assessment (30%) and physical health (10%). Finally, engagement and assessment were the most frequent services delivered by programs in the health and support services cluster (26%) followed closely by mental health and personal social services (22%) and referrals (15%).

An examination of the client identification variable (i.e., client initials and date of birth) across participating programs found 23% of clients served by more than one program. Of those clients receiving services from more than one program, 16% were served by two programs, 5% by three programs, and 2% by 4 or more programs.

4. What are the outcomes of clients receiving services from programs making up each of the clusters?

Three types of outcomes were assessed by the program monitoring system: (1) Housing retention, which refers to individuals or families, who lived in permanent housing at service initiation and retained this housing or moved to other permanent housing, (2) housing transitions, which involves individuals or families moving from a particular housing status (e.g., homeless, living in transitional housing, incarcerated in a correctional institution) into permanent housing, and (3) community involvement, which is defined as participating in productive activities in the community (e.g., volunteer activities, schooling, work). Information on these client outcomes were obtained from at one, three, and six month follow-up.
Housing Retention

Table 4 presents the retention rate for clients of eviction prevention programs at the different follow-up periods. Six months after service initiation, 89% of clients, whose living situation was known, were still living in permanent housing.

Table 4 – Housing Retention Rates for Clients of Eviction Prevention Programs at the Different Follow-up Periods

<table>
<thead>
<tr>
<th>Follow-up Period</th>
<th># retaining housing of total # of clients (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 month</td>
<td>1970 of 2056 (96%)</td>
</tr>
<tr>
<td>3 months</td>
<td>1811 of 1971 (92%)</td>
</tr>
<tr>
<td>6 months</td>
<td>1417 of 1588 (89%)</td>
</tr>
</tbody>
</table>

Table 5 provides a further breakdown of housing retention rates according to both client type and whether or not clients were identified as having one or more eviction risk factors. Overall, the housing retention rate at the six month follow-up is lower for clients with one or more eviction risk factors (80%) when compared to clients without any eviction risk factors (94%).

Table 5 – Housing Retention Rates At the Six Month Follow-up for Different Client Types With and Without Eviction Risk Factors

<table>
<thead>
<tr>
<th>Client Type</th>
<th>No Eviction Risk Factors Present</th>
<th>Eviction Risk Factors Present</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male adults¹</td>
<td>98% (n = 265)</td>
<td>87% (n = 101)</td>
</tr>
<tr>
<td>Female adults²</td>
<td>97% (n = 247)</td>
<td>83% (n = 77)</td>
</tr>
<tr>
<td>Male youth³</td>
<td>100% (n = 4)</td>
<td>80% (n = 5)</td>
</tr>
<tr>
<td>Female youth⁴</td>
<td>100% (n = 17)</td>
<td>86% (n = 7)</td>
</tr>
<tr>
<td>Families⁵</td>
<td>84% (n = 244)</td>
<td>76% (n = 329)</td>
</tr>
</tbody>
</table>

¹,²,³ Differences between housing retention rates of no eviction risk factors present group vs. eviction risk factors present group are significant at p < .001
⁴,⁵ Groups are not large enough to test for between group differences of housing retention rates.

As shown in Table 5, the presence of eviction risk factors is associated with a higher risk of losing one’s housing. Differences between the group of clients with the presence of one or more eviction risk factors and those without eviction risk factors are significant in the case of single male adults, single female adults, and families. Of all the client types, families appear to be at the highest risk in comparison to other subgroups of clients as their housing retention rate (81%) is significantly lower than single male adults or single female adults whether eviction risk factors are present or not. It is possible that the type of housing in which families live (i.e., multiple bedroom units) is in shorter supply in the
city and therefore placing greater pressure on tenants to leave when they experience housing problems such as being in arrears in rent.

It is important to note that outcomes experienced by clients such as housing retention cannot be attributed to their receipt of eviction prevention services. In reviewing the literature on the prevention of homelessness, Shinn et al. (2001) concluded that services intended to prevent homelessness are often provided to clients who will keep their housing even if they didn’t receive these services. This is not to say that these clients do not benefit from these services in other ways separate from ensuring that they continue to be housed. In the case of our own program monitoring data, it is particularly difficult to ascertain services have any effect on the housing of clients without eviction risk factors. However, in the case of clients with eviction risk factors, it seems likely that eviction prevention services have played some role in keeping their housing given the precariousness of their housing situation at service initiation with the eviction process in many cases already having been started.

**Housing Transitions**

Overall, program monitoring data over the course of 20 months of the initiative shows 1914 cases moving into permanent housing. Within this group, 1652 were initially homeless, another 159 cases lived in transitional housing, and 103 cases were in a correctional facility or institution prior to their moving. Table 6 provides a breakdown of housing transition according to the program clusters of housing placement, transitional housing, and health and support services.

**Table 6 – Housing Transitions Broken Down According to Program Clusters**

<table>
<thead>
<tr>
<th>Type of Housing Transition</th>
<th># of cases moved of total # of cases (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Housing Placement</td>
</tr>
<tr>
<td>Homelessness to transitional housing</td>
<td>60 of 2579 (2%)</td>
</tr>
<tr>
<td>Transitional housing to permanent housing</td>
<td>48 of 99 (54%)</td>
</tr>
<tr>
<td>Homelessness to permanent housing</td>
<td>1355 of 2579 (53%)</td>
</tr>
</tbody>
</table>

**Housing Placement Programs.** Focusing just on those clients receiving services from housing placement programs, 1355 cases (53%; n = 2579) moved from homelessness at service initiation into permanent housing. Another 49 of 90 cases (54%) moved from transitional housing into permanent housing and 48 of 99 cases (49%) transferred from a correctional setting or institution to permanent housing while they were receiving housing placement services. At the 6 month follow-up, 92% of clients on whom there was data (n = 584), who had moved from being homeless into permanent housing, were still housed. In contrast, 80% of those clients (n = 30), who had moved from a transitional housing program and 50% of those (n = 24), who were released from a correctional setting or discharged from a hospital, were still housed six months later.
Previous research has demonstrated the effectiveness of providing outreach and support services to persons who are homeless. However, it is not possible to attribute successful housing outcomes as the result of housing placement services because of the non-experimental design of our program monitoring project (Erickson & Page, 1998; Toro et al., 1997).

Examining placement rates for clients receiving housing placement services broken down by client types shows families having the highest placement rate at 62% moving from a situation of homelessness at service initiation into permanent housing. This higher placement rate for families reflect the success of the significant efforts undertaken by the City of Ottawa over the past two years to house families, a growing subgroup among the homeless population. This is particularly evident in the high placement rate for families living in shelters at service initiation and receiving housing placement services with 74% of them successfully moving into permanent housing. The other client types of single adults and single youth whether male or female show a placement rate of around 50%.

Figure 9 – % Moving from Homelessness at Service Initiation Into Permanent Housing

Note. Male adults: n = 810; female adults: n = 549; male youth: n = 228; female youth: n = 253; families: n = 674.

**Transitional Housing Programs.** Among those clients receiving services from programs in the transitional housing cluster who were homeless at service initiation (n = 262), 76 cases (12%) moved into transitional housing and 88 cases (34%) moved directly into permanent housing. For the group of clients who were located in transitional housing at service initiation (n = 171), 85 cases (50%) moved into permanent housing. The graduation of one-half of clients in transitional housing programs into permanent housing is comparable to placement rates reported in the research on the outcomes of transitional housing programs conducted in the United States (Barrow & Zimmer, 1998). Typically, American studies have reported successful graduation from transitional housing into permanent housing for 40-60% of clients.

**Health and Support Services Programs.** Compared to housing placement programs and transitional housing programs, housing transitions were less prevalent for clients receiving services from programs in the health and support services cluster.
Among these clients who were homeless at service initiation (n = 717), 15 cases (2%) moved into transitional housing and 122 cases (17%) moved into permanent housing. Finally, for the small group of clients who were identified as being in transitional housing at service initiation (n = 44), 10 cases (23%) moved from transitional housing into permanent housing. It is important to note that services in this cluster were expected to only indirectly contribute to housing transitions as the focus for these programs was on meeting basic needs, addressing immediate health issues, and providing venues for social and recreational outlets (i.e., drop-in services). There are numerous studies which have shown the precarious health status of persons who are homeless relative to the general population (Daly, 1990; Farrell et al., 2000; Winkleby & White, 1992; Wright, 1990). These studies underline the importance of providing services which facilitate for homeless persons access to health and social services.

Community Involvement

For clients of programs in the transitional housing and health and social services clusters, service providers estimated at each follow-up the amount of time they were involved in volunteer work (unpaid), paid work, schooling, job-training, or apprenticeship in the past week. Table 7 provides a breakdown of average amount of time at each follow-up according to programs in each of the clusters.

Table 7 – Descriptive Statistics on Reported Hours of Community Involvement in the Past Week for Clients of Transitional Housing and Health and Support Services Clusters

<table>
<thead>
<tr>
<th>Program Cluster</th>
<th>1 Month Follow-up</th>
<th>3 Month Follow-up</th>
<th>6 Month Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean (Median)</td>
<td>Mean (Median)</td>
<td>Mean (Median)</td>
</tr>
<tr>
<td></td>
<td>(Standard Deviation)</td>
<td>(Standard Deviation)</td>
<td>(Standard Deviation)</td>
</tr>
<tr>
<td>Transitional housing</td>
<td>(n = 85)</td>
<td>(n = 77)</td>
<td>(n = 36)</td>
</tr>
<tr>
<td></td>
<td>M = 19.7 (Md = 20.0)</td>
<td>M = 16.4 (Md = 15.0)</td>
<td>M = 16.9 (Md = 11.0)</td>
</tr>
<tr>
<td></td>
<td>(SD = 13.7)</td>
<td>(SD = 13.5)</td>
<td>(SD = 14.0)</td>
</tr>
<tr>
<td>Health and support services</td>
<td>(n = 233)</td>
<td>(n = 200)</td>
<td>(n = 140)</td>
</tr>
<tr>
<td></td>
<td>M = 9.4 (Md = 5.0)</td>
<td>M = 10.5 (Md = 5.0)</td>
<td>M = 11.0 (Md = 5.0)</td>
</tr>
<tr>
<td></td>
<td>(SD = 9.0)</td>
<td>(SD = 10.4)</td>
<td>(SD = 9.9)</td>
</tr>
</tbody>
</table>

For those cases receiving services from transitional housing programs on which it was reported, clients were estimated to be participating on average in over 16 hours of community activities at each of the follow-ups. The median for transitional housing clients ranged from a low of 11.0 hours at the 6 month follow-up to 20.0 for the 1 month follow-up.

Average number of hours of community involvement for clients from health and support services programs ranged from 9-11 hours per week. The median hours of community involvement for these services was 5.0 hours at all three follow-ups. These averages and
medians were consistently lower at all the follow-up periods in comparison to those for clients of transitional housing programs.

It is not possible to ascertain the extent that participation in community activities was the result of service delivery by programs in these two clusters. As well, the relatively small number of cases on which this outcome was reported for each of these clusters make it difficult to know if the average is a reflection of clients in general or simply for those who participated in community activities.

5. Is there a relationship between services delivered and client outcomes in each of the program clusters?

In an attempt to identify services that contribute to positive client outcomes, correlations were calculated between frequency of different services that were delivered to clients and their housing outcomes. In the case of clients receiving eviction prevention services, the examined outcome was housing retention at the six month follow-up. For client receiving services from the housing placement and health and support services cluster, the outcome of interest was the transition from homelessness at service initiation to permanent housing. This outcome was dichotomized as having moved into permanent housing or remaining homeless. Finally, in the case of clients in transitional housing, service activities were correlated with the outcome of moving from transitional housing into permanent housing.

Bivariate correlations (Pearson r) were calculated between the two variables. A correlation of +1.00 is considered a perfect linear relationship while a correlation of 0.00 designates no relationship. In general, a correlation of 0.30 is considered modest relationship and a correlation of 0.50 is interpreted as a strong relationship (Tabachnick & Fiddell, 2000).

Eviction Prevention Programs. Table 8 presents correlations which are significant at the p < .001 between different service activities and housing retention at the six month follow-up for eviction prevention clients. Higher levels of frequency of services focusing on recreational / social activities, engagement / assessment, mental health / personal social services, housing retention, housing placement, referrals, financial management, and vocational / educational training are related to a higher probability of retaining housing. Although the relationships are significant, the correlations are relatively weak in nature (i.e., r < .15).
Table 8 – Correlations Between Service Activities Delivered and Housing Retention at Six Months for Eviction Prevention Clients (N = 1583)

<table>
<thead>
<tr>
<th>Type of Service Activity</th>
<th>Correlation (r)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recreational / social activities</td>
<td>.12*</td>
</tr>
<tr>
<td>Engagement / assessment</td>
<td>.11*</td>
</tr>
<tr>
<td>Mental health / Personal social services</td>
<td>.11*</td>
</tr>
<tr>
<td>Housing retention</td>
<td>.09*</td>
</tr>
<tr>
<td>Housing placement</td>
<td>.09*</td>
</tr>
<tr>
<td>Referrals</td>
<td>.09*</td>
</tr>
<tr>
<td>Financial management</td>
<td>.09*</td>
</tr>
<tr>
<td>Vocational / Educational</td>
<td>.08*</td>
</tr>
</tbody>
</table>

*Correlations are statistically significant at p < .001.

Because it was thought that clients who had eviction risk factors present would be in a different situation than those without these risk factors, correlations between service activities delivered and housing retention were calculated for the former subgroup of clients. Table 9 presents the results of these correlations. Three service activities emerged as having correlations greater than .15 with housing retention.

In particular, higher levels of services focusing on housing retention, financial management, and engagement / assessment were associated with greater housing retention. Given the imminence of potential eviction for these clients and the fact that the majority of evictions are for economic reasons, these correlations make sense, suggesting that focusing on the housing and financial issues faced by clients contribute to greater success at keeping their housing.

Table 9 – Correlations Between Service Activities Delivered and Housing Retention at Six Months for Eviction Prevention Clients With Eviction Risk Factors (N = 549)

<table>
<thead>
<tr>
<th>Type of Service Activity</th>
<th>Correlation (r)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing retention</td>
<td>.18*</td>
</tr>
<tr>
<td>Financial management</td>
<td>.16*</td>
</tr>
<tr>
<td>Engagement / assessment</td>
<td>.15*</td>
</tr>
</tbody>
</table>

*Correlations which are greater than .15 and statistically significant at p < .001.

**Housing Placement Programs.** Table 10 presents correlations which are greater than .15 between different service activities and moving into permanent housing for clients of housing placement programs who are homeless at service initiation. Higher levels of service activities delivered in the areas of housing placement, housing retention, mental health /personal social services, financial management, and referrals are significantly related to moving into permanent housing.

The correlation between housing placement and moving into permanent housing is high (r = .27) relative to other service activities highlighting the importance for service providers to provide practical assistance with finding housing and moving into it. The
fact that housing retention also emerges as a service activity correlating with moving into permanent housing is probably due to the fact that service providers are following up with clients after they move into permanent housing, assisting them to maintain this housing. The presence of a significant relationship between services focusing on mental health / personal social services, financial management, and referrals and moving into permanent housing highlights the complex needs of clients addressed by service providers which go beyond simply housing.

**Table 10 – Correlations Between Service Activities Delivered and Moving Into Permanent Housing for Housing Placement Clients Who are Homeless at Service Initiation** (N = 2579)

<table>
<thead>
<tr>
<th>Type of Service Activity</th>
<th>Pearson r</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing placement</td>
<td>.27*</td>
</tr>
<tr>
<td>Housing retention</td>
<td>.16*</td>
</tr>
<tr>
<td>Mental health / Personal social services</td>
<td>.16*</td>
</tr>
<tr>
<td>Financial management</td>
<td>.15*</td>
</tr>
<tr>
<td>Referrals</td>
<td>.15*</td>
</tr>
</tbody>
</table>

*Correlations which are greater than 0.15 and statistically significant at p < .001.

**Transitional Housing Programs.** Table 11 identifies the significant correlations greater than .15 between service activities and the client outcome of moving into permanent housing for clients in transitional housing at service initiation. Three service activities emerged as having a significant correlation with moving into permanent housing from transitional housing. Greater levels of service activities in the areas of housing retention, financial management, and housing placement were related to higher levels of moving into permanent housing. These relationships suggest that helping clients in transitional housing to find and move into housing as well as assisting them with financial matters are important in assisting them to live independently.

**Table 11 Correlations Between Service Activities Delivered and Moving Into Permanent Housing For Clients in Transitional Housing** (N = 171)

<table>
<thead>
<tr>
<th>Type of Service Activity</th>
<th>Pearson r</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing retention</td>
<td>.20**</td>
</tr>
<tr>
<td>Financial management</td>
<td>.17*</td>
</tr>
<tr>
<td>Housing placement</td>
<td>.16*</td>
</tr>
</tbody>
</table>

**Correlation is significant at p < .01.** Correlations which are greater than 0.15 and statistically significant at p < .05.

**Health and Social Services Programs.** Finally, as shown in Table 12, three significant correlations greater than .15 were found between different service activities and moving into permanent housing for clients receiving health and support services who are homeless at service initiation. Higher levels of service activities in the areas of referrals, recreational / social activities, and housing retention are associated with a higher tendency to move into permanent housing.

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As evident in the other clusters, the relationship between housing retention services and moving into permanent housing may simply reflect the fact that clients who make the move are receiving these services to help orient and support them in their new living situation. The relationship between services focusing on recreational / social and moving into permanent housing has two possible explanations. In the first case, clients who are more frequent users of drop-in services (Centre 507, the Well) which are represented in this cluster and which provide recreational / social activities are more likely to move into permanent housing. A second explanation is that clients who move into permanent housing are in a better position to participate in recreational / social activities provided by programs. The relationship between service activities involving referrals and moving into permanent housing was relatively strong. A possible interpretation of this relationship is that the greater use of community resources particularly those addressing housing problems facilitates placement into permanent housing.

Table 12 – Correlations Between Service Activities Delivered and Moving Into Permanent Housing For Health and Support Clients Who Are Homeless (N = 717)

<table>
<thead>
<tr>
<th>Type of Service Activity</th>
<th>Pearson r</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referrals</td>
<td>.26*</td>
</tr>
<tr>
<td>Recreational / social activities</td>
<td>.25*</td>
</tr>
<tr>
<td>Housing Retention</td>
<td>.17*</td>
</tr>
</tbody>
</table>

*Correlations which are greater than 0.15 and statistically significant at p < .001.
Conclusions and Recommendations

The current program monitoring project over a period of 20 months demonstrates that monitoring outputs and outcomes of programs offering different services and originating from different agencies is possible. Demographic, service, and outcome data were collected on 9225 cases representing over 14,000 individuals. Taking into account clients who received services from multiple agencies, we estimate that over 11,000 individuals of all ages were served by programs participating in the program monitoring project. These individuals received almost 300,000 different services.

The pattern of services varied according to program clusters and the diversity of services delivered reflected the complexity of the needs of clients served. As expected housing was central as a focus of services whether to help clients move into or retain permanent housing. In addition, the delivery of health and social services was also important whether offered directly to clients or indirectly through referrals to other community agencies.

Data on client outcomes indicated that over 4000 cases representing almost one-half of those served were in permanent housing at service initiation and were helped in various ways to retain their housing. This proportion of cases in permanent housing is a reflection of the City of Ottawa’s commitment to addressing homelessness through prevention. Another 1900 cases were assisted to move into permanent housing.

An examination of outcomes within each of the program clusters identified the success achieved by programs in addressing homelessness. Clients served by eviction prevention programs demonstrated a housing retention rate of 89% at the six month follow-up. Even for those eviction prevention clients with the presence of eviction risk factors suggesting that they are at a very high risk of losing their housing, the retention rate at the six month follow-up is 80%.

For housing placement programs, over half of the clients served (53%) who were initially homeless moved into permanent housing. Moreover, over 90% of those making this move remained housed after six months. Transitional housing programs showed similar placement rates as these latter programs with 50% of clients graduating from transitional housing and moving into permanent housing.

Our examination of the relationship between service outputs and client outcomes highlights the importance of focusing on housing issues, whether intended to help move clients into housing or assisting them to retain housing. At the same time, the importance of other health and social services focusing on non-housing issues such as mental health problems and financial difficulties was also evident in significant correlations found between service outputs and client outcomes.
Challenges and Limitations

Although the current program monitoring project provides a window on the services delivered and outcomes achieved by programs making up the homelessness initiative, a number of challenges were encountered by CRCS and the participating programs over the course of the project and these need to be taken into account in interpreting the data.

The identification of meaningful and relevant outputs and outcomes across multiple agencies providing a wide range of services proved to be a significant challenge. It is important to note that the program monitoring focuses almost exclusively on housing outcomes (i.e., housing retention & housing transitions) even though services delivered by the different programs in the initiative are intended to produce non-housing outcomes (e.g., improved health and well-being, decreased social isolation).

Community involvement was evaluated in the case of transitional housing and health and support services programs but data was only provided on a minority of clients served by programs in these clusters. It is arguable that given programs are part of an initiative to address homelessness that housing outcomes needed to have priority.

The development of valid and reliable program monitoring tools was another challenge faced by the program monitoring project. As described in the introduction, we were fortunate to implement the current program monitoring project with 50 programs following a smaller pilot project with 13 programs in the year. Tools used in the current program monitoring effort were improvements of those used in the smaller pilot project. As much as possible, the collected data are objective characteristics or indicators (i.e., demographic characteristics and housing status outcomes) with the exception of services delivered.

In the case of the recording of services, some judgment is required and there is the possibility of varying definitions of services being used. Another limitation of the data collected on services delivered is that it does not capture the length of service activities so that it can only provide a very rough indication of service intensity. A further limitation related to the reliability and validity of the data collected is that like most program monitoring projects, information collected on outputs and outcomes relies on self-report data provided by service providers.

The population being served is particularly difficult to track over time because of the transient nature of their life situation. Moreover, the monitoring of outcomes in the current project was limited to six months after service initiation (or six months after placement into permanent housing in the case of clients of housing placement programs). Both of these aspects contribute to having an incomplete picture on client outcomes as the transient nature of the population produces missing data and the short timeline for outcomes fails to capture successes or failures on a longer-term basis.

Finally, our experience in the current project of services delivered made it evident to us that the capacity for engaging in and be receptive to program monitoring varies greatly among participating agencies. Some larger and more mature agencies had their own
Program Monitoring of the Homelessness Initiative

internal evaluation system and engaged in program monitoring on a regular basis. For other new and smaller agencies, this was their first experience with program monitoring.

Although we worked with staff of participating programs to develop a program monitoring system that was as simple as possible, the data collection burden still proved to be perceived as significant by some service providers. This difficulty was further compounded by the amount of staff turnover experienced by some programs during the 20 month period of the program monitoring. Consequently, the quality of the submitted data was variable and an ongoing issue throughout the project was missing data.

Recommendations

Based on the findings and our experience with the program monitoring process, recommendations have been formulated to help with future program planning and future program monitoring as it relates to addressing homelessness in the City of Ottawa.

Program Planning:

1. Given the preponderance of males that make up the homeless population in Ottawa, it is important that a proportional amount of the services be directed to males, particularly those single men residing in the men’s shelters. Over the course of the program monitoring period, the gender breakdown of cases was 56% female and 44% male. It is recommended that future program planning ensure adequate service coverage relative to the sex of clients taking into account the greater proportion of men who are homeless.

2. Almost one in five cases (18%) were identified as involving immigrants who had moved to Canada in the past five years. Given these large numbers of immigrants making up the homeless population in Ottawa, it is important that agencies such as Catholic Immigration Centre continue to be involved in program planning around homelessness and service delivery. Furthermore, it is recommended that staff working in agencies such as emergency shelters, drop-in centres, and other agencies serving the homeless population receive multi-cultural training that exposes them to the needs of new immigrants and how to serve them in a relevant manner.

3. Based on the results demonstrated by eviction prevention programs in the program monitoring project and the high level of commitment to preventing homelessness, it makes sense that the service system for persons who are homeless in Ottawa continue to include services focusing on eviction prevention. However, as previously indicated, it is important to note that housing retention cannot be attributed directly to eviction prevention services. In fact, our data shows that over one-half of the clients of eviction prevention services (46%) did not have eviction risk factors. In a review of the research literature on preventing homelessness, Shinn et al. (2001) cautions about wasting resources on prevention programs that serve clients with legitimate needs but are not at a high risk of losing their housing. It is recommended that
prevention programs be give priority to clients who have eviction risk factors and are at imminent risk of losing their housing.

4. In our analysis of correlations between service outputs and client outcomes, services focusing on housing and financial management emerged as being significantly related to positive client outcomes for programs in the eviction prevention and housing placement clusters. Based on these findings, it is recommended that support services in these areas prioritize services targeting housing and financial issues and rely on referrals to other community agencies to address other health and social service issues frequently faced by clients.

5. Housing placement services appear to play an important role in moving persons who are homeless into permanent housing. Over one-half of those served by these services (53%) were successfully housed with a large majority (91%) successfully maintaining their housing. These services were particularly successful with families where over 75% of those served were moved into permanent housing. It is recommended that future programming continue to include outreach services that focus on housing placement. The location of these services in emergency shelters appears as a particularly effective strategy for assisting persons who are homeless move back into permanent housing.

6. Transitional housing programs also showed some success at moving persons into permanent housing with one half (50%) of those in these programs able to make this transition. This placement rate is comparable to that reported in the research literature (Barrow & Zimmer, 1999). It is important to note that typically these programs have served individuals who are experiencing significant mental health and/or addiction programs. Given the high level of mental health and substance abuse problems found in the homeless population (Aubry et al., 2003), it seems important that the social service system in Ottawa have this kind of treatment option available for individuals who are homeless. Therefore, it is recommended that future programming also include transitional housing programs as a service option for those individuals with severe mental health and/or addictions problems.

7. Programs falling into the health and support services cluster yielded lower rates of moving people into permanent housing compared to housing placement or transitional housing programs. These services were intended to address basic needs by providing outreach services on the street and drop-in recreational/social services. They were not expected to directly impact the housing status of clients. It is recommended that future program planning carefully assess the role of health and support services and determine which are needed to help persons who are homeless meet basic needs as well as provide emergency assistance.
8. The program monitoring project has produced a large data base on a wide range of individuals receiving a variety of different services. The present report is intended to summarize the overall results emerging from the program monitoring project. Further research on the data base, including identifying what types of services are effective for what types of clients is recommended in order to maximize the utility of the program monitoring findings for program and policy development.

Program Monitoring

9. As previously discussed, the uptake of program monitoring varied greatly among the participating programs. In some cases, the program monitoring proved to be too complex and overly burdensome. Therefore, it is recommended that future program monitoring involve a simpler tool that focuses only on client characteristics and client outcomes.

10. The current program monitoring involved quarterly reporting back to the participating programs and the City of Ottawa’s HIT. The use of “cluster meetings” wherein program staff providing similar services met to examine and discuss program monitoring results as well as share information appeared to work well. Therefore, it is recommended that future program monitoring continue to include regular feedback of results to service providers using the opportunity to tie local results to findings emerging in the research literature.

11. Over the 20 months of the program monitoring project, there was significant turnover of staff in many of the projects. The demanding nature of the work combined with the lack of security associated with contract work likely contributed to this turnover. Given that this kind of personnel change is likely to continue in the sector, it is recommended that future program monitoring efforts build in regular monthly training orienting new staff on why and how to complete the program monitoring tools that are being used.

12. Program monitoring is typically managed directly by the funder. Structuring program monitoring in this manner has the advantage of providing a closer link between information collected and its use by project managers. In the present project, CRCS served as a third party coordinating the program monitoring for the City of Ottawa, which administered the funding. This arrangement, while capitalizing on the technical support that was provided by a university research centre, did not seem to be optimal from the standpoint of utilization of the collected information and appeared to contribute to some confusion as to the purpose of the program monitoring. It is recommended that future program monitoring efforts related to services addressing homelessness be located in and coordinated by the Housing Branch at the City of Ottawa.
13. The scope of the program monitoring project exceeded initial expectations in terms of number of participating programs and volume of data collected. This resulted in a significant burden on CRCS staff and the need to devote resources for the project almost exclusively throughout the project to data inputting, data cleaning, and data analysis. This situation limited the amount of training and troubleshooting that CRCS could participate in with staff of participating programs. Future program monitoring need to ensure that an appropriate level of resources are allocated enabling the combination of data management and support of participating community agencies.
References


