**A Participatory Co-Design of a Systems Change Program to Achieving Sustainable**

**Housing for Women and Families Leaving Sheltered Living**

by

Karla Jacobsen, BA (Political Science), M.Sc.OT (Rehabilitation Science)

School of Physical and Occupational Therapy

Faculty of Medicine and Health Sciences

McGill University, Montreal, Quebec, Canada

August 2024

A thesis submitted to McGill University in partial fulfillment of the requirements of the degree of

Doctor of Philosophy (PhD) in Rehabilitation Science

*What does it mean to call a place home?*

*How do we create community?*

*When can we say we truly belong?"*

bell hooks (2009, preface)

Table of Contents

**Abstract**

**Background:** Women and women-led families are one of the fastest growing groups of individuals experiencing housing precarity in high-income countries. Upon leaving a shelter stay, women often experience continued housing precarity, unmet health and rehabilitation needs, financial and food insecurity, social isolation, and poor access to health and social services, increasing their risk of experiencing other episodes of homelessness and gender-based violence. There is an underrepresentation of women in homelessness research that has been well documented in feminist literature and the trajectories of women who have exited a shelter stay have not been widely studied. This doctoral project investigates this gap through involvement with a community-based participatory research (CBPR) partnership, 'Project Lotus - Hope Together' that was established in 2021 in Montreal, Quebec.

**Objectives:** The overarching goal of this CBPR-doctoral work is to lay the research foundation for co-designing a support program for women and women-led families transitioning from a shelter to housing. Throughout this work, I have collaborated with multiple parties to explore the following research questions: 1) What should be included in a post-shelter housing supports program to best support women in their transition into permanent housing? 2) What are the support types, characteristics, and delivery modes that facilitate this transition? And 3) From the perspectives of involved parties, what are the individual-, service-, and system-level barriers and facilitators to program accessibility and delivery?

**Methods:** This doctoral work uses CBPR methodology, including the creation of a cross-sectoral community advisory board (CAB) (N = 11) that includes women with lived experience (*n* = 3); community shelter managers and frontline workers (*n* = 4), and researchers (*n* = 3). We have been meeting monthly since inception. Included in this dissertation are two scoping reviews conducted to investigate the evidence on women's outcomes and experiences post-shelter, and to identify factors influencing post-shelter transitions (Manuscripts 1 and 2). Qualitative participatory action methods were used for Photovoice (*n* = 7) (Manuscript 3), a World Café event (*n* = 35), and key informant interviews (*n* = 5) (Manuscript 4) to uncover what helps and what hinders women in their transition from shelter to housing, and what actions can be taken to work towards new supports and system change. Purposive sampling was used for recruitment and data was analyzed thematically.

**Findings:** The results of the scoping reviews highlight several gaps related to aspects of research, practice, and policy in post-shelter supports specifically for women and women-led families. Our qualitative findings showed that central to women's experience and process post-shelter included that the shelter continued to serve as a safety net; women continued to live with trauma and look for ways to move beyond survival and find meaning in life. Post-shelter, women valued connecting, contributing, and creating a 'home'. Aspects of housing supports programs that women would like to have access to in their transition out of a shelter and into housing include individualized and practical supports, peer support services, safe and inclusive community spaces to enhance community integration and to assist in their transition. Considering barriers and facilitators to program accessibility and delivery, our research demonstrated that while moving into their own living space post-shelter marked a new beginning for women, it was a beginning filled with various systemic and structural barriers. Barriers included: finding ways to enhance community integration, accessing social support and essential services (e.g., childcare, transportation, health services), access to engagement in meaningful activities beyond education and work, living at or below the poverty level, living with continued lack of security such as food insecurity, unsafe neighborhoods, and risk of intimate partner violence. Facilitators included having longer stays at the shelter and having access to subsidized housing and financial assistance. In terms of support types, characteristics, and delivery modes, our research shows that women have gender-specific needs and required a trauma-and violence-informed care approach to supports, as well as assistance with overall promotion of post-shelter supports to enhance ontological security.

**Conclusion:** There is a dearth of gender-specific research, practice, and policy to address the multi-level obstacles faced post-shelter by women and women-led families in high-income countries. To advance research and practice, there is a need to shift focus away from crisis management and to consider sustainability of housing, intentional gender-specific, and trauma-and violence-informed opportunities for community integration for women and women-led families post-shelter. Community-based participatory research projects, when conducted in ways that honor relationships valued by women, can play a central role in systems-change by creating lasting partnerships between academia, community, and policy makers and ultimately foregrounding the voices of the women who have previously been excluded.

**Abrégé**

**Contexte** : Les femmes et les familles monoparentales dirigées par des femmes sont l'un des groupes vivant la précarité du logement les plus en croissance dans les pays à revenu élevé. À la sortie d'une maison d'hébergement, les femmes sont souvent confrontées à la précarité du logement, à des besoins non comblés de santé et de réadaptation, à l'insécurité financière et alimentaire, à l'isolement social et à un accès insuffisant aux services sociaux et de santé, ce qui augmente leur risque de connaître d'autres épisodes d'instabilité résidentielle et de violence fondée sur le genre. Les femmes sont sous-représentées dans les recherches sur l'instabilité résidentielle, ce qui est bien documenté dans la littérature féministe, et les trajectoires des femmes qui sortent d'un séjour en maison d'hébergement n'ont pas fait l'objet d'études approfondies. Ce projet de doctorat étudie cette lacune en s'impliquant dans projet de recherche participative à base communautaire (RPBC), « Le projet Lotus – l'espoir ensemble», qui a été établi en 2021 à Montréal, au Québec.

**Objectifs** : L'objectif principal qui sous-tend ce travail doctoral est de jeter les bases d'une co-conception d'un programme de soutien pour les femmes et les familles dirigées par des femmes qui passent d'un milieu d'hébergement à un logement. Tout au long de ce travail doctoral, j'ai collaboré avec plusieurs parties prenantes pour répondre aux questions de recherche suivantes : 1) Qu'est-ce qui devrait être inclus dans un programme de soutien au logement après l'hébergement afin de soutenir au mieux les femmes dans leur transition vers un logement permanent ? 2) Quels sont les types de soutien, les caractéristiques et les modes de prestation qui facilitent cette transition ? Et 3) Du point de vue des parties concernées, quels sont les obstacles et les facilitateurs au niveau de l'individu, du service et du système en ce qui concerne l'accessibilité et la prestation du programme?

**Méthodes** : Ce travail de doctorat utilise la méthodologie de la recherche participative à base communautaire (RPBC), y compris la création d'un conseil consultatif communautaire (CCC) intersectoriel (N = 11) comprenant des femmes ayant une expérience vécue des transitions post-hébergement (n = 3) ; des gestionnaires de milieux communautaires et des intervenants de première ligne (n = 4), et des chercheurs (n = 3). Nous nous réunissons tous les mois depuis notre création. Cette thèse comprend deux études de portée afin d'examiner les données sur les résultats et les expériences des femmes en post-hébergement, et d'identifier les facteurs qui

influencent les transitions post-hébergement (Manuscrits 1 et 2). Des méthodes narratives qualitatives ont été utilisées pour le Photovoix (n = 7) (Manuscrit 3), un événement World Café (n = 36), et des entretiens avec des informateurs clés (n = 5) (Manuscrit 4) pour découvrir ce qui aide et ce qui entrave les femmes dans leur transition post-hébergement, et quelles actions peuvent être entreprises pour mettre en place de nouveaux soutiens et modifier le système. L'échantillonnage raisonné a été utilisé pour le recrutement et les données ont été analysées de manière thématique.

**Résultats** : Les résultats des études de la portée mettent en évidence plusieurs lacunes liées aux aspects de la recherche, de la pratique et de la politique en matière de soutien post-hébergement, en particulier pour les femmes et les familles dirigées par des femmes. Nos résultats qualitatifs ont montré qu'au cœur de l'expérience et du processus des femmes après un séjour à la maison d'hébergement, il y avait le fait que la maison d'hébergement continuait à servir de filet de sécurité ; les femmes continuaient à vivre avec des traumatismes et à chercher des moyens d'aller au-delà de la survie et de trouver un sens à leur vie. Les femmes ont apprécié le fait d'être en contact avec les autres, de contribuer, et de créer un « foyer ». Les aspects des programmes de soutien au logement auxquels les femmes aimeraient avoir accès lors de leur transition d'une maison d'hébergement à un logement comprennent des soutiens individualisés et pratiques, des services de soutien par les pairs, des espaces communautaires sûrs et inclusifs pour améliorer l'intégration dans la communauté et pour les aider dans leur transition. En ce qui concerne les obstacles et les facilitateurs de l'accessibilité et de la mise en œuvre des programmes, notre recherche a démontré que si le fait d'emménager dans leur propre espace de vie après la maison d'hébergement marquait un nouveau départ pour les femmes, il s'agissait d'un départ marqué par divers obstacles systémiques et structurels. Les obstacles sont les suivants : trouver des moyens d'améliorer l'intégration dans la communauté, d'accéder au soutien social et aux services essentiels (par exemple, garde d'enfants, transport, services de santé), de s'engagement dans des activités signifiantes au-delà de l'éducation et du travail, de vivre au niveau ou en dessous du seuil de pauvreté, de vivre plusieurs sources d'insécurité comme l'insécurité alimentaire, des quartiers peu sûrs et le risque de violence de la part du partenaire intime. Les facilitateurs étaient notamment des séjours plus longs en maison d'hébergement et l'accès à un logement subventionné et à une aide financière. En ce qui concerne les types de soutien, les caractéristiques et les modes de prestation, notre recherche montre que les femmes ont des

besoins spécifiques au genre et qu'elles ont besoin d'une approche de soutien fondée sur les soins tenant compte des traumatismes et des violences, ainsi que d'une assistance pour la promotion générale des soutiens post-hébergement permettant d'améliorer la sécurité ontologique.

**Conclusion** :

Il y a une pénurie de recherches, de pratiques et de politiques sexospécifiques pour s'attaquer aux obstacles à plusieurs niveaux rencontrés auxquels sont confrontées les femmes et les familles dirigées par des femmes dans les pays à revenu élevé après l'hébergement. Pour faire avancer la recherche et la pratique, il est nécessaire de s'éloigner d'un paradigme de gestion de crise et d'envisager la durabilité du logement, des possibilités d'intégration communautaire intentionnelles, spécifiques au genre et tenant compte des traumatismes, pour les femmes et les familles dirigées par des femmes en post-hébergement. Les projets de recherche participative communautaires, lorsqu'ils sont menés dans le respect des relations valorisées par les femmes, peuvent jouer un rôle central dans le changement des systèmes en créant des partenariats durables entre le monde universitaire, la communauté et les décideurs politiques et, en fin de compte, mettre de l'avant les voix des femmes qui ont été précédemment exclues.

**My academic community.** I would like to acknowledge my larger academic community the many wonderful people at McGill's School of Physical and Occupational Therapy who provided the 'wind beneath my wings', again, especially at times when I did not think I could fly. Thank you, Sara Saunders and Bernadette Nedelec. You both made time for me to have lengthy conversations a long time ago, when pursuing a PhD was just an idea of '*what's next*'. Your encouragement and support then and now has helped me immensely. Thank you to Suzanne Rouleau, my teacher, my mentor, and my friend. You have always been so generous in the time and support you have offered me. I hope I will be able to continue to fill your shoes and reach the bar that you have set so high as an occupational therapist (OT), a professor, and an academic. I want to also thank Susanne Mak. You have been only a text message away throughout this learning endeavor, and you have inspired and encouraged me in ways you could never know. Also, thank you to Isabelle Gélinas. You have been a guiding light and have been able to answer or navigate even the most obscure questions throughout my process. Also, thank you to Tim Wideman for all your help and encouragement in the early days of this doctoral work. While our research areas took different paths, I will always be grateful that you believed in me and thus, I took the first step into this journey. Also, to all the instructors in the PhD courses. I am especially grateful for the learning environments and content delivered by Diane Bateman and Elizabeth Anne Kinsella. Life changing courses really! Thank you also to the Graphos writing team at McGill for all the excellent tips on how to 'go the distance'. I also have so many classmates and students that I am grateful for and indebted to. In lieu of listing all the names of those who have been there for me, and that I have collaborated with, I offer a broad and enthusiastic thank you!

**My OT community.** I want to thank my colleagues at the McGill University Health Centre (MUHC), including my OT manager, Kashif Baig, for approving many extended leave of absences so I could engage in this work. To all my clinical colleagues and interdisciplinary team at MUHC, the Jewish General Hospital, and beyond. The learning has been continual and your text messages to check in on me and ask, "*When will you be done again???*" were always appreciated and somehow also motivated me to keep going. I want to especially thank my wise and dear friend, mentor, and OT colleague, Masoud Mehzrad. I have thought of your advice to me when things are especially tough. You told me once, "*Karla, begin to deal with life's challenges as though you chose them, then you will find peace.*" Thank you Masoud, you are right!

**Preface**

**Contributions to original knowledge**

The studies presented in this thesis consist of original scholarship. This research is centered around Phase 1, the research phase of a community-based participatory research (CBPR) partnership, Project Lotus, aimed at co-designing supports for women and women-led families after a shelter stay in Montreal, Quebec. Throughout our process, as a collaborative group, we were, and still are, engaged in a cycle of research/reflection and reflection/action/praxis that aligns with the CBPR approach (Freire, 1996; Minkler & Wallerstein, 2011). See figure 1 for a visual representation of our process.

Figure 1. Project Lotus Process
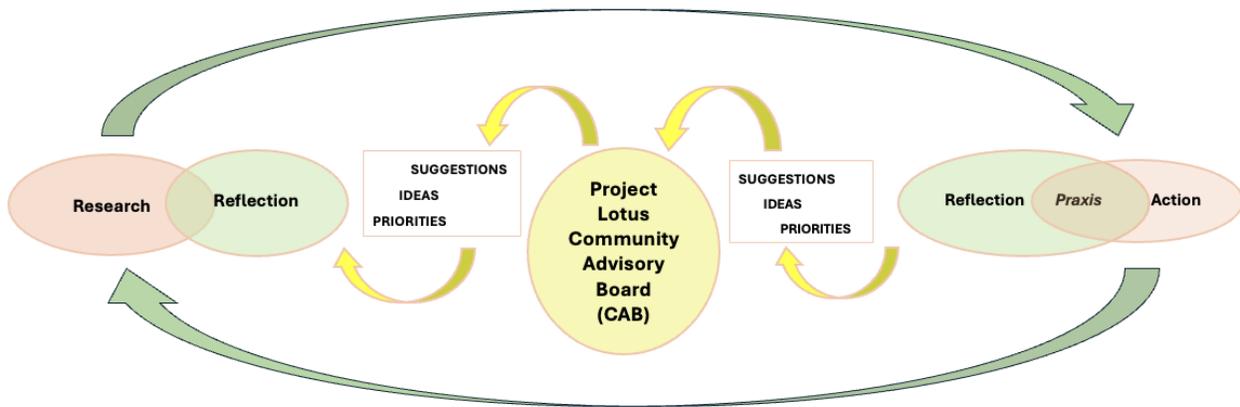


Areas of original research that were investigated and relevant to the topic of women leaving a shelter stay include a literature review on women's outcomes post-shelter and a companion literature review on women's experiences post-shelter. Also included are findings from Photovoice interviews exploring the lived experience of women in Montreal who have gone through this post-shelter transition. In addition, results from a virtual World Café where we present the perspectives from the broader community in Montreal working in and around the field of women's homelessness are also included.

Throughout this original work, I, the author, have chosen to use 'our' research as 'I' or 'my' does not adequately represent the community collaborative process that has been involved in every stage of this undertaking. This follows the principles of CBPR that a community

approach is a collective, synergistic, and partnered endeavor (Sánchez et al., 2021; Wallerstein & Duran, 2006). Indeed, while I am the 'author' of this dissertation, it has been a collective effort and collaboration. I have done my best to bring forward the many other women authors and contributors whose voices and perspectives are behind this work (Sprague, 2005).

This thesis is built around four manuscripts and contributes in a four-fold novel way to the body of literature related to women, and families led by lone women in the period of transitioning post-shelter stay. The texts within are reproduced exactly as submitted or published, except for manuscript 4, Perspectives croisées sur les soutiens pour les femmes en transition post-hébergement au Québec, which has been translated to English for this dissertation and was submitted in French. Our research project is composed of the following distinct studies.

1. Manuscript 1 provides a review and synthesis of the empirical evidence on outcomes for women post-shelter and the individual, interpersonal, service- and systems-level factors that act as barriers or facilitators to this transitional period.

   **Jacobsen, K.,** Roy, L., Marshall, C. A., Perreault, M., Richmond, S., Seto, V., Hoffman-Kuhnt, B., Boutemeur, I., & Rouleau, D. (2024). Outcomes for women after leaving a shelter: A scoping review of the quantitative evidence *Women's Studies International Forum*, *105*. https://doi.org/10.1016/j.wsif.2024.102921

2. Manuscript 2 is a companion review paper to the first review and provides a review and synthesis of the empirical evidence on processes and experiences for women post-shelter from a first-person perspective. This manuscript also contrasts and compare the results and findings with Manuscript 1.

   **Jacobsen, K.**, Roy, L., Marshall, C. A., Perreault, M., Richmond, S., Seto, V., Hoffman-Kuhnt, B., Boutemeur, I., & Rouleau, D. (revisions submitted, 2024). Processes and experiences of women after leaving a shelter: A scoping review. *Journal of Social Distress and Homelessness.*

3. Manuscript 3 presents the findings from Photovoice interviews in our local context in Montreal with women who have lived experience of a post-shelter transition. To build on the literature reviews and continue to address all three objectives, we used the qualitative method of Photovoice to explore women's lived experiences transitioning out of a shelter. Thematic analysis was used to describe their processes and experiences, as well as facilitators and barriers in their transition and post-shelter life. This study adds firsthand expert and experiential knowledge of experience, process, and service and system-navigation challenges. This study lays the foundation for investigating this topic further with the larger community working in and around housing supports for women experiences homelessness and post-shelter transitions.

Jacobsen, K., Roy, L., Seto, V., Marshall, C. A., & Perreault, M. (2024). "I Always Have my Key in my Hand": A Photovoice Exploration with Women in Post-Shelter Transition. *International Journal on Homelessness*, 4(*2*), 256-280. https://doi.org/10.5206/ijoh.2023.3.17310

4. Manuscript 4 presents the results from our virtual World Café and key informant interviews. In line with our methodology of CBPR, we took our preliminary findings from the literature reviews and Photovoice research to a larger community of individuals who are interested in the field of women's homelessness and post-shelter trajectories. We inquired into all three specific objectives through the use of qualitative participatory action methods of a World Café (virtual) and key informant interviews to elaborate on our findings from many viewpoints (women with lived experience, community resources managers and front-line workers, coalition members, and researchers). Thematic analysis was used to categorize and summarize the findings.

Jacobsen, K., Roy, L., Richmond, S., (submitted, 2024). Perspectives croisées sur les soutiens pour les femmes en transition post-hébergement au Québec. *Nouvelle pratiques sociales*. (English title : Multiple Perspectives on Support for Women in Post-Shelter Transition in Quebec)

5.  As a final research step in Phase 1, we integrate the broader community perspectives to identify and lay the foundation for delineating the next steps towards addressing the gaps and barriers in supporting women post-housing support. The results include brief highlights of outputs and recommendations based on our co-created logic models to guide next steps and Phase 2, the action phase of our project, working towards supports and programs to target system change. See figure 2 for a diagram of the phases of the project

Figure 2. Phases of Project Lotus
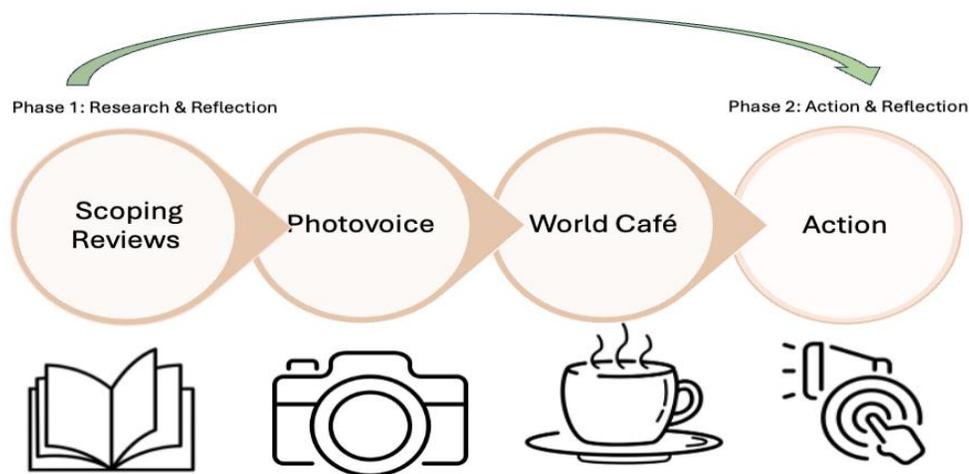


**Contribution of the Authors**

Included in this thesis are nine chapters and four manuscripts linked to the community-based participatory research (CBPR) that I, Karla Jacobsen, a PhD candidate and author of this thesis, have undertaken under the guidance of my supervisor, Laurence Roy. As my supervisor, Laurence Roy was instrumental in initiating and guiding the CBPR approach, creating and maintaining liaisons with community organizations, supporting recruitment and data collection methods, guiding the thematic data analysis process, suggesting and discussing theories, framework foundations, reflexivity, positionality, providing feedback and edits on all the manuscripts, providing translation of the fourth manuscript into French, and providing continual support on the arduous task of submitting and revising multiple manuscripts for publication. As one of my committee members, Carrie Anne Marshall offered feedback and edits on the first three manuscripts and on this dissertation, as well as the guidance in the process of conducting

CBPR research. Michel Perreault, also one of my committee members, also offered feedback for all the manuscripts and on this dissertation, and more specifically, as the project unfolded over several years, he provided feedback for reflection strategies on the structure, strengths, and weaknesses and of our CBPR partnership. He also provided specific feedback related to the implementation process, inputs, activities, outputs, and outcomes of Project Lotus.

This CBPR initiative was, and still is, a collaboration of many interested parties, who contributed to build this partnership on the foundations of relationship-building, trust, respect, flexibility, fairness, collaboration, and accountability (Brush et al., 2020; Wallerstein et al., 2020). Sally Richmond, Executive Director of Logifem, a shelter for women and their children in Montreal, had been collaborating with Laurence Roy, my supervisor, several years prior to my involvement. The idea and initiative for this project came from Sally who was reaching out to the academic community with the intention of establishing a partnership to identify the conditions and supports that enable women to achieve residential stability after a shelter stay. Sally has been the main leader and driving force for the community advisory board (CAB) of our project since its inception. Related to my doctoral work, she also has taken been a reviewer, funding applicant, presenter, co-author, and advocate for systems change.

All the other CAB members (Marie-André Allard; Isabelle Boutemeur; Hélène Bertocci; Beatriz Hoffmann-Kuhnt; Marie K.; Aline Nadro, Jacinthe Rivard, Danielle Rouleau, Vanessa Seto, and more recently, Grace Davis) have also been involved in all stages of this project including participant recruitment, data collection and analysis, co-authors, co-presenters, consultants, and advocates working towards system change for women leaving a shelter stay. Consistent with CBPR methodology, all CAB members were invited to participate as co-authors on all manuscripts within this thesis and their names are reflected in the title page of each manuscript if they were involved.

**List of Tables**

**List of Figures**

**List of Abbreviations**

| Abbreviation | Term | Definition |
| --- | --- | --- |
| CAB | Community Advisory Board | A group of individuals who equally share power and serve as a source of leadership and overseeing all actions in community-based participatory research (CBPR, see below). Typically, members of the CAB share a common interest related to the community they represent (Newman et al., 2011). |
| CAU | Care-as-Usual | Refers to interventions targeting basic needs that are provided within the shelter and transitional services to individuals in need (e.g., services such as food, shelter, minor assistance with accessing services). CAU is often referred to in controlled trials where it is compared to another intervention such as CTI (see below) (Lako et al., 2018). |
| CBPR | Community-based Participatory Research | Refers to a collaborative approach to research that involves all interested parties in all aspects of the research process with focus on equitable participation and power-sharing (see Appendix I for CBPR conceptual model) (College of Population Health, 2024; Minkler & Wallerstein, 2011). |
| CoP | Community of Practice | A community of practice (CoP) can be defined as a group of individuals that functions together as a joint enterprise with mutual engagement and with a shared repertoire of resources (Li et al., 2009; Wenger, 1998). |
| CTI | Critical Time Intervention | This is an intervention that is both time-limited and strengths-based and designed to support individuals in transitional times (e.g., post-shelter). CTI provides additional support from case managers to assist individuals to develop their social and professional networks and CTI focuses on continuity of care. Practical help such as assistance with furnishing a home or navigating systems to find activities, as well as providing emotional support are also often included (Herman et al., 2007; Lako et al., 2018). |

| Abbreviation | Term | Definition |
|---|---|---|
| Ecologically-Based Treatment | EBT | Refers to an intervention in housing services that goes above and beyond the regular 'treatment as usual' (see below). Often includes financial assistance for items such as rent and utilities (time-limited), and access to case management and substance abuse counseling services (Slesnick & Erdem, 2013). |
| DV | Domestic Violence | Refers to an imbalance of power between partners and often involves repeated violent episodes that can include psychological, verbal, economic, physical, or sexual violence, or a combination of any of these. Individuals who are exhibiting the violent behaviors generally use several different types of means to maintain power over the other individual(s) (Government of Quebec, 2024). |
| HF | Housing First | This refers to an intervention that was developed initially for adults experiencing homelessness and mental illness. It includes rapid placement into housing through provision of subsidies and wrap-around, long-term case management (Padgett et al., 2016). |
| IPV | Intimate Partner Violence | IPV and sexual violence are serious and worldwide issues. IPV is defined as a behaviour that occurs within an intimate relationship and may cause physical, sexual, and/or psychological harm. It includes acts of sexual coercion, physical aggression, controlling behaviours, and psychological abuse (World Health Organization, 2010). |
| PSH | Permanent Supported Housing | PSH is a model of housing that is designed to provide assistance (long-term leasing or rental assistance) and supports to newly housed individuals (US Department of Housing and Urban Development, 2024a). |
| RRH | Rapid Rehousing | RRH is a model of housing that is meant to provide temporary shelter and assistance to individuals experiencing homelessness, |

| Abbreviation | Term | Definition |
|---|---|---|
| | | and it is a step towards permanent housing (US Department of Housing and Urban Development, 2024a). |
| SU | Substance Use | Refers to the intake of a variety of stimulants or depressants that are taken for mood-altering purposes, medical purposes, to cope with stress, trauma, or pain, and may include: alcohol, prescription and over-the-counter drugs, illegal drugs, inhalants and solvents, and even coffee and cigarettes (Government of Canada, 2021). |
| TAU | Treatment as Usual | TAU is similar to CAU (above) and refers to basic interventions in the housing and services sector that are offered through the shelters and community housing programs (e.g., minor assistance to navigate systems related to basic needs such as shelter, food, finances) (Slesnick & Erdem, 2013). |
| TH | Transitional Housing | TH is program of housing that enables individuals experiencing homelessness and who previously resided in shelters or other resources to move towards living independently (Hulchanski, 2009a; Statistics Canada, 2019). |
| TIC/P | Trauma-Informed Care/Practice | TIC/P can be understood as a framework grounded in understanding and responding to the repercussions of trauma This type of care and practice emphasizes safety (physical, psychological, and emotional), sense of control, and empowerment, for the individuals who have experienced trauma, and service providers providing care (Hopper et al., 2010; Strand et al., 2016; Wathen et al., 2021). |
| TVIC | Trauma- and Violence-Informed Care | Builds and expands on TIC/P to factor in past and present systemic and interpersonal violence that is compounded by the historical and structural inequities and violence. This may affect the individual, including in their experiences and impact of trauma, social circumstances and emotional or psychological state (Ponic et al., 2016; Wathen et al., 2021). |

**Chapter 1: Introduction – Women's transitions post-shelter**

**1.1 Background - Women's homelessness: definition and prevalence**

Women[1] who have experienced homelessness and post-shelter transitions have diverse and complex needs. Throughout this thesis and project, we use the Canadian definition of homelessness which is: 'the situation of an individual or family without a stable, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it' (Gaetz et al., 2012, p. 1). Homelessness is on the rise in high income countries and prevalence of homeless counts in Canada, the US, and Europe estimate that women and single mother families make up between 26 - 39% of individuals experiencing homelessness (Gaetz et al., 2016; National Alliance to End Homelessness, 2022; Pleace, 2016). From a provincial context, in Quebec where our study is located, the Ministry of Health and Social Services recently reported that in an approximate five-year period, from 2018 to 2023, the number of visibly homeless individuals living in Montreal increased 44% to 10,000, with 4,690 of these individuals living in Montreal and women accounting for 29% of this number (Ministère de la Santé et des Services sociaux, 2023).

The complexity of women's needs related to post-shelter are tied to histories of varying degrees of lifelong and ongoing adversity including: trauma, violence, poverty, inaccessibility and lack of services and resources, individual- and systems-level stigma and discrimination, and an overall lack of security, stability, and safety in basic life necessities such as housing, health, food, and finances (Brown et al., 2009; Garcia & Kim, 2020; Mayberry, 2016; Mayock et al., 2015; Milaney et al., 2019; Milaney et al., 2020; Oudshoorn et al., 2018; Phipps et al., 2019). For many women the actual experience of being homeless is traumatic, dehumanizing, stressful, and dangerous (Combs, 2013; Hopper et al., 2010; Long, 2010; Mayock et al., 2015). Trauma can be defined as a both the experience of and remaining emotional response after having gone through a distressing event (Hopper et al., 2010; Van der Kolk et al., 2007; Wathen et al., 2021). When someone has experienced a traumatic event, there can be harm to that individual's sense of safety and self, ability to self-regulate and ability to form connections create and maintain healthy relationships (Substance Abuse and Mental Health Services Administration, 2014). For some

---

[1] For our project, women are defined as cis or transwomen.

individuals, even long after the traumatic event occurred, they may experience feelings of helplessness, lack of agency, and overwhelming fear, and the traumatic experience can have long-lasting effects on their mental health (Canadian Mental Health Association, 2024; Hopper et al., 2010; Milaney et al., 2020). Traumatic events that are prevalent in the lived experience of women who have experience homelessness and shelter stays include physical, sexual, mental, or emotional assaults and abuse, abandonment, and neglect (Canadian Mental Health Association, 2024). Schwan et al. (2021) reported that 75% of women and gender diverse people living with housing precarity identified as being a survivor of trauma or abuse. Additionally, Calvo et al. (2021) compared the experiences of violence between women and men during episodes of homelessness which underscores the differences in prevalence based on gender. Calvo et al. (2021) found that 100% of women experiencing homelessness reported having been a victim of some form of violence, as compared to 70.6% of men. Additionally, the greatest difference was in psychological and sexual violence where again 100% of the women reported experiences of these types of violence as compared to 47.1% of men (Calvo et al., 2021).

Women who have experienced homelessness or housing precarity may access shelters for various of reasons including leaving abusive relationships, having been evicted or abandoned, or needing housing post-hospital or institutional stay (Bassi et al., 2020; Salem et al., 2021). A shelter stay can provide an opportunity to work towards housing stability and enhanced well-being. Throughout this thesis, we use the Canadian classification of emergency shelters, transitional housing, and shelters for women (and children) escaping domestic violence (Statistics Canada, 2019). Emergency or crisis shelters offer short-term temporary housing (one day to three months) for individuals and families, along with basic support services like food and clothing (Statistics Canada, 2019). These shelters focus on addressing immediate needs and serve as a bridge to temporary housing, such as transitional housing (BC Housing, 2018). Transitional housing offers a temporary living arrangement (roughly three months to three years) that allows a longer stay and provides a wider range of supportive services compared to emergency shelters (Hulchanski, 2009a). Shelters for women escaping domestic violence may provide either crisis/emergency shelter or transitional housing (Statistics Canada, 2019).

## 1.2 Homelessness and disability

In addition to the complex interactions of experiences of housing precarity, trauma, and

accessing a shelter, the majority of individuals experiencing homelessness also have some type of ability challenge affecting and thus increasing their risk and vulnerability to unstable housing (Canadian Observatory on Homelessness, 2019; Housing Rights Watch, 2018; MacDonald, 2018; Marshall et al., 2020; McDonald et al., 2006; Rodrigue, 2016). The Canadian definition of disability includes several different categories of impairments (e.g., physical, mental, intellectual, learning, communication or sensory) that result in functional limitations and limitation in participation (Government of Canada, 2019). Barriers that inhibit participation are acknowledged noting a barrier can be physical, technological, attitudinal, and a result of a policy or practice (Government of Canada, 2019). In 2006, the United Nations (UN) adopted "*The Convention on the Rights of Persons with Disabilities and its Optional Protocol* (UNCRPD)" (United Nations, 2006) which was the result of decades of work by the UN to alter attitudes and approaches to persons with disabilities. Article 28 outlines the "right to adequate housing of persons with disabilities" noting the importance of access to "adequate standard of living and social protection" and this includes adequate food, clothing and housing and appropriate steps to avoid discrimination on the basis of disability (United Nations, 2006, p. 20).

Between 2010-2020, the European Union (EU) developed the European Disability Strategy as an instrument to support their implementation of the UNCRPD. As part of this strategy, in 2017, they produced the *"Report of the UN Special Rapporteur on the right to adequate housing highlights"* (Farha, 2017). This report focused on the fundamental principles of a human rights-based approach to disability including but not limited to: dignity, substantive equality, accessibility and participation, and the right to adequate housing (Farha, 2017). The report also reviewed some legislative initiatives and policies that were found to be effective (e.g. Finland's approach) to help guide practices that advance housing rights for persons with disabilities (Farha, 2017; Housing Rights Watch, 2018). However, even with these efforts, the organization found that while there was a close link between individuals living with disabilities and experiencing homelessness, there was not enough of a coalition of interested parties working together to implement effective change (Housing Rights Watch, 2018). This was partly explained by separation of services addressing the needs of individuals experiencing homelessness, and those with disabilities (Housing Rights Watch, 2018). The study noted there was a lack of a multidisciplinary approach, a scarcity of resources, and many barriers in existing homeless

services (e.g., crisis shelters and temporary housing not adapted for people with disabilities) (Housing Rights Watch, 2018).

In 2011, Lang et al. (2011) noted how the implementation of the UNCRPD has been extremely challenging in the United Kingdom (UK) given the complexity of the 'rights-based' issues involved, the required commitment from government, civil society, and the engagement by the disability-sector. Lang et al. (2011) reported the difficulty of ensuring practical applications and difficulty of effectively enforcing rights, stating "there remains a major gulf between these laudable statements, and what actually happens in practice" (Lang et al., 2011, p. 207). Additionally, they argued that rights-based legislation and international treaties are by their very nature, difficult to monitor, and will not achieve much, unless they are linked with very strong advocacy initiatives (Lang et al., 2011). Similar findings were reported in research from Australia by Aitken et al. (2019) where they note lack of policy implementation and service development focused on housing even though there is a recognized need for "secure, affordable and accessible housing for people with disabilities" (p.122). In the Canadian context, Buccieri & Schiff (2016) reported that in a population of 351 individuals experiencing homelessness across several Canadian cities, 51% of the sample reported living with some type of impairment, as compared to 14% in the overall Canadian population. In 2016, Rodrigue noted the association between hidden homelessness (see following section 1.3) and disability reporting that of the 7.2 million Canadians (15 years old and up) who reported having a disability, 13% also reported an experience of hidden homelessness as compared to 6% of Canadians who did not have a disability (Rodrigue, 2016). More recently, in a pan-Canadian survey specifically looking at women and homelessness, the authors reported that of women and gender diverse people who were experiencing either homelessness or housing need, 79% reported having a disability and having to deal with significant discrimination and inequities and on the basis of their disability (Schwan et al., 2021).

Many studies note that individuals with disabilities, as well as those with complex needs disproportionately experience housing-related disadvantages and often live in housing and neighborhoods that are locationally disadvantaged and not safe or affordable compared with people without disabilities (Aitken et al., 2019; Beer et al., 2019). Homelessness and disability are increasingly recognized as interrelated yet, it is also shown that advocacy from civil society and government have not successfully developed a remedy insofar as policy implementation, or a

remedy for lack of policy at a systems level to address homelessness and disability, even though there is a recognized need (Aitken et al., 2019; Kenna, 2005).

**1.3 Hidden homelessness**

In order to establish a representative number of individuals experiencing homelessness and accessing resources (sheltered and unsheltered individuals) at a given moment, point-in-time counts which are a survey method, are most often used (Government of Canada - Infrastructure Canada, 2023; US Department of Housing and Urban Development, 2024b). It is well established that this point-in-time method does not capture the realities of populations who transition in and out of homelessness, or who experience less visible forms of homelessness, or 'hidden homelessness', which is often the case for women and women-led families (Amore et al., 2011; Fotheringham et al., 2014; Gulliver-Garcia, 2016; Milaney et al., 2020; Schwan et al., 2021). Thus, it follows that not all individuals who are 'provisionally accommodated', that is without a house, shelter, roof, and lacking secure housing, are accounted for in government statistics (Gaetz et al., 2012; Gaetz et al., 2013, p. 6). Furthermore, the statistics also lack reliability as they do not count those who have been turned-away or denied admittance to shelters due to lack of shelter resources (e.g., no available beds), or the individual has been banned from premises (e.g., history of non-compliance with shelter rules such as observing curfews, maintaining abstinence from drugs and alcohol) (Gaetz et al., 2013; Osuji & Hirst, 2013), or being too young, or the wrong gender for the shelter or available bed (Eberle, 2013). Moreover, some individuals choose to avoid the shelter system as they may have had negative experiences such as dealing insalubrious conditions such as bed bugs and overcrowding, theft, and even violence while at the shelter (Hulchanski, 2009a).

Hidden homelessness is also a term that is used specifically for women who are not visible on the streets or who make themselves invisible even when living on the street (e.g., by learning to 'disappear 'in public spaces by blending in and hiding their bags and belongings), or women who do not make it into the shelter system or into a formal programs for assistance (Casey et al., 2007; Fotheringham et al., 2014; Milaney et al., 2020). Women may 'hide' their homelessness in informal ways that include: sleeping at a hotel or in a car, staying with a friend or family (Klodawsky, 2006), attaching to a housed man even if there is a threat of violence (Gaetz et al., 2013), working in the sex trade, or trading sex for short-term shelter (Kirkby &

Mettler, 2016; McDonald, 2018), and are thus not counted as homeless, and are hidden from research (Oudshoorn et al., 2018).

For women, one major cause of homelessness or seeking a shelter is leaving domestic violence and danger (Gaetz et al., 2013). Research in Canada found that 71% of women staying in emergency shelters cited abuse as the reason, yet it is also not guaranteed that women leaving an abusive situation will arrive at a shelter, or stay hidden (Burczycka & Cotter, 2011, p. 12). Also, the number of women leaving dangerous housing situations has increased post-COVID-19 pandemic (2020-2022) partly as a result of intersectional effects of various factors including pandemic protocols and stay at home orders during the pandemic, combined with economic pressures and lack of funding for coordinated plans to address gender-based violence and homelessness (Government of Canada - Infrastructure Canada, 2021; Schwan et al., 2021; Yakubovich & Maki, 2022).

The awareness of gendered homelessness has slowly been on the rise since the 1990s (McCarthy, 2013; Milaney et al., 2020; Oudshoorn et al., 2018). A report by the Canadian Government in 2018 recognizes the invisibility and specific challenges to women and girls noting that while women constitute a small population of those counted as "officially" homeless, women are often the first to lose their housing and last to be rehoused (Government of Canada, 2018). The report acknowledges that the challenges women face on the street are significant and must be addressed through gender-specific programming. Gendered and hidden homelessness are intertwined and an additional dimension of hiddenness is the gendered layer to the politics of the public sphere (Wardhaugh, 1999). There are individuals who live permanently in public places. Some homeless men make a choice not to 'disappear', and claim the streets and public places as 'their own'; whereas women, due to their physical vulnerability, need to disappear in order to survive (Wardhaugh, 1999, p. 103). Moreover, some of the time official attitudes and exclusive policies of occupying public spaces such as parks or sheltered areas (e.g. metro stations) are criminalized; and can result in removal of people experiencing homelessness, including women, from these spaces (Klodawsky, 2006; Oudshoorn et al., 2018). A recent example includes the 'sanitizing' or relocation strategies as forms of 'social cleansing' of public spaces in preparation for the Olympics in Tokyo, Japan (2020) and Paris, France (2024) (Traganou, 2024). Ironically, the principles of an event like the Olympics which is based on promoting peace and universal morality, demonstrates exclusive policies of public space which results in further marginalization

of an already vulnerable populations. Another current example is the United States Supreme Court's City of Grants Pass v. Johnson decision, leading to a rise of US municipal by-laws banning sleeping outside and making it illegal, and that individuals can be arrested and fined, even when there are no safe alternatives (Canadian Alliance to End Homelessness, 2024). This action is effectively criminalizing homelessness, rather than looking to the root sources and solutions (Canadian Alliance to End Homelessness, 2024). In the Canadian context, similar discriminatory actions towards individuals staying out of doors have occurred in the City of Barrie, Toronto, and Vancouver (Canadian Alliance to End Homelessness, 2024). Recognizing the many layers contributing to homelessness and the multitude of repercussions for women and women-led families experiencing housing precarity is one part of many necessary steps in aiming to understand the complexity of women's homelessness.

## 1.4 Gap in gender-specific research for women in homelessness and post-shelter

In addition to the intersection of homelessness, trauma, disability, and hiddenness, there is an underrepresentation of women in homelessness research that has been well documented in feminist literature and several scholars have emphasized the importance of taking gendered approaches to research and practice in the field of homelessness (Milaney et al., 2020; Osuji & Hirst, 2013; Oudshoorn et al., 2018; Phipps et al., 2019; Salem et al., 2021; Sprague, 2005). Even so, the experiences and trajectories of women who have exited a shelter stay have not been widely studied. This lack of inclusion of women in homelessness and post-shelter research has translated into lack of policy priority in terms of allocation of funding and services to address the specific needs of women (Fotheringham et al., 2014; Gubits et al., 2018; Klodawsky, 2006; Mayock et al., 2015; Milaney et al., 2019).

In the past, empirical studies were focused on causation characteristics of the visibly homeless individual, stereotyped as a middle-aged or older man, living in skid row areas, unemployed, mentally ill, socially isolated, with addiction issues (Kuhn & Culhane, 1998; Neale, 1997; Shlay & Rossi, 1992). Stereotyping all individuals experiencing homelessness into one category of vagrant, hobo, or tramp has been common in policy, practice, and service design for decades (Milaney et al., 2020; Neale, 1997; Oudshoorn et al., 2018). Conversely, women experiencing homelessness has been documented since the mid-1800s and Oudshoorn et al. (2018) highlight the link between women's homelessness and evolving gender roles. In the

Victorian era (1837-1901), any inheritances or property owned by women became property of their husbands, plus marriage law gave the husband ownership over his wife's body, sex, and their children (Bradbury, 2005). Historically, an unfavourably gender-blind (see definition in section 2.1) system toward women, including the realms of economics, politics, social, and legal domains has contributed to further marginalization of women who were already experiencing exclusion, stigma, and discrimination (Bailey, 2007; Oudshoorn et al., 2018). In the current Canadian context, women, girls, and gender diverse individuals experience both poverty and core housing needs at a disproportionate level (Schwan et al., 2021; Van Berkum & Oudshoorn, 2015) highlighting that gender plays a role in housing trajectories, and underscoring the need for gender-specific (see definition in section 2.1) research, practice, and policy.

**1.5 Homelessness, health, and the scope of occupational therapy practice**

The experience of homelessness combined with a multitude of other factors including trauma, violence, disability, separation of services, scarcity of resources, and lack of multidisciplinary approach underscore the complexity of needs and approaches. The scope of practice of occupational therapists is well-aligned to address the multifaceted needs of individuals living with housing precarity and/or homelessness, and indeed, occupational therapists have been part of the teams supporting people experiencing homelessness in various practice settings (Marshall et al., 2023). Some of the setting include hospitals (inpatient psychiatric units, physical medicine units), assertive community health teams (ACT), community settings, and as a case manager (Helfrich, 2011). Additionally, occupational therapists are contributing to the research, scholarship, and actions centered around the importance of occupational engagement, social inclusion and social justice, and how to best address the multi-level needs within a complex and fragmented system (Marshall et al., 2023; Marshall et al., 2019; Marshall et al., 2018; Roy et al., 2017).

In a recent Canadian study by Shoemaker et al. (2020), the authors conducted a Delphi consensus study surveying health professionals and individuals with lived experience of homelessness to prioritize needs and also identify the most 'at-risk' populations. Out of eighty-four health care professionals surveyed, not one occupational therapist was included in this study, despite the role that occupational therapists already fill related to individuals experiencing homelessness. The populations ranked as most at risk by both groups (people with lived

experience and health professionals) were "Women, families and children", "Indigenous (First Nations, Métis, Inuit)", and "People with acquired brain injury, intellectual, or physical disabilities", "Refugees and migrants", and "Youth" (Shoemaker et al., 2020, p. 8). The priority of needs identified by both groups included but were not limited to: "facilitating access to housing", "providing mental health and addiction care", and "delivering care coordination and case management" (Shoemaker et al., 2020, p. 8). The findings of this study speak to the importance for occupational therapists to continue to develop their roles within the interdisciplinary team, and advocate for more resources in order to be able to increase their scope of practice within this domain. In addition, this study highlights the importance of addressing the most at-risk populations including women, families, and children with core housing, health and service needs. All which are well-aligned with the current scope of occupational therapy practice.

**1.6 Linking post-shelter transitions to 'home' and 'community'**

The European Federation of National Associations Working with the Homeless [ETHOS] typology of homelessness supplements the concept of the experience of homelessness with the definition of what constitutes a 'home', noting that the absence of a physical dwelling, social allowance for enjoyment of friendships, or legal right to occupation, creates a situation of housing exclusion or 'homelessness' (European Federation of National Associations Working with the Homeless [FEANTSA], 2017).

The concepts of 'home' and 'homelessness' contain shifting experiences depending on the individual's perspective and prompt us, as a community involved in addressing homeless and shelter transitions, to query what it means to create and have a home, and what are the processes and experiences of de-housing, re-housing, insecure housing, and eviction (Bassuk et al., 2014; Chan, 2020; Osuji & Hirst, 2013; Somerville, 2013; Wardhaugh, 1999). Bassuk et al. (2014, p. 472) use the metaphor providing 'bricks and mortar' to address homelessness and question if this, as a solution, is enough. Somerville (2013, p. 408) builds on this noting that 'being at home in the world is a multidimensional phenomenon, comprising a complex assemblage of relationships of a number of different kinds'. Neale (1997, p. 54) contends that home 'implies more than just any kind of shelter: it is associated with material conditions and standards, privacy, space, control, personal warmth, comfort, stability, safety, security, choice, self-expression and physical and emotional well-being', and also that for each individual, the concept

of home is different based on experiences and beliefs. These contributions build on the ideas of what makes a 'home' versus simply provision of 'bricks and mortar' of a house. Thus, if the definitions of home extend to include relationships, and 'more than just any kind of shelter' (European Federation of National Associations Working with the Homeless [FEANTSA], 2017; Neale, 1997; Somerville, 2013), the line of questioning into the spatial and locational ideas of 'home' results. Is home a space, a place, or an experience within a place and space? How does home then tie to the broader community? And what do we really mean when we use the term community?

Jewkes & Mercott (1996) question the meaning of community and highlight the importance of inclusion of 'members' as compared to 'non-members' of the community in both the construction and operationalization of the community. In a study in the United States, MacQueen et al., (2001) explore how various members of specific groups of people describe 'community'. The authors reported diverse findings, but broadly, they suggest a common definition from their various participants that community is "a group of people with diverse characteristics who are linked by social ties, share common perspectives, and engage in joint action in geographical locations or settings" (p. 1929). The idea that community is linked to a geographical place, and includes the individual's role and integration into a larger group of people with something in common is frequently found in the literature (Bradshaw, 2008; Follett, 1919). However, with the rise of information and communication technologies (ICT) and the internet since the 1990's, how many individuals connect, build relationships, and create and maintain community, has drastically changed (Bradshaw, 2008; Shade, 2002a). For individuals who have access to and the ability to use technology, options expand to find and connect with others networks of people with shared purpose and identity, and this does not necessitate links to a geographical place (Bradshaw, 2008). For already marginalized groups or those whose access to technology is compromised, this digital divide creates addition obstacles to find, create, and participate in community arise further increasing any pre-existing social divide (Shade, 2002a, 2002b).

The ideas of how to create 'home' and 'community' are foundational concepts underpinning this thesis and our inquiry to begin to understand the trajectory and needs for women and women-led families to move on and thrive after a shelter stay, and to break the cycle of continued housing precarity and insecurity.

**Chapter 2: Methodology**

This chapter aims to situate the reader to the methodology used in this research. I outline the epistemological approach and theoretical underpinnings of this project. I discuss my rationale for choice of paradigm, methodological approach and only briefly touch on the methods for data collection and analysis for manuscripts 3 and 4 as details are provided within the manuscripts. I describe a broad overview for the project, ethics, and quality and rigour of our study, and also discuss my positionality and reflexivity throughout my PhD process.

**2.1 Epistemological approaches**

We contend that conducting research, addressing practices, and considering policy in the areas of homelessness, shelter stays, and post-shelter housing, calls for researchers to shift from a gender-blind epistemological approach to one that is a gender-sensitive or gender-transformative (Bauer, 2014; Sprague, 2005; Watson, 1986). A gender-blind approach is one that fails to acknowledge that the roles and responsibilities of girls, boys, women, and men are allocated to them depending on specific economic, political, cultural, and social contexts (Mullinax et al., 2018; UNICEF, 2017). If research, practices, and policies are gender-blind, they effectively do not consider the variances in roles and needs, and thus maintain status quo, and perpetuate the existing structural and systemic inequalities tied to gender (Mullinax et al., 2018; UNICEF, 2017). Gender-sensitive approaches take gender differences into account and this is reflected in practices and policy. As an example, Johnson & Stewart (2010) argue that while noteworthy gains have been made in relation to practices related to mental health diagnosis and gender, more work is required to be able to truly consider how gender influences all aspects of the psychopathology of the individual. Gender-transformative research and approaches take an additional step aiming to reveal and challenge gender power imbalances, and address this at the structural- and system- level to move towards gender equality (Mullinax et al., 2018; UNICEF, 2017). An example of a gender-transformative action in health promotion proposed by Fisher & Makleff (2022) would be to target both parents during a woman's pregnancy and early parenthood to help development of equitable roles and responsibilities, to provide education on post-partum depression risks, and to help both parents become skilled in caring for the baby.

Research aimed at understanding causes of homelessness, and predictors for exit or repeat shelter stays is often gender-blind and grounded in positivist and postpositivist

epistemologies that require large sample sizes and erase differences between groups such as gender, age, or presence of dependent children (Gubits et al., 2016; Kuhn & Culhane, 1998). Results from positivist and postpositivist perspectives also often fail to consider the various differences of subgroups and interplay of intersectional factors including age, culture, sexuality, health status, gender, and other demographic and social characteristics (Allen & Baber, 1992; Bauer, 2014; Hulchanski, 2009b; Hulko, 2015; Kuhn & Culhane, 1998; Milaney et al., 2020). For our topic, women in post-shelter transition, consideration of the multitude of factors at play and multitude of perspectives is vital to comprehend the complexity of the issue, and to be able to begin to collectively co-construct solutions.

## 2.2 Theoretical Underpinnings of this study: Critical paradigm

When conducting research, individuals often build on knowledge from their own scholarly discipline, experiences of their position in society such as race, class, and gender, and individuals are also influenced by their epistemic community, grant and publication peer reviewers, and practices of academic journals (Bowleg, 2017; Crotty, 1998c; Hastings, 2020; Kinsella, 2012; Kuhn, 2012; Varpio & MacLeod, 2020). These factors combine and affect every aspect of research including question design, methodology, analysis, interpretation, and knowledge translation (Bowleg, 2017; Crotty, 1998c; Hastings, 2020). For this dissertation and to thoroughly explore women's transitions post-shelter, we have chosen to use a social constructivist epistemological approach with a gender-transformative lens in order to allow for recognition that each individual's experience is contextually unique within the context of unequal resource and power distribution across social groups (Mann & MacLeod, 2015; Thomas et al., 2014; UNICEF, 2017).

In addition, the research in this thesis is aligned with a critical paradigmatic position, and includes examining values and assumptions, challenging hegemony, and existing social structures, and making collaborative efforts to engage in social action (Crotty, 1998a, 1998b; Freire et al., 2018; Hastings, 2021; hooks, 1991; Kivunja & Kuyini, 2017; Scotland, 2012). Our approach is guided by teachings of educator and philosopher Paolo Freire. Freire is renowned for his contributions in critical pedagogy, promoting liberation from oppression through conscientização, reflection, and action, and using a praxis model of education (Crotty, 1998a; Freire et al., 2018; Kinsella & Whiteford, 2009). Freire describes that it is both the oppressed,

and the oppressors who need liberation: "This, then, is the great humanistic and historical task of the oppressed: to liberate themselves and their oppressors as well" (Freire et al., 2018, p. 44). To do this, Freire expands on a number of complex ideas including: 'praxis' simultaneous reflection and action leading to transformation (dialogue); and leading to 'conscientisation' or awakening of one's consciousness; which are needed for liberation (Freire et al., 2018). Freire emphasizes the importance of acknowledging the lack of voice of people who are oppressed, and how it is difficult for those who are oppressed to be critically aware of their oppression because they have been excluded from societal transformation. Crotty discusses Freire's use of the phrase 'culture of silence' and the oppressed stating: "not only do they not have a voice, but, worse still, they are unaware that they do not have a voice—in other words, that they cannot exercise their right to participate consciously in the socio-historical transformation of their society" (Freire 1972b, p. 30) (in Crotty, 1998a, p. 154; Freire, 1970).

      In using a participatory approach to this research, our project aligns with a critical paradigm in that we are focusing on paying attention to oppression, lack of voice and lack of inclusion, and the social inequities experienced by women who have experienced homelessness and a shelter stay, and how this is linked to social, political, cultural, economic, ethnic, and gender values that are deeply rooted in societal and systemic structures (Crotty, 1998b; Freire et al., 2018; Guba & Lincoln, 1982, 1994; Hastings, 2021; hooks, 2015a; Scotland, 2012).


## 2.3 Feminist theory and intersectionality

Our project is also influenced by feminist theory which underlines the link of women's homelessness and housing precarity to womens' historically increasingly tenuous housing options, history of oppression, sexual division of labour, capitalism and neoliberalism, in addition to women's social vulnerabilities to violence and their roles as daughters, wives, and mothers (Arruzza et al., 2019; Collins, 1986; Crenshaw, 1991; Lorde, 1979; Smith, 1987; Tong & Botts, 2018; Watson, 1986). Key to critical feminist theory is the deconstruction of existing knowledge and power by questioning what is known and how knowledge and power was acquired (Kolmar & Bartkowski, 2010; Sprague, 2005).

      There are many key thinkers in feminist theory, and one woman who is renowned for her theoretical work, advocacy, feminist pedagogy, and activism in the feminist movement is bell hooks (Biana, 2020; hooks, 2015b). In the mid-80s, hooks wrote about sexism and racism from

the perspective of a black woman seeing liberation from racial oppression in the southern United States: "We were afraid to acknowledge that sexism could be just as oppressive as racism. We clung to the hope that liberation from racial oppression would be all that was necessary for us to be free. We were a new generation of black women who had been taught to submit, to accept sexual inferiority, and to be silent" (hooks, 2015a, p. 1).

Paolo Freire and Thich Nat Hahn taught and greatly influenced bell hooks, thus her work is well aligned with anti-oppressive, critical action research, transgressive pedagogical approaches, and conscious-raising activism (Blevins, 2018; Freire et al., 2018; hooks, 2014). Other key feminists thinkers pointing out the issues regarding whose voices become part of the dominant discourse, whose voices and interests are silenced, and the multiple systems of domination and oppression that are enacted to maintain this status quo include Patricia Hill Collins and Sandra Harding (Collins, 1986; Harding, 1991). Harding, hooks, Collins, Freire, Lourde, and others argue for strong reflexive attention to powers and ideas that are at play and directing what is considered as knowledge (Freire et al., 2018; Harding, 1991; hooks, 1994; Kinsella & Whiteford, 2009; Lorde, 1979). These ideas are central to our project addressing women's needs post-shelter, as previously mentioned, there is an underrepresentation of women in homelessness research and it is essential to look at this issue through a gender-specific and gender-transformative approaches and include the many diverse voices of women who have previously been excluded (Daley et al., 2015; Government of Canada, 2018; Mullinax et al., 2018; Smith, 1987; Sprague, 2005).

Employing the concept of intersectionality is also crucial when discussing and considering our project. Laying the groundwork for future scholars and theorists on the ideas of intersectionality include the aforementioned key feminist thinkers, bell hooks and Patricia Hill Collins (Ahmed, 2013; Collins, 1986). As noted in Biana (2020), "hooks had been talking about the interlocking webs of oppression, a concept that most feminists associate with intersectionality" well before this term was widely used in feminist theory (Biana, 2020, p. 13). Intersectionality is a framework for understanding how an individual's various identity aspects, such as race, class, gender, sexuality, religion, legal aboriginal status, and disability, interact with existing political, institutional, and policies (Bauer, 2014; Cho et al., 2013; Crenshaw, 1991; Erevelles & Minear, 2010; Marshall et al., 2020). Intersectionality describes how the combination of these various factors can contribute to discrimination, marginalization, or grant

privilege (Cho et al., 2013; Erevelles & Minear, 2010; Nixon, 2019). Kimberlé Crenshaw coined this term to describe the marginalization of Black women in 1989 in the context of work discrimination legislation (Crenshaw, 1989). She furthered the explanation of intersectionality through describing how advocacy movements related to violence against women and other social movements omits the additional vulnerabilities of women from immigrant, and socially disadvantaged communities (Cho et al., 2013; Crenshaw, 1989; Crenshaw, 1991). Intersectionality frames multiple disadvantages and oppression not as additive factors, but as factors that operate in multiplicative and complex ways that may help or may create disparities (Cho et al., 2013; Marshall et al., 2020).

Thus, to undertake our research centered around women and women-led families leaving a shelter stay, and to include their voices, our work, and this thesis is underpinned on a social constructivist epistemological perspective (Mann & MacLeod, 2015; Thomas et al., 2014), drawing on critical feminist theories and intersectionality (Cho et al., 2013; Freire, 1996; hooks, 2015b; Sprague, 2005).

## 2.4 Research Design

### 2.4.1 Community-based participatory research methodology

Our research initiative 'Project Lotus – Hope Together', underpins this thesis and was established in 2021 in Montreal, Quebec to directly target a community-identified gap in services for women post-shelter. This research has been built on the foundations of community-based participatory research (CBPR) methodology: an approach that integrates research to support communities, particularly underserved and historically marginalised ones, in conceptualizing and implementing solutions to community-identified issues (Jull et al., 2017; Wallerstein & Duran, 2010). Aspects of CBPR includes working to create mutually beneficial partnerships with communities that are experiencing social injustices, aiming to increase community participation, and promoting equity through a process of reciprocal knowledge exchange and creation (Wallerstein & Duran, 2010). Choosing to use a CBPR asks that all parties focus and rely on the principles of: fostering strong relationships built on collaboration and cooperation to enhance improvements in partnerships structures; ensuring that participants are not simply passive receivers of the research agenda; promoting power-sharing processes; and building sustainable

capacities at the individual and community level (See Appendix I for CBPR conceptual model) (Sánchez et al., 2021; Wallerstein & Duran, 2010).

Building on an established collaboration between the community serving women experiencing housing precarity, through Sally Richmond, Executive Director (Logifem) and Laurence Roy, professor and researcher (McGill University), one of the initial steps we took was to form a diverse community advisory board (CAB) consisting of women from various backgrounds. Potential members for the CAB were invited through discussions centered around the existing networks and connections of Sally and Laurence. I was invited in as a new PhD student, and together with Sally and Laurence, we held multiple discussions related to the CBPR conceptual model to guide the establishment and shape the partnership structures focusing on diversity and adhering to CBPR principles (College of Population Health, 2024; Wallerstein et al., 2020). Within a few weeks of collaboration, eleven women were recruited to form our CAB including women with shelter-transitioning experience (n = 3), shelter frontline workers and managers (n = 4), and researchers (n = 4). Three of the individuals on our CAB (KJ, LR, VS) are also occupational therapists. All CAB members made a verbal agreement to dedicate one-year to the project and to attend one 1.5-hour meeting per month. The women with lived experience were compensated at a rate of $24/hour to attend the CAB meetings. The rest of the members dedicated the time needed in addition to, and within their current work schedules.

Our CAB has been meeting monthly since January 2021. In the spring of 2021, collectively our group chose the name 'Project-Lotus, Hope together | Projet Lotus, Espoir ensemble'. The lotus flower was chosen as it symbolizes the possibility to thrive, even in very difficult conditions. We adopted that name and co-created a corresponding logo to represent who we are. As we are based in Montreal, we chose a name that works in both French and English, and the proposed sketches for the logo were hand-drawn by a close friend of mine. Certain aspects of the logo were added as symbols related to our intentions. As an example, the roots that grow underground and the 'seeds' to separate from the logo are symbolic of the mobilization and transfer of our activies to the broader community (see figure 3 below). Once, our preliminary sketch was approved by the CAB, a liaison from Logifem finalized the logo and it was approved by the CAB. The process we undewent to create our logo is one example of the collaborative and many steps that we take for every decision and action, to ensure all members have a voice and an opportunity to share their input (Minkler & Wallerstein, 2011).

Figure 3: Project Lotus Logo



The CAB collectively oversees and is involved in the entirety of this research project, which has the long-term aim of co-developing post-shelter housing supports for women. We began by conducting two scoping reviews (manuscripts 1 and 2) to investigate and map out the literature regarding what is known and presented in the current literature related to outcomes, experiences, and processes of women and women-led families in post-shelter transition.

**2.4.2 Qualitative Methods**

In line with our epistemological and methodological approaches, our study used qualitative participatory action methods (Cristancho et al., 2018). Through Photovoice and a World Café we heard the voices and experiences of many diverse women who have either lived experience of a shelter to housing transition or are interested and working in this field. Using qualitative methods and thematic content analysis enabled us to discover broad categories of experiences, needs, barriers, and facilitators during the transition from shelter to housing to lend support for the development of a post-shelter support program for women who have experienced housing instability for various reasons. This section contains a broad description of the methods used as specific details are included the scoping review manuscripts 1 and 2, and the qualitative manuscripts 3 and 4.

### 2.4.2.1 Participants

Recruitment for the Photovoice study was conducted through collaborations with partner community organizations. We used verbal announcements in information meetings and poster advertisements in common areas (see Appendices III & IV). To be eligible for the Photovoice study, individuals needed to be at least 18 years old, identify as a woman, have had a shelter stay in the past 24 months, be able to communicate English or French, and able to participate in a 60-minute interview. They were excluded if they were unable to consent or to sustain an interview. We recruited seven participants who met the criteria and participated in the research received a $30 compensation. We also offered to budget for childcare and transportation, however none of the participants requested this. Purposive sampling was used to elicit a variety of women's viewpoints of exiting a shelter-stay to broaden the understanding of their experiences (Thorne, 2016).

For the World Café, we also used purposive sampling through our network of community resources and invited women from with diverse backgrounds including: experiences of housing instability, managers and directors of community organizations serving women experiencing housing instability, frontline service providers, advocates, health and social service providers from the public sector, and researchers in health and social care with expertise in housing instability. For the women with lived experience, the same inclusion and exclusion criteria as the Photovoice study was used. For all other participants, inclusion criteria were to be at least 18 years of age, have more than one year of professional experience with the study population, and able to sustain a ½ day discussion forum in either French or English (See letters of information and consent forms for both studies in Appendices V to XVI). We recruited thirty-five participants for the World Café and held additional key informant interviews for five more participants who were unable to attend the World Café.

### 2.4.2.2 Data Collection and Analysis

The research data collection and preliminary analysis phase of our project occurred at the height of the COVID-19 pandemic era (2021). We were thus continually adapting to new protocol measures when research activities were in person and shifting our research data collection and analysis to virtual formats such as Zoom when possible.

To prepare to conduct the Photovoice interviews, I took a variety of steps in order to become familiar with this method, and ensure I was able to alter my interview style from 'clinician' to 'researcher' (Hunt et al., 2011) and also to ensure I was well-practiced at using both in-person interviews (using masks, social distancing), and Zoom format (screen sharing, break out rooms). One of the first steps that I undertook, was to practice this style of interview with my supervisor, Laurence, and co-researcher from Laurence's connections (ED), who was also involved in the interviews. We completed a practice session on Zoom with Laurence presenting pictures on a chosen topic, and ED and I practiced using the interview guide, making edits and reflexive notes throughout. After the session, we shared our reflections and concerns in a Zoom debrief with Laurence and then began to prepare for another session. In the following practice session, both ED and I invited one or two friends for a virtual Photovoice group session around a pre-determined topic. We chose coping strategies during COVID-19. After running this second session, ED and I asked for feedback from the participants, and we also debriefed by providing critical and constructive feedback to each other on our impressions and experiences. We videotaped these virtual sessions so were able to go back, rewatch, reflect, and observe our interview styles for body language, listening skills, verbal prompts, intentional use of silence and pausing, and our skill set development to generalize, or summarize content. These opportunities to practice helped us see where our difficulties and strengths were, and how to best frame probing questions to elicit comments and stories from the participants (Hunt et al., 2011).

After this preparation phase, we began to contact the Photovoice participants, go over the recruitment and participation process, complete the demographic information sheets (see Appendix XVII), and eventually conduct the interviews with the participants (see manuscript 3). All the Photovoice participants chose in-person interviews (N=7). Five of the women requested the interview to take place in their own home, and two of the women chose an outdoor space in a park near their home. I practiced using an audio-taped recorder and memorized the questions in advance, as well as had a sheet of prompts in the event I needed a reminder. For the Photovoice research, transcripts of all interviews, photographs, and researchers' memos and reflexive notes were transcribed after the interview analyzed thematically and codes developed deductively and inductively (Braun & Clarke, 2006; Paillé & Mucchielli, 2016). NVivo was used to manage the data (QSR International Pty Ltd., 2014) (For the Photovoice interview guides, see Appendices XVIII – XIX). After the interviews, I remained in contact with the participants via phone call and

conducted follow up member checking with those who I could reach (N=4) (see Manuscript 3, *"Photovoice interview procedures"* for further specific details).

For the World Café, we also had practice sessions with the CAB over Zoom and created guides for all the facilitators who were CAB and community members (see Appendices XX – XXI). We held a 3-hour Zoom session prior to our event to ensure that all the facilitators were aware of and familiar with the process, and to allow time to practice using the web-based application, Miro (Miro, 2022).

Our virtual World Café event was a 3-hour long Zoom session and was widely accessible to a large number of participants (N=35) from a variety of sectors (health and social services, coalitions, community sector, lived experience of a shelter stay and transition, and researchers) who could access the technology and attend abiding by the COVID-19 sanitary measures at that time (2021). For those who did not have access to technology (some of the women with lived experience), assistance was provided by one of our partners in the community to provide computers and/or phones so they could be included and attend virtually. In addition, for those who could not attend, we conducted 3 more Zoom sessions as key informant interviews (N=5) involving additional perspectives from the community sector and coalitions. For these key informant interviews, we modeled the same format used for discussion and data collection as used in the World Café. After the World Café event, the audio recordings from the main room event that were available from Zoom were fully transcribed, as were the Zoom sessions of the key informant interviews. The facilitator notes and the contents of the Miro boards (Miro, 2022) were imported into a Word file, and categorized to facilitate analysis. Thematic content analysis was used and was guided by specific research questions (Braun & Clarke, 2006). Codes developed deductively based on the Miro boards and inductive codes were identified as emerging from the transcriptions over several cycles of reading by Laurence, Sally and me. For both the Photovoice and the World Café studies, the data analysis underwent many rounds of discussions and revisions with input from our CAB (Please see manuscripts 3 and 4 for specific details).

### 2.4.2.3 Ethical Considerations

All research materials and procedures were sent to McGill's Faculty of Medicine Institutional Board (IRB) for approval prior to the beginning of our recruitment and study (see Appendix II). Upon receiving ethics approval, we followed all the guidelines related to issues of informed

consent and confidentiality. All participants were provided a letter of information, in either French or English with details related to the studies. We had separate letters for women with lived experience to ensure procedures were in place for any potential risks. Participants were provided relevant information regarding each study and had access to emails of the researchers as well as a contact from McGill's IRB if needed. Participants could ask questions via email or phone prior to signing the consent forms. As the World Café took place virtually, participants had the option to fill in an online demographic questionnaire and consent form. During the World Café, participants were reminded of their rights and asked to consent online in order that the main session could be recorded for data collection and analysis purposes only (see Appendices IX to XVI).

### 2.4.2.4 Quality and rigor of research

While every qualitative dataset is unique and grounded in very specific situations and context, we aimed for high quality and rigor of our research conclusions from the qualitative data analysis phase. Our data analyses were conducted with many iterative rounds including consultations with our CAB of diverse women where we co-presented, discussed, modified, and interpreted the data using multiple modalities such as Miro (Miro, 2022) and PowerPoint. Through this triangulation-type process, were able to ensure that our analyses were dependable, credible, trustworthy, reasonable, and made sense to all parties (Cleland, 2015; Cristancho et al., 2018). In terms of transferability, our study is situated in Montreal, which is a large, culturally rich and diverse city in the province in Quebec, Canada. Our findings align and build on the bodies of literature related to women's specific needs and experiences in a post-shelter transition, thus would be transferable in similar contexts throughout high-income countries, even given the uniqueness of Montreal's setting (Miles et al., 2014).

To ensure our research was rigorous, individual and collaborative reflexive processes were undertaken throughout via reflexive notes and journals, and discussions between members of the CAB. We also used anonymous surveys administered with our CAB to allow a platform for any feedback that members may not want to share openly. The depth and breadth of our data was both adequate and authentic as it allowed robust insight into the research questions by ensuring to query not just 'what was needed' in terms of supports and program ideas but asking about the 'how to deliver' and characteristics recommended by women (Cristancho et al., 2018).

This rigor laid the foundation for a smooth transition from Phase 1 'research' (this dissertation) into Phase 2 'action' (current Project Lotus priorities for actions). Our research also demonstrates resonance in the community around women's homelessness and post-shelter support (Cristancho et al., 2018). That is, our project has been supported through the adoption and uptake of our research, practice, and policy recommendations, and through the spontaneous emergence of our community of practice (CoP) of Project Lotus which continues to collaborate and thrive as we approach the beginning of our fifth year.

## 2.5 My positionality and reflexivity: Where I hang my hat is my home

When I began this PhD project, my supervisor Laurence recommended that I start with looking at the World Health Organization's (WHO) Commission on Social Determinants of Health (CSDH) Framework to guide my thinking overall regarding the project (WHO, 2010, p. 6). This framework provided structure, and now looking back, I see how it helped guide my thinking in relation to how the socioeconomic and political context are interlinked with health and social inequities (WHO, 2010). In hindsight, I also understand that while Laurence wanted to guide me, she also wanted to allow me to compare and understand different choices of theory, explore my own epistemic values, find my own 'epistemic community', and commit to what was the best fit for me, on my own terms (Kinsella & Whiteford, 2009; Kuhn, 2012). As Kuhn notes, "when scientists must choose between competing theories, two men (*or women)[2]* fully committed to the same list of criteria for choice may nevertheless reach different conclusions" (Kuhn, 1977, p. 324). The CSDH framework illustrates how social, political, and economic positions can lead to stratification of individuals based on education, occupation, income, gender, and race/ethnicity, as well as other factors (WHO, 2010, p. 8). This framework identifies the intersection of socioeconomic as well as individual and political factors that are at play and need to be considered when working towards sustainable change in health, well-being, and housing for women who have experienced homelessness or housing instability. Furthermore, the framework for tackling SDH inequities recommends social participation, empowerment, and intersectoral action as a way to direct policy (WHO, 2010).

---

[2] Parentheses and italics of *(or women)* is my addition.

These terms and strategies 'social participation and empowerment, and intersectoral action' were concepts that I understood in terms of a basic working definition. I also understood them in my clinical practice as an occupational therapist working on an acute in-patient psychiatric care unit. Daily on the unit, I witnessed how individuals were experiencing a cumulation of individual, service- and system-level barriers, and I noticed how this this greatly impacted the experiences of their admission, hospital stay, and eventual discharge. When I first began this research project and was not yet immersed in it, nor with the individuals directly affected by housing precarity. I realize now my viewpoint was less critical, and I was guided more by an interpretive paradigm (Kinsella, 2012; Mann & MacLeod, 2015). I was looking mostly to understand and describe. However, over the last few years with the involvement of my doctoral work, the terms and strategies noted in the CSDH, 'social participation and empowerment, and intersectoral action', have evolved in my understanding. That is, through critical reflection, action, and ultimately praxis (Freire et al., 2018), these words, or these 'strategies' have taken on another, much deeper meaning. Specifically, how these strategies relate to the experiences (*or not*) on the lives of the women I met as my research participants and fellow CAB members in this CBPR partnership, as we continue to work towards our broad goal of systems change. The approach of our work is underscored by our shared value of understanding the power dynamics and privileges within social structures, and the importance of using a dialogue between the researchers and participants to collaboratively construct meaning, that is a transactional social constructivist epistemological approach (Guba & Lincoln, 1994; Kivunja & Kuyini, 2017; Mann & MacLeod, 2015; Scotland, 2012).

To align with the CBPR guidelines for our CAB monthly meetings, Sally, Laurence, and I discussed meeting strategies to ensure the voices of women who had experience housing instability were foregrounded, and that power dynamics that may exist by the nature of being a 'researcher' or 'community director/manager' were minimized and applied through all aspects of the project (Corrigan & Oppenheim, 2023; Israel et al., 2017; Minkler & Wallerstein, 2011; Wallerstein et al., 2020). As an example, at our first CAB meeting, we discussed collective group norms and rules to ensure that the all the members are able to participate equally and do not get interrupted. We were also explicit in being attentive to center the experiences and expressed needs of women experiencing housing instability. As Sally was the main facilitator, she modeled ways to do this such as asking individuals one by one to share. Sally, Laurence and I also made

efforts such as follow up phone calls and emails to ensure that the members with lived experience were offered sources of emotional support as needed. Additionally, I kept a reflexive journal and had regular check-ins with Laurence to reflect on and discuss how elements of my background and positionalty may shape the research impressions, analysis, and process, and what changes may be required (Burgess-Proctor, 2015).

My PhD research, like life, has not been straightforward, nor linear. While challenging, I am grateful for this as I believe it has brought a depth and breadth to my learning, relationships, tolerance for rejection and frustration, and helped me embrace 'the process' rather than focus on outcomes and results. When I moved back to Montreal to begin my PhD, I had embarked on a new 3-day per week position working as an occupational therapist on an acute care in-patient psychiatric unit. I was struck (and still am) by the multitude of factors that could either facilitate or obstruct a discharge from the hospital. I was even more struck by the number of individuals with 'no fixed addressed' who were admitted, sometimes for a 'social' admission, to the unit.[3] The people I met in the hospital were resilient, funny, kind, grateful, and resourceful, and shared with me many stories of extreme instances of trauma, abuse, and marginalization. This exchange became part of my daily life and consciousness (Guitar & Molinaro, 2017). I knew very early on in my position as an occupational therapist and PhD student, that I wanted to understand the pathways, factors, processes, facilitators, and barriers that ended in their admission and eventual discharge from the hospital. This clinical experience also pushed me to question what 'home', 'community', and 'belonging' means, as an occupational therapist who had studied doing, being, becoming and belonging, and also as construct means to individuals, especially those who entered without an address (Hitch & Pepin, 2021). It also pushed me to reflect on my own role and social responsibility in advocating for services and systems change where I saw a gap (Guitar & Molinaro, 2017).

Reflecting on my own upbringing, I am a second generation Canadian born to an immigrant father and first-generation Canadian mother who passed away way too soon in her early forties. This loss to our family's centrifugal force, the mother, had and continues to have many ripples in my worldview and life. It was also important to my father that I, and my two

---

[3] A 'social' admission describes a patient that is observed to be unwell, often under nourished and under hydrated, unkempt, without social supports, often without identification or a cell phone. It may be difficult for the treating team to determine at first if there is an underlying psychiatric or physical issue until some of the basic needs of food, water, hygiene, and sleep are addressed.

elder sisters had a 'home', especially after my mother's death. As I have been a perpetual student on and off throughout most of my adult life, living in various places and spaces, I used to joke with my late father that wherever I 'hang my hat is my home'. It is through this research however, that it is very clear me that my ability to 'hang my hat' anywhere is also the result of many individual-, service- and system-level factors that have afforded me his luxury. I am a white, cis-gender anglophone woman, who grew up in a loving and humble home with wonderful parents, supportive sisters, and large loving connected extended family and a large network of dedicated friends. While I have had my own challenges and obstacles, when I look objectively at my position, I see I fall on the top side of the coin of privilege, which allowed me the freedom to be in a safe and secure situation, wherever I decided to hang my hat (Nixon, 2019). This position also granted me the ability and skills and afforded many opportunities in order that I could find, join, and maintain connections to many communities, some grounded in place, and space, and some via technology and web-based.

This reflexive process practiced throughout my doctoral work has also allowed me to think deeply about two past university female professors that greatly influenced me as I remember content of their teachings that have always been very much at the forefront of my thinking. One class was 'Social Science perspectives in Women's Studies' and the professor had roots in the Middle East. She told us that if we are female and 'free' to go to work and study, it is *our duty* (my emphasis) to work towards the emancipation and equality of our sisters locally, and worldwide, as, she reminded us, we are a minority of women who have that degree of power. The other class was 'Women and the Christian Tradition', and the professor, Dr. Kathleen Roberts Skerrett showed us pictures of emaciated fashion models contrasted against starved war victims. She asked us to critically think about societal values and the violence against women's bodies with these impoverished beauty images. I include these anecdotes of my family and early education in this section, as I realize through this PhD research process, these seeds of my current interest in health, gender, equity, home, safety, security, and community, were planted a very long time ago. It is now, through my involvement in Project Lotus, my collaboration within the epistemic community that I am part of, and through this praxis, that I have found a home, a community, and a sense of belonging. I also recognize this now as a privilege in "having a place where the soul can rest" (hooks, 2009, p. 143).

## Chapter 3: Rationale and Objectives of Thesis

### 3.1 Rationale

We are conducting community-based participatory research (CBPR) that stems from a long-standing community-academic relationship between Logifem, a Montreal-based shelter for women and children in difficulty, and McGill's School of Physical and Occupational Therapy (SPOT). In dialogue with other leading groups in this area, Logifem, under the direction of Sally Richmond, realized that providing permanent housing is not sufficient to address the multiple unmet social, health and rehabilitation needs of women when they leave sheltered living. Sally reached out to McGill University and a partnership between Laurence Roy, my supervisor, began several years before my involvement in 2020. Under Laurence's guidance, I was invited to become a researcher for this project that would become my doctoral work. Together, we began to lay a path to conduct a study aimed at developing a post-shelter housing supports program for women.[4] In addition to the community-academic partnership between Logifem and SPOT, three other organizations serving women who experience housing instability or precariousness were identified as collaborators, recruitment sites, and have been involved in difference phases of the project.[5]

This joining of forces and partnership process was operationalized through its participatory design and creation of a cross-sectoral community advisory board (CAB) that was formed in January 2021. The role of the CAB is to oversee the research process, identify potential practical or ethical concerns that may arise within the study and suggest appropriate mitigation strategies, and provide insight for data analysis. All members of the CAB are identified as co-researchers in the project documentation, and were invited to participate in data analysis, interpretation, and dissemination, according to their level of comfort, interest, and time. Our first research intiative and my first task as a researcher with this CAB was to conduct two scoping reviews to explore what is known about the outcomes and processes and experiences of women leaving a shelter stay.

---

[4] Through this collaboration, our project was awarded two rounds of funding by the Catherine Donnelly Foundation for 2021, and 2022.

[5] Other long-standing (2021 to present) community partnerships include: La maison grise, Réseau Habitation Femmes, and Chez Doris (2020 only).

## 3.2 Objectives

### 3.2.1 Overarching Primary Objectives

The overarching objective of our community-based participatory research is to collaboratively build on the foundational knowledge of what is needed to co-design a support program for women and women-led families transitioning from a shelter to housing. This includes a scan of the literature to uncover what is known and reported in terms of outcomes, processes and experiences of women leaving a shelter stay.

We also aim to integrate the excluded voices of women and include the larger community working in the field of women's homelessness, shelter, and post-shelter supports, leading to a downstream outcome of systems change.

### 3.2.2 Specific Objectives

The specific objectives of this doctoral research was guided by inquiring into the following questions:

1. What should be included in a post-shelter housing supports program to best support women and women-led families in their transition out of a shelter?
2. What are the support types, characteristics, and delivery modes that facilitate this transition?
3. From the perspectives of involved parties, what are the individual-, service-, and system-level barriers and facilitators to supports needed by women post-shelter?

**Introduction to Chapter 4**

Although many studies have investigated non-gender specific individual predictors of entering and exiting a homeless episode, the literature specifically for women, on the transitional period of leaving a shelter, had not been synthesized. In addition, the outcomes that are measured for women and women-led families had not been reviewed. Thus, it was difficult to ascertain what is really known about the outcomes for women, and women-led families upon leaving a shelter stay. This scoping review of the evidence is important for a number of reasons as it offers insight into the trajectories for women post-shelter in terms of housing sustainability, access to income and means to be independent, and what is known in terms of social and psychological outcomes (Nemiroff, 2010). Through the process of the search of the literature, we noticed the prevalence of quantitative studies focusing on predictors of homelessness entrances and exits, with less focus on this very specific transitory period and trajectory post-shelter stay for women and women-led families. In addition, through our search process, we found that some studies were missed as the search term 'family' was not initially included in our search string. This was important as we discovered that most homeless families with dependent children are led by a lone women (Baptista et al., 2017; Chambers et al., 2014; Gaetz et al., 2016; Gubits et al., 2016), and this was not evident in the title and/or abstract of some articles on 'families' leaving a shelter-stay. We thus revised our search strategy early to include the word family.

The following manuscript addresses our first broad objective to build on the foundational knowledge of what is needed to co-design a support program for women and women-led families transitioning from shelter to housing by exploring the landscapes of what is known and reported in terms of outcomes for women post-shelter. We also wanted to scan the literature to explore the third specific objective of what is reported in terms of the individual-, service-, and system-level barriers and facilitators for women who have been through this transition.

This manuscript has been published in *Women's Studies International Forum*. Accepted for publication on 25 May 2024.

**Chapter 4: Manuscript 1 - Outcomes for women after leaving a shelter: A scoping review of the quantitative evidence**

Karla Jacobsen, PhD (c), OT [1] | Laurence Roy, PhD, OT[2] | Carrie Anne Marshall, PhD, OT[3] | Michel Perreault, PhD[4] | Sally Richmond, MBA[5] | Vanessa Seto, MScOT, PhD(c), OT [6] | Beatriz Hoffman-Kuhnt, MA, PhD student[7] | Isabelle Boutemeur, BA, MSW [8] | Danielle Rouleau, BSW[9]

[1]School of Physical and Occupational Therapy, McGill University, Montreal, Canada

[2]School of Physical and Occupational Therapy, McGill University, Montreal, Canada

[3]School of Occupational Therapy, Western University, London, Canada

[4]Department of Psychiatry, McGill University, Douglas Mental Health University Institute Research Center, Montreal, Canada

[5]Logifem, Montreal, Canada

[6]School of Physical and Occupational Therapy, McGill University, Montreal, Canada

[7]Munich University of Applied Sciences, Munich, Germany

[8]Réseau Habitation Femmes, Montreal, Canada

[9]La Maison Grise de Montréal, Montreal, Canada

**Corresponding author**
Karla Jacobsen, School of Physical and Occupational Therapy, McGill University, 3654 Prom Sir- William-Osler, Montreal, Quebec, Canada, H3G 1Y5.
Email: karla.jacobsen@mcgill.ca

**CONFLICTS OF INTEREST**
The authors declare no conflicts of interest with respect to this research.

**Contributor's Statement Page**
**Karla Jacobsen:** Writing – review & editing, Writing – original draft, Methodology, Formal analysis, Data curation, Conceptualization.

**Laurence Roy:** Writing – review & editing, Writing – original draft, Supervision, Formal analysis, Conceptualization, Methodology.

**Carrie Anne Marshall:** Writing – review & editing, Methodology.

**Michel Perreault:** Methodology, Writing – review & editing.

**Sally Richmond:** Writing – review & editing.

**Vanessa Seto:** Writing – review & editing.

**Beatriz Hoffman-Kuhnt:** Writing – review & editing.

**Isabelle Boutemeur:** Conceptualization.

**Danielle Rouleau:** Conceptualization.

**Abstract**

Women and single mother families constitute one of the fastest growing segments of individuals experiencing homelessness. While women experiencing homelessness may temporarily use emergency shelters, second-stage shelters, or transitional housing, whose services range from basic life necessities to extensive supports, many women experience ongoing housing instability after leaving a shelter. We conducted a scoping review to explore outcomes for women after leaving a shelter, as well as factors influencing post-shelter transitions to prevent housing instability and identify research and policy gaps. After removing duplicates, we screened 6,895 titles and abstracts, selected 457 articles for full-text review, and a total of 20 articles met our selection criteria. In this paper, we included the outcomes in the quantitative (n=16) and mixed methods (n=4) articles. A companion scoping review paper of processes and experiences of women in the post-shelter transition is forthcoming. The majority of the included studies were conducted in the US (n=16; 80%) and Canada (n=3; 15%). The quantitative data reported outcomes related to five domains of community integration: physical integration, economic integration, psychological integration, social integration, and health. We also summarized individual, service-related, and system-level facilitators and obstacles affecting women's post-shelter trajectories. The results highlight that for women and children leaving a shelter stay, living with housing precarity and financial insecurity continues, along with living with multiple unmet needs, and thus being housed is not an endpoint to a homeless episode. Furthermore, health and safety concerns are on-going and can be worsened by difficulty accessing supports. To advance research and practice, there is a need shift focus away from crisis management and to consider sustainability of housing and intentional gender-specific and trauma-informed opportunities for community integration for women and women-led families post-shelter.

**KEYWORDS:** homeless, woman, family, shelter, housing, transition, exit

## 1. INTRODUCTION

Homelessness continues to be on the rise in most high-income countries, and recent counts estimate that women and single mother families make up between 26 to 39% of individuals experiencing homelessness in Canada, the US, and Europe (Gaetz et al., 2016; National Alliance to End Homelessness, 2022; Pleace, 2016). Recorded data is often based on point-in-time counts

and may not accurately capture populations who transition in and out of homelessness or who experience less visible forms of homelessness (Amore et al., 2011), which is often the case for women and women-led families (Fotheringham et al., 2014; Gulliver-Garcia, 2016; Milaney et al., 2020). Less visible forms of homelessness include staying with friends or family (Bretherton, 2020; Klodawsky, 2006), working in the sex trade (Kirkby et al., 2016; McDonald, 2018; Oudshoorn et al., 2018), or remaining in dangerous relationships (Gaetz et al., 2013). In addition, homelessness among women and girls is closely intertwined with interpersonal and systemic violence and trauma (Government of Canada, 2018b; Milaney et al., 2019; Yakubovich & Maki, 2022).

The underrepresentation of women in research on homelessness has been documented in feminist literature for decades and scholars have emphasized the importance of gendered approaches to research and practice in the field of homelessness (Milaney et al., 2020; Osuji & Hirst, 2013; Oudshoorn et al., 2018; Phipps et al., 2019; Salem et al., 2021). The lack of inclusion of women in representations of homelessness translates into negative effects in terms of allocation of funding and services for women (Fotheringham et al., 2014; Klodawsky, 2006). Women have specific pathways into and experiences of homelessness; their needs in terms of health and social care are also distinct (Oudshoorn et al., 2018; Phipps et al., 2019). The high prevalence of trauma and violent victimization in this group may explain an important portion of the relationship between gender and excess mortality (Phipps et al., 2019; Roy et al., 2014). The mortality rates for women without homes were found to be five times higher than the general population and three times higher than for men without homes (Nusselder et al., 2013). Additionally, women's needs related to housing stability are often different than men's. As most women have experienced interpersonal and systemic violence in their paths to housing instability, safety needs may take precedence for maintaining stable housing (McAll, 2018; Phipps et al., 2019). Most homeless families with dependent children are led by lone women (Baptista et al., 2017; Chambers et al., 2014; Gaetz et al., 2016; Gubits et al., 2016), and in Canada, that number is estimated at nearly 90% (Schwan et al., 2021). Women who are pregnant or with dependent children experiencing housing precarity need to consider how to provide a nurturing environment for their children, within a safe neighbourhood with access to services for families (Paquette & Bassuk, 2009; Parker & Leviten-Reid, 2022; Pierce et al., 2018; Scroggins & Malley, 2010), while also securing family unity (Cooper & Morris, 2003; Gubits et al., 2016).

32

Moreover, women are more likely than men to use shelters due to the greater threat of predatory violence that exists on the streets and the difficulties involved in caring for children combined with the risk of losing them into foster care (Latimer & Bordeleau, 2019; Metraux & Culhane, 1999; Montgomery et al., 2017).

For many women, shelter stays offer an opportunity for housing stability and improved well-being. For this review, we are using the Canadian categorization of shelters: emergency shelter, transitional housing, and shelters for women (and children) fleeing domestic violence (Statistics Canada, 2019). An emergency or crisis shelter provides temporary, short-term (one day to three months) housing for individuals and their families and may include other basic support services such as food and clothing (Statistics Canada, 2019). Emergency shelters aim at meeting the immediate needs of their clients and provide a stepping stone towards moving into temporary housing such as transitional housing (BC Housing, 2018). Transitional housing is a temporary residential solution (approximately three months to three years), that differs from an emergency shelter by allowing a longer length of stay and broader range of supportive services (Novac et al., 2009). Shelters for women fleeing domestic abuse may offer either crisis/emergency shelter, or transitional housing (Statistics Canada, 2019). For our review, when shelters offer more comprehensive services than basic needs of food and clothing, we refer to those supports as 'interventions' (e.g. financial assistance, counselling, case management, health care, childcare, access to education or work supports, see table 6).

After leaving any type of sheltered living, many women continue to be at risk of housing instability and experience multiple unmet needs in this transition (Cone, 2006; Gaetz & Dej, 2017; Waldbrook, 2013). Some interventions can reduce the risk of post-shelter housing instability. The most well-known and studied of these interventions are Critical Time Intervention (CTI) and Housing First (HF). CTI is a service delivery case-management model specifically targeting social and emotional supports, practical assistance, and continuity of care aimed at the periods of transition, try-out, and transfer of care (Herman et al., 2007; Lako et al., 2018). It is geared towards individuals and families experiencing homelessness that have moderate health and social needs, and typically lasts about nine months. HF is a resource-intensive intervention that includes rapid placement into housing through subsidies and wrap-around, long-term case management and was developed primarily for homeless adults living with mental illness (Padgett et al., 2016). Although both CTI and HF have been used to support

women's transition from shelter to independent living, they have been criticized for their insufficient attention to women-specific issues and needs (Oudshoorn et al., 2018a; Schwan et al., 2020). As an example, considering location and neighborhood of housing necessitates a gender-specific lens and gender-specific supports for the safety of women and their responsibility as mothers with concern for the safety of their children (e.g., fear to let them play outside or of former abusive spouse) (Fogel, 1997; Lindsey, 1996, 1997; Long, 2010). Gender-specific supports and facilities are also needed to assist women to care for their families without having to worry about the repercussions of accessing supports and the associated risk of losing their children into foster care (Schwan et al., 2020). As women are disproportionately affected by lack of security of tenure, low income, and inadequate social assistance, their specific issues go beyond provision of housing (Schwan & Ali, 2021; Yeo et al., 2015).

To develop or adapt existing interventions to the broad range of women-specific issues, it is imperative to understand the full continuum of housing services and range of options and experiences for women at risk of violence and/or homelessness, and as they transition out of shelters (Schwan et al., 2020; Yakubovich & Maki, 2022). However, to date, reviews have primarily described the pathways into homelessness, descriptions of individual characteristics, and the needs and experiences of women experiencing homelessness more broadly (see for instance, Phipps et al., 2019). This paper aims to address these gaps in knowledge by providing a broad thorough synthesis of outcomes that have been measured for women who have exited a shelter including: housing status, economic situation, social and psychological supports, and health outcomes.

## 1.1 The current study

The lack of documented research on the key outcomes of women who leave a shelter stay creates a lack of understanding of women's priorities and needs throughout this transitional period and once housed. This review aims to explore outcomes are reported for women after leaving a shelter and what factors influencing post-shelter transitions to prevent housing instability and support community integration. This scoping review is part of the first author's doctoral dissertation and linked to her long-term involvement in a community-based participatory research (CBPR) project stemming from community-academic relationship in Montreal, Canada (Wallerstein & Duran, 2010). The CBPR project is targeting a broad objective of exploring the categories of experiences, needs, and barriers for women as they move from a shelter into

housing. For this CBPR project that began in 2021, a multi-sectoral and diverse community advisory board (CAB) composed of eleven women with lived and shelter-transitioning experience (n=3), community shelter frontline workers and managers (n=4), and researchers (n=4) was formed and oversees this research project, including this review. We chose to conduct two scoping reviews over a systematic review as in the early search of the literature, it was evident that most studies focused on the pathways approach into homelessness, and few focused on this very specific transitory period and trajectory post-shelter stay, specifically for women and women-led families. With the guidance of the CAB of our project, our research team conducted scoping reviews presented as two companion papers (outcomes and processes/experiences) of women transitioning out of shelters. Here, we present the scoping review with the documented outcomes for women when they leave a shelter stay. Our companion review paper on women's experiences and processes in this transition is forthcoming. We also summarize the individual, service and system-level factors associated with outcomes, experiences and processes following a shelter stay (see Table 5).

## 2. MATERIALS AND METHODS

This review was conducted following the guidelines of Levac et al. (2010) which builds on the five-stage framework of Arksey & O'Malley (2005). Levac et al. (2010) identify six distinct stages of conducting a scoping review: 1) identifying the research question; 2) identifying relevant studies; 3) study selection; 4) charting the data; 5) collecting, summarizing, and reporting the results; and 6) consultation with consumers and stakeholders.

### 2.1 Search strategy

The search for this review was developed in collaboration with an Associate Liaison Librarian at the researchers' university and was completed in December 2022. Throughout our review, we first set out to answer the following research question: What is known about the outcomes of women and women-led families who leave, or are in the process of leaving sheltered living? Secondly, we searched six databases to identify relevant studies: Medline (Ovid), PsycINFO (Ovid), EMBASE (Ovid), Proquest Social Services Abstracts, CINAHL (Ovid), and SocINDEX (EBSCOhost). Terms were combined related to the concepts *housing* (shelter*, housing*, hostel*), *women* (mother*, wom?n*, famil*, single parent*), and exiting (*transition*, former*, exits)*. We used the Canadian definition of homelessness as: 'the situation of an individual or family without a stable, permanent, appropriate housing, or the immediate prospect, means and

ability of acquiring it' (Gaetz et al., 2012, p. 1). We conducted hand searches of the reference lists of included studies to locate any studies not included in our search.

## 2.2 Study selection

Inclusion and exclusion criteria were decided through discussions with the first two authors and librarian (see Table 1). The first two authors independently screened the titles and abstracts of 10% of a random sample of the selected references. The authors established a 100% agreement rate, and the first author completed the remaining part. We used Endnote 20.4 (Clarivate Analytics, 2020) to manage references.

**Table 1**. Inclusion and exclusion criteria

| Inclusion criteria | Exclusion criteria |
|---|---|
| Age: Adolescent and above (14 years old $\pm$) | Age: Research interested in participants 13 years old and younger |
| Gender: women <br> Minimum 50% of women in sample if mixed <br> Results and findings amenable to be analyzed according to gender (Wahab et al., 2014) | Studies with mixed gender samples where gender differences were not extractable <br> Studies with less than 50% women |
| Participants were homeless or formerly homeless as per definition in the methods section <br> Participants have left (lifetime) or are in the process of leaving a shelter | Participants who had not experienced homelessness as per definition in the methods section <br> Participants who had not had an experience or were in the process of the experience of leaving a shelter stay. This aligns with our research question oriented to understanding outcomes and experiences specifically for women who have exited a shelter stay. |
| Countries: High-income-economies are those with a Gross National Income per capita of $12,536 or more) (e.g., including but not limited to United States, United Kingdom, Canada, Germany, Australia, Japan, Sweden, France, the Netherlands, Switzerland, and Denmark)[1] (The World Bank, n.d.) | Countries: Non-high-income countries |
| Years: 1980 – present[2] | Years: Pre-1980 |
| Study types: Empirical (quantitative and mixed methods)[3], dissertations | Study types: Grey literature, opinion & editorial, discussion papers[4] |
| Articles written in English or French | Other languages besides English or French[5] |

[1] We included studies only from high-income countries as our CBPR project is based in Montreal, Canada, and we aim to explore countries with more resources and infrastructure to better understand gaps in policy and practice.
[2] We defined our search dates from 1980 – present to capture research that has been conducted in the time frame that corresponds to the Western neoliberal economic shifts and the emergence of homelessness as a social issue. See, Willse, C. (2010). Neo-liberal biopolitics and the invention of chronic homelessness. *Economy and Society*, *39*(2), 155-184. https://doi.org/10.1080/03085141003620139
[3] We have included only quantitative and mixed method outcomes in this paper. Findings related to process and experiences are in a forthcoming companion review.
[4] We chose to include only empirical studies and dissertations and to exclude grey literature to maintain a more focused scope on experiences and outcomes of our population, and as our interest is in peer-reviewed academic research.
[5] We included articles in French and English which are the languages of the first two authors, and the CAB.

For this review, the authors did not assess the quality of the articles as this is standard practice for scoping reviews which tend to address broader topics, include many different study designs to help map relevant literature and plan for future research (Arksey & O'Malley, 2005; Munn et al., 2018; Peters et al., 2015). The two first authors developed a data-extraction form to extract the information on author, year of publication, country of publication, research aim, research type, study design and methods, study participants and characteristics, and percentage of women in each published study, time point in 'homelessness trajectory' of research, housing setting (crisis shelter, transitional housing), intervention details (if applicable). We also extracted information included on individual, service-related, and systemic-level factors that were reported to influence the women's trajectory post-shelter. Extraction of outcomes, results, findings, and factors was an iterative and dynamic process of continually refining and enhancing the categories and broad themes as the authors became more familiar with the literature. Studies were then categorized according to type of empirical research to type of method used and only the outcomes of the quantitative and mixed method studies are included in this paper.

After the first round of data extraction, the authors decided to use Nemiroff's (2010) model of community integration as a foundation for the post-shelter outcomes. Community integration encompasses the process by which individuals become involved in a broader community and this is a concept that relates to women transitioning out of homelessness or a shelter stay (Wong & Solomon, 2002). Nemiroff's model is the only gender-sensitive community integration model available in the literature (Nemiroff, 2010). As noted by Yakubovich & Maki (2022), services and research in women's housing have been gender blind, and our review sought to move towards a gender-sensitive paradigm. Nemiroff's model (2010) is comprised of the categories of physical, economic, and psychological integration, and these aligned with the outcomes we were noting. We chose to expand also include a category of include social integration (Wong & Solomon, 2002), which was emerging in the quantitative outcomes for women leaving a shelter stay. We also added health as a category to correspond with emerging research outcomes (see Table 2).

**Table 2.** Definitions of Outcomes Central to the Scoping Review Question

| Outcome Domain | Definition |
|---|---|
| Physical integration | Includes attaining and retaining stable, safe, and comfortable housing (Nemiroff, 2010). The outcome housing status is used to describe the outcome of living situation post-shelter which may include (e.g., street, shared residence, emergency shelter, transitional housing, permanent housing or hospitalization and incarceration. (Nooe & Patterson, 2010). |
| Economic integration | Includes participating in education or work, with the idea that this enhances one's opportunities to participate in the economy of the community and access social and material benefits tied to this integration (Nemiroff, 2010). |
| Psychological integration | Psychological integration includes the extent to which an individual expresses an emotional connection with neighbors and community, and includes a psychological sense of belonging (Nemiroff, 2010; Wong & Solomon, 2002). The outcome intimate partner violence is included in this domain as many women return to a violent relationship due to psychological reasons, and lack of supports (Sullivan et al., 1992; Yamawaki et al., 2012). |
| Social integration | Social integration includes engagement in interactions with community members, as well as support provided to the individual by their network and the size and diversity of that network (Wong & Solomon, 2002). |
| Health | Refers to a state of complete physical, mental, and social well-being, and not simply the absence of disease (World Health Organization, 2021). Also includes addiction and substance use habits. |

For the fifth step, we categorized and summarized the reported outcomes for women post-shelter using the four domains of community integration and health (see table 2) and further extracted nine distinct outcomes (see table 4). For the final step of consultation with consumers and stakeholders (Levac et al., 2010), multiple actions were taken. We presented, discussed, and integrated feedback from the preliminary outcomes and findings with our CAB that includes women with lived experience (n=3); community shelter frontline workers and managers (n=4), and researchers (n=4). We also shared these findings with the broader community of members from the field of women and homelessness (n=36) through a World Café and key informant interviews (n=5) (manuscript forthcoming). This review laid the groundwork for facilitating further group discussions and integrating diverse perspectives from interested parties. Results and findings were summarized in a list of key outcomes for this paper, and experiences and processes in the forthcoming qualitative review. All members of the CAB and the first author's doctoral supervisory committee were invited as co-authors on both scoping review manuscripts.

## 3. RESULTS

Our search yielded 11,299 citations of which 6,895 remained after duplicates were removed. Out of these, a total of 6,438 articles were eliminated during the title and abstract screen for not meeting the inclusion criteria. Using our inclusion and exclusion criteria, and manual searches, 457 articles were selected for analysis and underwent a full-text review. Of these, 16 quantitative and 4 mixed method articles met criteria for inclusion in this review with key outcomes of formerly homeless women exiting sheltered living (See Figure 1 for PRISMA flow diagram).

**Figure 1.** PRISMA Flow Diagram
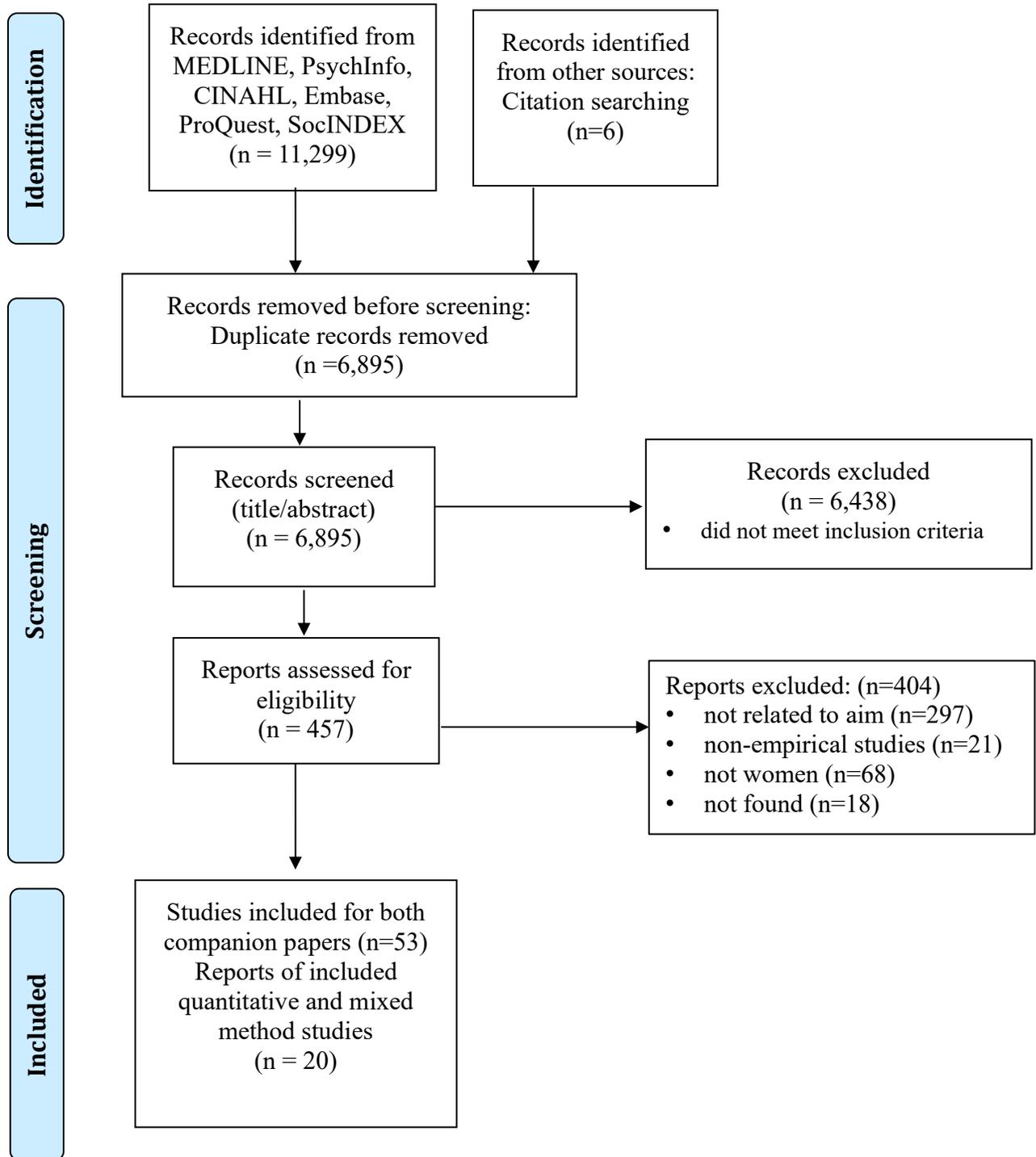
### 3.1 Study characteristics

Table 3 summarizes the characteristics of the included articles. Our search yielded 17 published

articles and 3 doctoral dissertations. For a synthesis of included studies that reported results

directly related to an intervention offered to the participants in their process of leaving a shelter

stay and/or post- shelter transition (n = 14), (see Table 6).

**Table 3.** Characteristics of Included Papers (n=20)

| Characteristics | Total (n=20, 100%) |
|---|---|
| Year of Publication | |
|     Pre-2000 | 4 |
|     2000-2010 | 4 |
|     Post-2010 | 12 |
| Non-peer reviewed | 3 |
| Country | |
|     United States | 16 |
|     Canada | 3 |
|     Netherlands | 1 |
| Mean ages of target samples | |
|     $\leq$ or = 18 | 2 |
|     19-44 | 16 |
|     44 + | 1 |
|     Unstated | 1 |
| Identified population | |
|     Mothers &/or families | 13 |
|     Experienced domestic violence | 7 |
| Length of follow-up time after exiting a shelter | |
|     0-3 months | 5 |
|     3-6 months | 3 |
|     6-12 months | 7 |
|     12 – 24 months | 2 |
|     2 years – 6.5 years | 1 |
|     Unclear or wide range (few months–25 years) | 2 |

### 3.2 Post-shelter transition outcomes for women

From the domains of community integration and health, we extracted nine distinct outcomes for

women who are in the process of or have transitioned out of sheltered living, from the 16

quantitative and 4 mixed methods publications. Table 4 summarizes the outcomes, in decreasing

order of frequency.

**Table 4.** Identified quantitative outcomes of post-shelter transition (n=20)

| Domain of Community Integration | Outcome | Total articles (n=20) |
|---|---|---|
| Physical Integration | | |
| | Housing Status | 14 |
| Economic Integration | | |
| | Income and participation in work | 13 |
| | Participation in education | 5 |
| Social Integration | | |
| | Formal & Informal supports | 9 |
| Psychological Integration | | |
| | Intimate partner violence | 6 |
| Health | | |
| | Mental Health | 4 |
| | Substance Use | 4 |
| | Quality of Life/Life Satisfaction | 2 |
| | Physical Health | 2 |

### *3.2.1 Physical Integration*

3.2.1.1 *Housing status.* The outcome of housing status living situation post-shelter was the most frequently reported outcome (n=14, 70%). Five observational studies, where no attempt was made to affect the outcome, examined rates of women leaving sheltered living to unstable housing situations (e.g., returning to an abusive partner). Rates of women experiencing such instability within the year after a shelter stay range from 23% to 46% (Cook-Craig & Koehly, 2011; Hilbert et al., 1997; Patterson et al., 2016; Stylianou & Pich, 2021; Sullivan et al., 1992). Three observational studies examined repeated shelter stays among women. One study found that 45% of homeless families exiting a shelter returned within one year (Kim & Garcia, 2019). Metraux & Culhane (1999) found that 50% of women using single-adult shelters and 28% of women using family shelters had at least one subsequent shelter stay within three years. Nemiroff (2010) reported that one fifth of women returned to a shelter within the two-year longitudinal study.

Seven studies examined the effect of housing interventions on physical integration. In one correlational study, Patterson et al. (2016) reported that 77% of participants (57% were single-mother families) obtained stable housing within three years of receiving rapid rehousing

program with supports. Four pre-post studies with small sample sizes examined housing status of women receiving post-shelter supports after leaving family shelters or transitional housing and found that 66% to 80% of women maintained their initial housing in the first six to nine months post-shelter (Flowers-Dortch, 2009; Gabet et al., 2020; Slesnick & Erdem, 2012, 2013). Dostaler & Nelson (2003) found that 66% of young women accessing an emergency youth shelter with supports reported improvements in housing (e.g., fewer were staying with a friend) at a three-month follow-up. One experimental study noted that only long-term rent subsidies had a significant impact on family housing stability at three-years post-shelter exit, while no statistically significant differences were noted for short-term subsidies (up to 18 months) or transitional housing with intensive case management (Gubits et al., 2018).

### 3.2.2 Economic Integration

3.2.2.1 *Income and participation in work.* Thirteen (65%) studies reported on employment and income of women after exiting a shelter. Moderate improvements in employment outcomes and access to employment services and alternative sources of income (e.g., social assistance, child support) after a shelter stay were noted in most studies. Most women however, worked only part-time at low paying jobs or were unemployed and continued to live in poverty and struggle with expenses for necessities such as childcare, transportation, and groceries (Clark et al., 2019; Cook-Craig & Koehly, 2011; Dostaler & Nelson, 2003; Flowers-Dortch, 2009; Gubits et al., 2018; Nemiroff, 2010; Pierce et al., 2018; Slesnick & Erdem, 2012, 2013; Stainbrook, 2005; Stylianou & Pich, 2021; Sullivan et al., 1992). In two studies, 40% to 62% of the women who had left shelters reported needing assistance to integrate into a work environment (Gabet et al., 2020; Sullivan et al., 1992).

3.2.2.2 *Participation in education.* Five (25%) studies reported on this and moderate improvements in participation in education or educational achievements after exiting a shelter were noted in three of the studies (Dostaler & Nelson, 2003; Nemiroff, 2010; Pierce et al., 2018). Assistance to help integrate into education was an ongoing concern among women in post-shelter transitions, with 40% to 71% reporting unmet needs in this area (Gabet et al., 2020; Sullivan et al., 1992).

### 3.2.3 Social Integration

3.2.3.1 *Formal and Informal Supports*. This was reported in nine (45%) studies. Seven studies surveyed the perspectives of women with regards to the quantity and quality of formal and informal supports post-shelter. Many women (23 to 84%) reported a need for formal supports (e.g., legal advice, counselling, finances, material resources, childcare, transportation, assistance with landlord) (Dostaler & Nelson, 2003; Flowers-Dortch, 2009; Gabet et al., 2020; Simpson et al., 2020; Sullivan et al., 1992). Most women were satisfied with case management services when available (Flowers-Dortch, 2009; Nemiroff, 2010). Two studies found that women relied mostly on informal rather than formal supports during the transition post-shelter (Cook-Craig & Koehly, 2011; Stainbrook, 2005). Stainbrook (2005) reported that the women who relied on informal supports for instrumental (childcare), or emotional needs, 90% had only one person to contact. This study also reported that formerly homeless mothers reciprocate support (childcare and housework) primarily to approximately two friends. One study indicated that the provision of an advocate improved women's social support network in the 10-week period post-shelter exit as compared to 67% of the control group without an advocate (Tan et al., 1995). This study also reported that women were more satisfied when their social support was one or two reliable individuals for tangible aid or emotional support, as compared to a large amount of friends (Tan et al., 1995). One study indicated that most participants, although housed, reported a moderate sense of community within their neighborhoods nine months post-shelter (Nemiroff, 2010). In Lako et al. (2018), CTI had a significant effect on the rate of unmet care needs for women at 9-months post-shelter.

### 3.2.4 Psychological Integration

3.2.4.1 *Intimate partner violence (IPV)*. Six studies (30%) reported on the woman's status related to incidences of IPV. Observational studies indicated that 63% of women reported ongoing fear of risk of harm by an intimate partner (Clark et al., 2019), while 35% of women continued their relationship with a violent intimate partner post-shelter transition (Sullivan et al., 1992). Four pre-post studies reported on the course of IPV for women receiving post-shelter supports. None of these interventions (provision of an advocate worker (Tan et al., 1995)), CTI (Lako et al.,

2018), short-term (Slesnick & Erdem, 2012) or long-term rent subsidies (Gubits et al., 2018)) significantly reduced incidence of IPV.

### 3.2.5 Health

3.2.5.1 *Mental health.* Four studies (20%) reported on women's mental health status post-shelter, with mixed results. Dostaler & Nelson (2003) found that 40% of adolescent girls noted improvements in mental health after exiting a shelter. Lako et al. (2018) noted a slight decrease in reported symptoms of post-traumatic stress, but no difference for depression or psychological distress, at 9 months compared to baseline. Two other studies found no significant differences were found for mental health symptoms or psychological distress at 3-, 6-, 20-, & 27-months after a shelter exit (Gubits et al., 2018; Slesnick & Erdem, 2012).

3.2.5.2 *Substance use.* Four studies (20%) measured substance use as an outcome in the post-shelter period. In Slesnick & Erdem (2012, 2013), women reported improvements in negative consequences related to alcohol and drug use, as well as less frequent drug use. Gabet et al. (2020) found that 30% of the women reported a need to receive information on substance use treatment. Gubits et al. (2018) reported reduced alcohol and drug dependency rate by 4.5% in the experimental group receiving long-term rent subsidies as compared to the group receiving usual care.

3.2.5.3 *Quality of life/life satisfaction*. This was reported in two studies. Dostaler & Nelson (2003) found adolescent girls' life satisfaction increased significantly from intake at shelter to 3-months follow up interview. Lako et al. (2018) found that women reported no difference at follow-up (6-9 months) in quality of life after leaving a shelter.

3.2.5.4 | *Physical health.* The physical health of women post-exiting a shelter was reported in two studies. Gubits et al. (2018) found there was no significant impact on self-reported physical health for the group receiving long-term rent subsidies compared to usual care post-shelter. Dostaler & Nelson (2003) found that 37% of adolescent girls reported improvements in overall health after exiting a shelter.

## 3.3 Factors affecting post-shelter transition outcomes for women

Fifteen studies reported factors associated either positively or negatively with post-shelter transition outcomes. Table 5 summarizes the individual, service-related, and system-level factors that act as either an obstacle or facilitator to post-shelter outcomes. Poor access to appropriate, affordable, quality housing options, poor health status, limited or unsupportive social networks, low socio-economic status and history of justice involvement were identified as obstacles to post-shelter transitions in at least two studies. Conversely, longer stays in shelters, access to subsidized housing and financial assistance, access to formal post-shelter services, and veteran status, were identified as facilitators to post-shelter transitions in at least two studies.

**Table 5.** Factors associated with post-shelter transition outcomes

| Factor associated with post-shelter transition outcome | Number of studies where factor is an obstacle | Number of studies where factor is a facilitator |
|---|---|---|
| **Individual or interpersonal factors** | | |
| Poor health status or presence of chronic conditions (including mental health issues, suicidality, history of trauma or victimization, substance use) | 6<br> (Hilbert et al., 1997; Kim & Garcia, 2019; Metraux & Culhane, 1999; Nemiroff, 2010; Patterson et al., 2016) | 0 |
| Lack of presence and/or lack of quality of social network (family, friends, etc.) | 4<br> (Brott et al., 2022; Cook-Craig & Koehly, 2011; Nemiroff, 2010; Stainbrook, 2005) | 0 |
| Being pregnant or accompanied by dependent children | 3<br> (Metraux & Culhane, 1999; Patterson et al., 2016; Pierce et al., 2018) | 1<br> (Nemiroff, 2010) |
| Low socio-economic status (including low education and/or lack of work experience) | 3<br> (Brott et al., 2022; Nemiroff, 2010; Stylianou & Pich, 2021) | 0 |
| History of justice involvement | 2<br> (Patterson et al., 2016; Pierce et al., 2018) | 0 |
| Veteran status | 0 | 2<br> (Kim & Garcia, 2019; Patterson et al., 2016) |
| Age at shelter stay and exit | 1<br>Younger age increases risk of return to shelter (Metraux & Culhane, 1999) | 0 |
| Being an ethnic minority and/or having immigrant status | 1<br>Non-Dutch speaking women in the Netherlands<br> (Lako et al., 2018) | 0 |
| **Service-related factors** | | |
| Longer stay in shelter | 0 | 5<br> (Cook-Craig & Koehly, 2011; Hilbert et al., 1997; Patterson et al., 2016; Pierce et al., 2018; Stylianou & Pich, 2021) |
| Access to subsidized housing and financial assistance (e.g., welfare, grants, long-term rent subsidies) | 0 | 3<br> (Gubits et al., 2018; Kim & Garcia, 2019; Nemiroff, 2010) |
| Access to formal post-shelter/transitional services (e.g., case management, external services, assistance with education, | 0 | 2<br> (Flowers-Dortch, 2009; Hilbert et al., 1997) |

| Factor associated with post-shelter transition outcome | Number of studies where factor is an obstacle | Number of studies where factor is a facilitator |
|---|---|---|
| employment, landlords, childcare & transportation) | | |
| **System-level factors** | | |
| Lack of housing options and characteristics (low quality, lack of affordability, short length of lease/time limits, decreased safety, long wait lists) | 6<br> (Gubits et al., 2018; Metraux & Culhane, 1999; Nemiroff, 2010; Patterson et al., 2016; Slesnick & Erdem, 2013; Stylianou & Pich, 2021) | 0 |

## 4. Discussion

This review aimed to synthesize current comprehensive quantitative scientific knowledge on the outcomes and correlates of post-shelter transitions for a diverse group of women (e.g., variances in age, motherhood, or IPV history). The results indicate that, for many women and women-led families, post-shelter transitions are unlikely to lead to sustainable housing stability, well-being and community integration without provision of high-quality, flexible formal supports. Many studies highlight that these supports should be comprehensive, long-term, and address needs related to housing sustainability, personal safety, social connectedness, accessing education and employment, improving health, and addressing financial insecurity. High rates of return to unstable and unsafe housing situations in the months and years following an exit from a shelter indicate that, to date, those supports have not been adequately provided to many women and children, jeopardizing their safety, health, and ability to integrate into the community.

This review also highlights, that once housed, most women are still living in poverty (Cook-Craig & Koehly, 2011; Dostaler & Nelson, 2003). Unsurprisingly, poor socio-economic status (income, education level, work) emerge as an obstacle to stable and safe transition following a shelter stay (Brott et al., 2022; Nemiroff, 2010; Stylianou & Pich, 2021). Critical and feminist scholars have documented for decades how women's poverty is built into the political and economic fabric of society through unequal recognition of paid and unpaid labour, and unequal access to supportive systems including housing, healthcare, childcare, education, and employment (Milaney et al., 2019; Montesanti & Thurston, 2015; Parker & Leviten-Reid, 2022; Smith, 1987; Sprague, 2005; Tong & Botts, 2018; Yakubovich & Maki, 2022). From our review, some sub-groups appear to be particularly vulnerable to sustained and extreme poverty that

creates ongoing risk for housing vulnerability: single women with extensive histories of trauma and severe health issues who are unaccompanied by children, single early adulthood women with dependent children, or women with absent children (Metraux & Culhane, 1999; Nemiroff, 2010; Patterson et al., 2016; Stylianou & Pich, 2021).

Contrasting or divergent results emerge in terms of the impact of time in shelter and of provision of transitional housing. While long-term rather than short-term stays in shelters, as well as access to transitional housing services, were associated with improved housing transitions in a few of studies, the result of these housing options is time limited and hinders women's capacity for community integration. This calls for a need to consider multiple housing approaches and models, adapted to various gender-specific needs (for instance, safety, access to supports, healthcare or income) experienced at different stages of post-shelter transition by this population. Another reason for this divergence may be the scarcity of gender-specific quantitative studies with adequate designs and sufficient sample sizes to assess and compare the effectiveness of various models of post-shelter housing supports for women with and without dependent children. In addition, the most widely reported outcomes are housing status and paid work. While these are indeed valuable, they cannot be considered independently without factoring in outcomes such as the importance of safety, social connections, participation in education, and access to quality supports to put an end to the cycle of housing precarity and feminization of poverty. Finally, interpretation of the results of quantitative outcomes highlights the dearth of specific research noting the intersection of social location (e.g., gender, age, race, socioeconomic status) of women who have experienced homelessness, as well as the underlying complexities of dealing with the intersectionality of these characteristics (Milaney et al., 2020; Nixon, 2019; Oudshoorn et al., 2018; Sprague, 2005). This gap is further addressed in the forthcoming qualitative scoping review of women's processes and outcomes post-shelter which includes the voices of women who have been through this transition and expands on what helps and hinders their transition.

**4.1 Implications for Practice and Policy**

The findings highlight the need for comprehensive, trauma-informed, gender-specific, long-term supports that address the multiple needs identified by women in transition from shelter to housing. The desired characteristics of these supports (intensive, individualized, long-term,

flexible) match existing models in the housing literature, such as Housing First and Critical Time Intervention. Service providers working within those approaches (HF, CTI or other) should be trained to address the women-specific needs that emerge from the current study, in particular trauma-informed and family-centered approaches. These approaches could be completed by other innovative models that cater to the specific needs identified by women and should be positioned to address the interactions of homelessness, poverty, health and social injustice and inequity, and include gender-specific provision of supports for women and women-led families (Clithero et al., 2017; Government of Canada, 2018a; Patterson et al., 2016; Phipps et al., 2021; Sprague, 2005). Peer support could be a potential avenue to fulfill women's documented need to contribute and connect to other women with similar experiences (Peer to Community (P2C) Program, 2022; Shalaby & Agyapong, 2020). This could also take the form of community- and neighbourhood-level initiatives that create opportunities for connection; meaningful engagement in activities, and skills development for specifically for women and children leaving sheltered living while also aiming to reduce community-level stigma and discrimination. Diverse form of social infrastructures specifically oriented to women and children are also needed such as health clinics, educational and work-training services, and spaces and opportunities for leisure and recreation (Falvo, 2022; Parker & Leviten-Reid, 2022). Funding, delivering, and documenting those supports specifically for women in post-shelter transitions should be a priority and focus on aspects that matter to women.

Multi-pronged, population-specific approaches may be useful approaches for addressing complex challenges. Kidd et al., (2019) for example, developed an outreach housing program consisting of outreach-based case management, peer support, and individual and group mental health supports and was implemented over a period of 6 months with youth who were recently homeless. Such programs exemplify a shift in approach from crisis management to prevention. This type of prevention approach warrants further adaptation and exploration specifically for women leaving shelters.

For high-quality supports to be provided to women in the post-shelter transition period, we must also better recognize and support those providing this care: the community workers and health care professionals (also primarily women) who support women in transitions (Parker & Leviten-Reid, 2022; Stanfors et al., 2019). The COVID-19 pandemic highlighted the necessity and precarity of the work that women continue to disproportionnally perform both in the

household, and in the community for marginalized individuals and communities (Yakubovich & Maki, 2022). This gives rise to an opportunity to restructure social policies which, in many countries, have not adequately taken into account evidence-informed measures that could support both women experiencing housing precarity and the women who support them professionally, such as public investment into low-cost, universal childcare (Zagel & Van Lancker, 2022). Finally, the findings support the need for inclusion of women in policy-making processes to help address their underrepresentation and help shift away from services that do not reflect their needs and experiences.

## 4.2 Implications for Research
The outcome most frequently examined, by far, in the included quantitative studies, is short-term (0-12 months) housing status post-shelter stay, as a measure of housing stability. This underscores the need for quantitative studies with gender-specific outcomes beyond housing status, larger samples, longer follow-ups and study designs that can provide high-quality data on the effectiveness and compared values of different support models (Flowers-Dortch, 2009; Lako et al., 2018; Nemiroff, 2010; Slesnick & Erdem, 2012). Outcomes such as economic integration highlight the need for research related to the effects living in poverty and how this intersects with a woman's options and abilities to engage in activities that can enhance community integration (e.g., return to work, pursuing education). Furthermore, the outcomes of both psychological and social integration need to be further explored to include women's voices to fully understand how connecting to their community, accessing formal and informal supports, and providing support for others is affected throughout through the experience of transitioning from a shelter to housing. Finally, the intersection of health status, living with chronic conditions, and housing insecurity is an important area for future research as noted in our review (Hilbert et al., 1997; Kim & Garcia, 2019; Metraux & Culhane, 1999; Nemiroff, 2010; Patterson et al., 2016).

## 4.3 Study Limitations
Limitations include possible omission to identify relevant studies that were not indexed in the electronic databases and that studies were only in English or French. This may have excluded additional results from scholars writing in other languages, or from countries that are publishing literature in languages other than French or English. We acknowledge that this may limit our

interpretation of outcomes for women post-shelter from a more global perspective. This review is part of a community-based participatory research initiative in Montreal, Canada, thus the results provide the foundation for context specific action and policy recommendations. Thus, the results in this review may not be generalizable. We also acknowledge that while it is standard practice for scoping reviews to address broader topics and plan for future research, this method of review is limited in terms of identifying the quality of the included articles which is a limitation of this study (Arksey & O'Malley, 2005; Munn et al., 2018; Peters et al., 2015). This review includes only a synthesis of outcomes from the quantitative and mixed methods studies related to women transitioning out of a shelter. To gain a broader understanding of the body of literature related to this topic, the companion paper (forthcoming) is recommended and will highlight where outcomes and findings converge and contrast. Conducting a systematic review on this topic including a critical appraisal of included articles will be a valuable next step once the body of literature has grown. This could also include more specific parameters to inform future research for specific sub-groups of women (e.g., women-led families, single women, women over 45 years).

## 5. CONCLUSIONS

The findings of this review lay the groundwork for addressing needs to support women's transitions following a shelter stay and enhance sustainable community integration outcomes. Recognizing the unique challenges and needs of women and women-led families is foundational for future research, policy, and practice. Furthermore, future research should focus on distinguishing practices that are aimed at various diverse and unique needs of various sub-groups of women in: 1) women-led families; 2) single women; 3) all women, including mothers and single women. The results support the need for shifting from crisis management to considering sustainability and prevention of repeat shelter stays and continued housing precarity and poverty. It is important that researchers engage with women with lived experience of homelessness and community stakeholders to develop inclusive, equitable, and socially just gender-specific post-shelter resources.

**Table 6.** Included studies with results and/or findings directly related to an intervention **(n = 14)**

| Authors | Country | Study Design | Sample description: size N=, % of women, Age (yrs), Ethnicity, health/other | Time point data was collected after leaving the shelter | Intervention and/or supports provided | Control or compar ison group | Findings/outcomes related to intervention and/or supports provided |
|---|---|---|---|---|---|---|---|
| **Mixed Methods** | | | | | | | |
| Brott et al. (2022) | USA | Sequential: Quant: Observational (Pre-post) Qual: Grounded theory | **Population:** rural and urban mothers with experience of homelessness leaving transitional housing (TH) **N:** 252, 100% QUANT: n=241 (rural n=141, urban n=100) QUAL: n=11 (rural n=5, urban n=6) **Rural Age:** m= 30.34 **Race/Ethnicity:** White (72.1%) **Urban Age:** m= 35.26 **Race/Ethnicity:** Black/African American (38.1%), White (31.7%), or Hispanic (20.1% | Quantitative used pre-post TH survey data from 2013-2018 records; Qualitative interviews were with current and former residents (time not specified) | Rural: (18-24 mos): case manager, life skills classes, counseling, GED, job training, child protective services, tutoring. Urban: (18 mos) case management counseling, childcare, GED, life skills, work training | Yes: Rural versus urban | Quantitative results found no significant differences between rural and urban groups, but education and social support were significant predictors of successful program completion. Qualitative findings highlighted importance of supportive factors such as assistance finding employment, enrolling in educational course, and having a sense of community. |

| Authors | Country | Study Design | Sample description: size N=, % of women, Age (yrs), Ethnicity, health/other | Time point data was collected after leaving the shelter | Intervention and/or supports provided | Control or comparison group | Findings/outcomes related to intervention and/or supports provided |
|---|---|---|---|---|---|---|---|
| Clark et al. (2019) | USA | Quant: Observational Qual: Interpretive Description | **Population:** individuals who have exited a domestic violence (DV) shelter to DV transitional housing **N=30, n:28 93% women** **Age:** m= 34.5 **Race/Ethnicity:** Hispanic/Latinx (46%), African American (20%), White (14%), Asian (<5%), or American Indian (<5%) | Not specified: all were currently in DVTH program | Services include: 12-24 months housing assistance counseling, case management, legal and financial aid, life skills, childcare and tutoring. Site has gated complex security features | No | Majority of the participants reported the level of security and availability of services provided were advantages (e.g., safety, assistance with finances and housing). Participants had ongoing concerns relating to housing insecurity at end of DVTH intervention. |
| Dostaler & Nelson (2003) | Canada | Quant: Observational (Pre-post) & Ethnography | **Population:** homeless young women **N=40, 100% women** **Age:** m= 17.5 **Race/Ethnicity: (**38%) visible minorities, Black (12.5%), (10%), Indigenous, (15%) mixed, and (10% other); (72.5%) born in Canada | At intake in shelter, and 3 months post leaving the shelter | Emergency youth shelter with supports (goal setting, counselling, health and dental services) | No | Significantly more participants (66%) lived in private houses or apartments and significantly fewer lived with friends after 3-months than before coming to the shelter. Participants reported increased independence and increased awareness of how counselling could assist them. Improvements in employment (40%), improvements in |

| Authors | Country | Study Design | Sample description: size N=, % of women, Age (yrs), Ethnicity, health/other | Time point data was collected after leaving the shelter | Intervention and/or supports provided | Control or comparison group | Findings/outcomes related to intervention and/or supports provided |
|---|---|---|---|---|---|---|---|
| | | | | | | | income (27%) reported improvements in employment: 40% reported improvements in income, however many remained in poverty. Some participants reported improved physical health linked to referral to a doctor or hospital. |
| Gabet et al. (2020) | Canada | Quant: Observational (Pre-post) & Qual: Interpretive Descriptive | **Population: formerly homeless** women previously in transitional housing and now in permanent housing with supports N=10; 100% women **Age:** 25-64; m=47.6 **Race/Ethnicity:** not stated **Health/Other:** 5 reported depression, and 3 anxiety disorders | At exit and 6 months post exiting transitional housing program | Post-transitional housing follow-up supports (activities of daily living, health, socialization, work, and education) | No | Participants reported having post-transitional housing (TH) follow-up facilitated adaptation to a more functional daily schedule and follow-up improved socialization and residential stability (8 participants were in the same residence at 6 months follow up). |
| **Quantitative** | | | | | | | |

| Authors | Country | Study Design | Sample description: size N=, % of women, Age (yrs), Ethnicity, health/other | Time point data was collected after leaving the shelter | Intervention and/or supports provided | Control or comparison group | Findings/outcomes related to intervention and/or supports provided |
|---|---|---|---|---|---|---|---|
| Flowers-Dortch (2009)* | USA | Observational (Pre-post) | **Population:** homeless women in transition to permanent housing N=62, 100% women **Age:** 19-47; **Race/Ethnicity:** 46.8% African Americans, 35.5% Latinos/Hispanics, 9.7% Caucasians, 4.8% Asian Pacific Islanders, 3.2% other | Survey was retroactive. Timepoint not stated | Transitional housing with supports (education on financial management, landlord assistance, childcare and parenting classes) | No | 93% of sample obtained permanent housing within 1-18 months. Supports deemed helpful for obtaining permanent housing were: assistance with transportation (90%), childcare (56%), employment opportunities to increase income (55%), assistance with landlord/tenant issues (71%). |
| Gubits et al. (2018) | USA | Experimental (Pre-post) | **Population:** homeless families N=2,282, n=2,097, 91.8% women, n=avg 2 children/woman. **Age:** median=29 **Race/Ethnicity:** African American non-Hispanic (40.9%); White, non-Hispanic (20.4%); Hispanic (20.2%); Asian/Pacific Islander, non-Hispanic (7.2%); mixed, non-Hispanic (11.2%) | 20-months and 37-months post receiving housing intervention | long-term rent subsidies, short-term rent subsidies, project-based transitional housing | Yes, Usual care | Compared to usual care, long-term rent subsidies sharply reduced family homelessness and increased housing stability, as compared to usual care over 37 months. Deep poverty was still prevalent across all groups three years after randomization. Long-term rent subsidies reduced experiences of |

| Authors | Country | Study Design | Sample description: size N=, % of women, Age (yrs), Ethnicity, health/other | Time point data was collected after leaving the shelter | Intervention and/or supports provided | Control or comparison group | Findings/outcomes related to intervention and/or supports provided |
|---|---|---|---|---|---|---|---|
| | | | **Other:** experienced intimate partner violence (49%), had a child living elsewhere (24%) | | | | intimate partner violence by 6.8% at 20 months and by 4.0 % at 37 months, reduced psychological distress at both time points, and reduced self-reported alcohol dependence or drug abuse by 4.5% at 20 months. |
| Kim & Garcia (2019) | USA | Observational (longitudinal)-retrospective | **Population:** homeless families headed by women N=1264, 86.5% women **Age:** 20-59 **Race/Ethnicity:** White (73.1%) **Health/Other:** 48.1% of homeless families had a family head with a physical disability; 24% of homeless families had a family head with chronic health problems; 27% had a family head with mental health problems | Track shelter re-entry over 1 year of follow-up | 'Housing First' type interventions including permanent supportive housing (PSH); rapid rehousing (RRH); emergency shelter (ES); or transitional housing (TH). | Yes. Comparison groups are all 'Housing First' with different types of service programs (PSH, RRP, TH, ES) | Between 42.4 - 48.7 % homeless families exiting their homeless episode returned the shelter within one year. Exiting to subsidized rental housing decreases the probability of shelter re-entry by 28.5% compared to homeless families with no information on their exit. Homeless families enrolling in PSH are more likely to spend a longer time in the shelter waiting for the resource than the other housing program |

| Authors | Country | Study Design | Sample description: size N=, % of women, Age (yrs), Ethnicity, health/other | Time point data was collected after leaving the shelter | Intervention and/or supports provided | Control or comparison group | Findings/outcomes related to intervention and/or supports provided |
|---|---|---|---|---|---|---|---|
| | | | | | | | as PSH includes intensive services for those with a disability. Families receiving RRH have longer shelter lengths of stay in their homeless episode than those staying at an ES or TH (for families temporarily at risk or in need of shorter-term stay). |
| Lako et al. (2018) | Netherlands | Experimental (Pre-post) | **Population:** homeless participants at shelter due to intimate partner violence or 'honor-related' violence N= 70 Critical Time Intervention (CTI) group N=66 Care as Usual (CAU) group;100% women **Age:** CTI m=34.24; CAU m=33.58 **Race/Ethnicity:** not stated | Baseline interview at shelter exit and follow-up interviews at 3, 6, and 9 months | Critical Time Intervention (CTI) | Yes. Care as usual (CAU) included post-discharge services of 1-3 hrs/wk for of 13-52 weeks. | CTI group had significantly less symptoms of post-traumatic stress and a significant reduction in unmet care needs compared to CAU. No differences were found for quality of life, re-abuse, symptoms of depression, psychological distress, self-esteem, family support, and social support between the groups. |
| Patterson et al. (2016) | USA | Observational (Ex post facto | **Population:** heads of households who had been | Retrospective time to stable | Rapid rehousing (RRP) including | No | 77% of families (of which 57% were led |

| Authors | Country | Study Design | Sample description: size N=, % of women, Age (yrs), Ethnicity, health/other | Time point data was collected after leaving the shelter | Intervention and/or supports provided | Control or comparison group | Findings/outcomes related to intervention and/or supports provided |
|---|---|---|---|---|---|---|---|
| | | correlational – retrospective) | homeless and received rapid rehousing assistance N=133, n=76, (57%) single-women lead family; (38%), two-parent families ;(15%) couples without children **Age:** m=37 **Race/Ethnicity:** 70% White and non-Hispanic; **Health/Other:** 35% were veterans; 65% had a disabling condition; 59% had a history of domestic violence | housing measured 0-450 days | supports (e.g., financial assistance for housing). Veterans also received Supportive Services for Veteran Families (SSVF) program which includes additional supports | | by single mothers) were placed in stable housing. |
| Pierce et al. (2018) | USA | Experimental (Pre-post) | **Population:** homeless youth who entered and exited transitional housing N=174; n=101, 58% women **Age:** 19 and younger at TH entrance **Race/Ethnicity:** White non-Hispanic (20%), African American non-Hispanic (almost all remaining) **Health/Other:** 40% of females were pregnant; mood disorder 50%; adjustment disorder (e.g., PTSD) 33% | At point of entry and exit | Transitional Housing with supports in: housing, physical and mental health, life skills, income & employment, and education | No | 73% of total sample achieved positive results on at least 1 of 3 outcomes of education, employment, or wages. 52% sample had positive results on 2/3, outcomes, 27% had positive results on all 3 outcomes. 47% increased their educational attainment. 44% of participants were employed at entrance of TH and at program |

| Authors | Country | Study Design | Sample description: size N=, % of women, Age (yrs), Ethnicity, health/other | Time point data was collected after leaving the shelter | Intervention and/or supports provided | Control or comparison group | Findings/outcomes related to intervention and/or supports provided |
|---|---|---|---|---|---|---|---|
| | | | | | | | exit 58% were employed at least 20h/wk. |
| Slesnick & Erdem (2012) | USA | Experimental (Pre-post) | **Population:** homeless mothers, with substance use issues, and biological children (2-6 yrs) living in a family shelter and then provided housing and supports **N=15, 100% women** **Age:** 19-39, m=25.2 **Race/Ethnicity:** African American (66.7%), White (20%) **Health/Other:** Alcohol use a 60%; Marijuana 73.3%; Cocaine 20%, Opiate 13.3%; MDD 20%, PTSD 6.6%; MDD and PTSD 33% | Out of family shelter to independent living at baseline, then 3, 6 months follow up | Apartment of choice with supports (rental assistance for up to $600/month for 3 mos for rent and utility assistance), substance abuse counselling, and case management for up to 6 mos) | No | 14/15 housed women at the beginning of the study were still in housing at 3 months. At end of 6 months 10/15 were still in initial housing. Only 2/15 or 13.3% had income from employment. No effect noted on substance use habits. Mothers reported better mental health at 3 and 6 months than at baseline. IPV experiences at baseline (53.3%) decreased slightly at both the 3 mos (35.7%) and 6 mos follow up (30.8%). |

| Authors | Country | Study Design | Sample description: size N=, % of women, Age (yrs), Ethnicity, health/other | Time point data was collected after leaving the shelter | Intervention and/or supports provided | Control or comparison group | Findings/outcomes related to intervention and/or supports provided |
|---|---|---|---|---|---|---|---|
| Slesnick & Erdem (2013) | USA | Experimental (Pre-post) | **Population:** homeless mothers, with substance abuse or dependence and biological children (2-6 yrs) N=60, 100% women **Age:** m=26.3 **Race/Ethnicity:** African American (75%), White (11.6%) | Out of family shelter to independent living at baseline, then 3, 6 months follow-up | Ecological Based Treatment (EBT) receives up to $600/mo for 3 mos in a chosen apartment, substance abuse counselling, and case management for up to 6 mos. | Treatment As Usual (TAU): crisis shelter for up to 3 wks and links to housing and support | Women in EBT had a faster decline in alcohol use and a quicker increase in housing than women in TAU; all showed improvements in problems related to alcohol and drug use, frequency of drug use, and no statistically differences between the treatment groups over time. It required more time for women in TAU to achieve independent housing than those in EBT, however by 9 months, both conditions had the same result (66% of women had their own apartments). Substance use rates declined significantly over time, indicating that substance use did not increase as a result of non-abstinent contingent housing conditions. |

| Authors | Country | Study Design | Sample description: size N=, % of women, Age (yrs), Ethnicity, health/other | Time point data was collected after leaving the shelter | Intervention and/or supports provided | Control or comparison group | Findings/outcomes related to intervention and/or supports provided |
|---|---|---|---|---|---|---|---|
| Stylianou & Pich (2021) | USA | Observational (longitudinal) | **Population:** women who have left an emergency domestic violence (DV) shelter<br>**N=347, n=344, 99.1%** women<br>**Age:** m=28.4<br>**Race/Ethnicity:** (57%) Black or African American, (35.2%) Hispanic/Latina, (4.2%) White/Caucasian, and (3.6%) Other. | Exit of shelter: retrospective | 6 shelters with 3 designs including supports (safety assessment, crisis intervention, counselling, housing information, practical assistance, and advocacy) traditional, scattered site, and combination | No | Women with children had the highest association exits to unsubsidized housing (19.6%, compared to 8.3% without children), and to exits to DV transitional shelter (23.2% compared to 0.0% of participants without children). In contrast, women without children had the highest association with exits to the general homeless system (36.1% compared to 23.8% with), and to subsidized housing (30.6%, compared with 24.1% of women with children), and other post-shelter locations (25.0%, compared to 9.3% of women with children). |

| Authors | Country | Study Design | Sample description: size N=, % of women, Age (yrs), Ethnicity, health/other | Time point data was collected after leaving the shelter | Intervention and/or supports provided | Control or comparison group | Findings/outcomes related to intervention and/or supports provided |
|---|---|---|---|---|---|---|---|
| Tan et al. (1995) | USA | Experimental (Pre-post) | **Population:** women who have experienced violence and a shelter stay N=141, 100% women **Age:** m=28.5 (88% had 1 dependent child) **Race/Ethnicity:** White (45%); Black (43%); Hispanic (8%); Asian American (1%) | Exit of shelter, 10-weeks post and 6-months post | Advocate worker one-on-one approx. 6hr/wk over 10 wks. To assess unmet needs and tailor intervention to access resources (e.g., low-cost housing, legal issues, employment, childcare) and assist with expanding social network | Yes, Exit shelter without advocate (TAU) | Women in the experimental group working with an advocate reported they were able to improve their social support network in the 10-week period post-shelter exit as compared to 67% of the control group. Prior to shelter entrance, 84% of participants were involved with their abuser, whereas upon exit was 35%. At 10-weeks post-exit this rose to 40% and 6 months back to 34%. No significant difference b/w experimental and control group on whether they continued to be involved with their abuser. |
| *Dissertation* | | | | | | | |

**REFERENCES**

(* Indicates included in scoping review)

Amore, K., Baker, M., & Howden-Chapman, P. (2011). The ETHOS definition and classification of homelessness: an analysis. *European Journal of Homelessness*, *5*(2). https://www.feantsa.org/download/article-1-33278065727831823087.pdf

Arksey, H., & O'Malley, L. (2005). Scoping studies: towards a methodological framework. *International Journal of Social Research Methodology 8*(1), 19-32. https://doi.org/10.1080/1364557032000119616

Baptista, I., Benjaminsen, L., Pleace, N., & Busch-Geertsema, V. (2017). *Family homelessness in Europe: 7 EOH comparative studies in homeless*. https://www.feantsaresearch.org/download/feantsa-studies_07_web3386127540064828685.pdf

BC Housing. (2018). *Emergency Shelter Program: Program Framework*. Retrieved from https://www.bchousing.org/publications/Emergency-Shelter-Program-Framework.pdf

Bretherton, J. (2020). Women's experiences of homelessness: A longitudinal study. *Social Policy and Society*, *19*(2), 255-270. https://doi.org/10.1017/S1474746419000423

*Brott, H., Kornbluh, M., Banfield, J., Boullion, A. M., & Incaudo, G. (2022). Leveraging research to inform prevention and intervention efforts: Identifying risk and protective factors for rural and urban homeless families within transitional housing programs. *Journal of community psychology*, *50*(4), 1854-1874. https://doi.org/10.1002/jcop.22663

Chambers, C., Chiu, S., Scott, A. N., Tolomiczenko, G., Redelmeier, D. A., Levinson, W., & Hwang, S. W. (2014). Factors associated with poor mental health status among homeless women with and without dependent children. *Community Mental Health Journal*, *50*, 553-559. https://doi.org/10.1007/s10597-013-9605-7

Clarivate Analytics. (2020). Endnote Citation Management. https://libraryguides.mcgill.ca/citation/endnote

*Clark, D. L., Wood, L., & Sullivan, C. M. (2019). Examining the needs and experiences of domestic violence survivors in transitional housing. *Journal of Family Violence*, *34*(4), 275-286. https://doi.org/10.1007/s10896-018-0010-4

Clithero, A., Ross, S. J., Middleton, L., Reeve, C., & Neusy, A.-J. (2017). Improving community health using an outcome-oriented CQI approach to community-engaged health

professions education. *Frontiers in Public Health 5*, 26.
https://doi.org/10.3389/fpubh.2017.00026

Cone, P. M. H. (2006). *Reconnecting: a grounded theory study of formerly homeless mothers* [Dissertation in Nursing, University of California, San Francisco]. US.

*Cook-Craig, P., & Koehly, L. (2011). Stability in the Social Support Networks of Homeless Families in Shelter: Findings From a Study of Families in a Faith-Based Shelter Program [Article]. *Journal of Family Social Work*, *14*(3), 191-207. https://doi.org/10.1080/10522158.2011.571553

Cooper, L., & Morris, M. (2003). *Sustainable tenancy for Indigenous families: what services and policy supports are needed?* (1920941584). https://www.ahuri.edu.au/research/final-reports/81

*Dostaler, T., & Nelson, G. (2003). A process and outcome evaluation of a shelter for homeless young women. *Canadian journal of community mental health / Revue canadienne de sante mentale communautaire*, *22*(1), 99-112. https://doi.org/10.7870/cjcmh-2003-0007

Falvo, N. (2022). Special Issue–Homelessness in Canada. *International Journal on Homelessness*, *2*(1), 1-5. https://doi.org/10.5206/ijoh.2022.1.14810

*Flowers-Dortch, A. (2009). *Study of factors of strength-based case management that contribute to helping homeless mothers obtain permanent housing* [Dissertation in Social Work, California State University]. US.

Fogel, S. J. (1997). Moving along: An exploratory study of homeless women with children using a transitional housing program. *Journal of Sociology and Social Welfare*, *24*(3), 113-133. https://scholarworks.wmich.edu/jssw/vol24/iss3/8/

Fotheringham, S., Walsh, C. A., & Burrowes, A. (2014). 'A place to rest': the role of transitional housing in ending homelessness for women in Calgary, Canada. *Gender, Place & Culture: A Journal of Feminist Geography*, *21*(7), 834-853. https://doi.org/10.1080/0966369X.2013.810605

*Gabet, M., Grenier, G., Perrottet, D., & Fleury, M. J. (2020). Follow-up of post-transitional housing for homeless women: Needs, implementation and outcomes of a pilot study. *Sante mentale au Quebec*, *45*(1), 79-103. https://doi.org/10.7202/1070242ar

Gaetz, S., Barr, C., Friesen, A., Harris, B., Hill, C., Kovacs-Burns, K., Pauly, B., Pearce, B., Turner, A., & Marsolais, A. (2012). *Canadian Definition of Homelessness*. https://www.homelesshub.ca/sites/default/files/COHhomelessdefinition.pdf

Gaetz, S., & Dej, E. (2017). *A new direction: A framework for homelessness prevention*. https://www.homelesshub.ca/ANewDirection

Gaetz, S., Dej, E., Richter, T., & Redman, M. (2016). *The State of Homelessness in Canada 2016. Canadian Observatory on Homelessness*. https://homelesshub.ca/sites/default/files/SOHC16_final_20Oct2016.pdf

Gaetz, S., Donaldson, J., Richter, T., & Gulliver, T. (2013). *The State of Homelessness in Canada 2013*. https://www.homelesshub.ca/sites/default/files/attachments/SOHC2103.pdf

Government of Canada. (2018a). *Canada's National Housing Strategy: A place to call home*. Retrieved Oct. 3 2023 from https://eppdscrmssa01.blob.core.windows.net/cmhcprodcontainer/sf/project/placetocallhome/pdfs/canada-national-housing-strategy.pdf

Government of Canada. (2018b). *Homeless Partnering Strategy engagement : what we heard : report 2018*. Employment and Social Development Canada. https://www.infrastructure.gc.ca/alt-format/pdf/homelessness-sans-abri/reports-rapports/HPS_Engagement_-_WWH_Report-EN.pdf

*Gubits, D., Shinn, M., Wood, M., Bell, S., Dastrup, S., Solari, C., Brown, S., McInnis, D., McCall, T., & Kattel, U. (2016). *Family options study: 3-year impacts of housing and services interventions for homeless families*. US Department of Housing and Urban Development Office of Policy Development and Research. https://www.huduser.gov/portal/sites/default/files/pdf/family-options-study-full-report.pdf

Gubits, D., Shinn, M., Wood, M., Brown, S. R., Dastrup, S. R., & Bell, S. H. (2018). What interventions work best for families who experience homelessness? Impact estimates from the family options study. *Journal of Policy Analysis and Management*, *37(4)*, 735-766. https://doi.org/10.1002/pam.22071

Gulliver-Garcia, T. (2016). *Putting an end to child & family homelessness in Canada. Raising the Roof*. https://www.homelesshub.ca/resource/putting-end-child-and-family-homelessness-canada

Herman, D., Conover, S., Felix, A., Nakagawa, A., & Mills, D. (2007). Critical Time
Intervention: an empirically supported model for preventing homelessness in high risk
groups. *The Journal of Primary Prevention*, *28*, 295-312. https://doi.org/10.1007/s10935-007-0099-3

*Hilbert, J. C., Kolia, R., & VanLeeuwen, D. M. (1997). Abused women in New Mexican
shelters: Factors that influence independence on discharge. *Affilia*, *12*(4), 391-407.
https://doi.org/10.1177/08861099970120

Kidd, S. A., Vitopoulos, N., Frederick, T., Leon, S., Karabanow, J., & McKenzie, K. (2019).
More than four walls and a roof needed: A complex tertiary prevention approach for
recently homeless youth. *American Journal of Orthopsychiatry*, *89*(2), 248.
https://doi.org/10.1037/ort0000335

*Kim, K., & Garcia, I. (2019). Why do homeless families exit and return the homeless shelter?
Factors affecting the risk of family homelessness in Salt Lake county (Utah, United
States) as a case study. *International Journal of Environmental Research and Public
Health*, *16(22)*, 4328. https://doi.org/10.3390/ijerph16224328

Kirkby, C., Mettler, K., Nichols, N., & Doberstein, C. (2016). Women first: An analysis of a
trauma-informed, women-centred, harm reduction housing model for women with
complex substance use and mental health issues. In *Exploring Effective Systems
Responses to Homelessness. Toronto, ON: The Homeless Hub*.
https://www.homelesshub.ca/resource/21-women-first-analysis-trauma-informed-women-centred-harm-reduction-housing-model-women

Klodawsky, F. (2006). Landscapes on the margins: Gender and homelessness in Canada. *Gender,
Place & Culture 13*(4), 365-381. https://doi.org/10.1080/09663690600808478

*Lako, D. A. M., Beijersbergen, M. D., Jonker, I. E., de Vet, R., Herman, D. B., van Hemert, A.
M., & Wolf, J. R. L. M. (2018). The effectiveness of critical time intervention for abused
women leaving women's shelters: a randomized controlled trial. *International Journal of
Public Health*, *63*(4), 513-523. https://doi.org/10.1007/s00038-017-1067-1

Latimer, E., & Bordeleau, F. (2019). *Dénombrement des personnes en situation d'itinérance au
Québec le 24 avril 2018*. Direction des communications du Ministère de la santé et des
services sociaux. https://publications.msss.gouv.qc.ca/msss/fichiers/2018/18-846-10W.pdf

Levac, D., Colquhoun, H., & O'Brien, K. K. (2010). Scoping studies: advancing the methodology. *Implementation Science 5*, 1-9. https://doi.org/10.1186/1748-5908-5-69

Lindsey, E. W. (1996). Mothers' perceptions of factors influencing the restabilization of homeless families. *Families in Society*, *77*(4), 203-215. https://doi.org/10.1606/1044-3894.902

Lindsey, E. W. (1997). The process of restabilization for mother-headed homeless families: How social workers can help. *Journal of Family Social Work*, *2*(3), 49-72. https://doi.org/10.1300/J039v02n03_05

Long, S. M. (2010). *Abused women's journeys from shelters to home: An examination of the coping process* [Dissertation in Psychology, University of Illinois]. US.

McAll, C. (2018). Appearing to the world: The effects of the Housing First experiment in Montreal after 48 months. *Vie sociale*, *2324*(3), 85-98. https://www.cairn-int.info/article-E_VSOC_183_0085--appearing-to-the-world-the-effects-of.htm

McDonald, A. R. (2018). *Fact vs. fiction: Uncovering the experiences of homeless/street youths' involvement in survival sex* [Dissertation in Social Work, University of Denver]. US.

*Metraux, S., & Culhane, D. P. (1999). Family dynamics, housing, and recurring homelessness among women in New York City homeless shelters [Article]. *Journal of Family Issues*, *20*(3), 371-396. https://doi.org/10.1177/019251399020003004

Milaney, K., Lockerbie, S. L., Fang, X. Y., & Ramage, K. (2019). The role of structural violence in family homelessness. *Canadian Journal of Public Health*, *110*, 554-562. https://doi.org/10.17269/s41997-019-00219-y

Milaney, K., Williams, N., Lockerbie, S. L., Dutton, D. J., & Hyshka, E. (2020). Recognizing and responding to women experiencing homelessness with gendered and trauma-informed care. *BMC Public Health 20*(1), 1-6. https://doi.org/10.1186/s12889-020-8353-1

Montesanti, S. R., & Thurston, W. E. (2015). Mapping the role of structural and interpersonal violence in the lives of women: implications for public health interventions and policy. *BMC Women's Health 15*(1), 1-13. https://doi.org/10.1186/s12905-015-0256-4

Montgomery, A. E., Szymkowiak, D., & Culhane, D. (2017). Gender differences in factors associated with unsheltered status and increased risk of premature mortality among individuals experiencing homelessness. *Women's Health Issues 27*(3), 256-263. https://doi.org/10.1016/j.whi.2017.03.014

Munn, Z., Peters, M. D. J., Stern, C., Tufanaru, C., McArthur, A., & Aromataris, E. (2018). Systematic review or scoping review? Guidance for authors when choosing between a systematic or scoping review approach. *BMC Medical Research Methodology*, *18*(1), 143. https://doi.org/10.1186/s12874-018-0611-x

National Alliance to End Homelessness. (2022). *State of homelessness: 2023 edition* https://endhomelessness.org/homelessness-in-america/homelessness-statistics/state-of-homelessness/#homelessness-in-2022

*Nemiroff, R. (2010). *Beyond rehousing: Community integration of women who have experienced homelessness* [Dissertation in Clincial Psychology, University of Ottawa]. Canada.

Nixon, S. A. (2019). The coin model of privilege and critical allyship: implications for health. *BMC Public Health*, *19*(1), 1637. https://doi.org/10.1186/s12889-019-7884-9

Nooe, R. M., & Patterson, D. A. (2010). The Ecology of Homelessness. *Journal of Human Behavior in the Social Environment*, *20*(2), 105-152. https://doi.org/10.1080/10911350903269757

Novac, S., Brown, J., & Bourbonnais, C. (2009). Transitional housing models in Canada: Options and outcomes. In *Finding home: Policy options for addressing homelessness in Canada (e-book)*.

Nusselder, W. J., Slockers, M. T., Krol, L., Slockers, C. T., Looman, C. W., & van Beeck, E. F. (2013). Mortality and life expectancy in homeless men and women in Rotterdam: 2001–2010. *PloS one*, *8*(10), e73979. https://doi.org/10.1371/journal.pone.0073979

Osuji, J. C., & Hirst, S. P. (2013). Understanding the journey through homelessness: A hermeneutic study of women without children. *Canadian Journal of Community Mental Health*, *32*(2), 27-42. https://doi.org/10.7870/cjcmh-2013-017

Oudshoorn, A., Forchuk, C., Hall, J., Smith-Carrier, T., & Van Berkum, A. (2018a). An evaluation of a Housing First program for chronically homeless women. *Journal of Social Inclusion*, *9*(2), 34-50. https://doi.org/10.36251/josi.136

Oudshoorn, A., Van Berkum, A., & Van Loon, C. (2018). A history of women's homelessness: the making of a crisis. *Journal of Social Inclusion*, *9*(1), 5-20. https://doi.org/10.36251/josi.128

Padgett, D., Henwood, B. F., & Tsemberis, S. J. (2016). *Housing First: Ending homelessness, transforming systems, and changing lives*. Oxford University Press, USA. https://doi.org/10.1093/acprof:oso/9780199989805.001.0001

Paquette, K., & Bassuk, E. L. (2009). Parenting and homelessness: Overview and introduction to the special section. *American Journal of Orthopsychiatry*, *79*(3), 292-298. https://doi.org/10.1037/a0017245

Parker, B., & Leviten-Reid, C. (2022). Pandemic precarity and everyday disparity: gendered housing needs in North America. *Housing and Society*, *49*(1), 10-37. https://doi.org/10.1080/08882746.2021.1922044

*Patterson, D. A., West, S., Harrison, T. M., & Higginbotham, L. (2016). No easy way out: One community's efforts to house families experiencing homelessness. *Families in Society*, *97*(3), 212-220. https://doi.org/10.1606/1044-3894.2016.97.22

Peer to Community (P2C) Program. (2022). *Peer to Community: Helping people find their people*. Retrieved April 26, 2024 from https://www.peer2community.ca/

Peters, M. D. J., Godfrey, C. M., Khalil, H., McInerney, P., Parker, D., & Soares, C. B. (2015). Guidance for conducting systematic scoping reviews. *JBI Evidence Implementation*, *13*(3), 141-146. https://doi.org/10.1097/xeb.0000000000000050

Phipps, E., Butt, T., Desjardins, N., Schonauer, M., Schlonies, R., & Masuda, J. R. (2021). Lessons from a rural housing crisis: grounded insights for intersectoral action on health inequities. *Social science & medicine*, *270*, 113416. https://doi.org/10.1016/j.socscimed.2020.113416

Phipps, M., Dalton, L., Maxwell, H., & Cleary, M. (2019). Women and homelessness, a complex multidimensional issue: Findings from a scoping review. *Journal of Social Distress and the Homeless*, *28*(1), 1-13. https://doi.org/10.1080/10530789.2018.1534427

*Pierce, S. C., Grady, B., & Holtzen, H. (2018). Daybreak in Dayton: Assessing characteristics and outcomes of previously homeless youth living in transitional housing. *Children and Youth Services Review*, *88*, 249-256. https://doi.org/10.1016/j.childyouth.2018.03.021

Pleace, N. (2016). Exclusion by definition: The under-representation of women in European homelessness statistics. *Women's homelessness in Europe*, 105-126. https://doi.org/10.1057/978-1-137-54516-9_5

Roy, L., Crocker, A. G., Nicholls, T. L., Latimer, E. A., & Ayllon, A. R. (2014). Criminal behavior and victimization among homeless individuals with severe mental illness: a systematic review. *Psychiatric services*, *65*(6), 739-750. https://doi.org/10.1176/appi.ps.201200515

Salem, B. E., Kwon, J., Ekstrand, M. L., Hall, E., Turner, S. F., Faucette, M., & Slaughter, R. (2021). Transitioning into the community: Perceptions of barriers and facilitators experienced by formerly incarcerated, homeless women during reentry—A qualitative study. *Community Mental Health Journal*, *57*, 609-621. https://doi.org/10.1007/s10597-020-00748-8

Schwan, K., & Ali, N. (2021). *A Rights-Based, GBA+ Analysis of the National Housing Strategy*. Women's National Housing & Homelessness Network.

Schwan, K., Versteegh, A., Perri, M., Caplan, R., Baig, K., Dej, E., Jenkinson, J., Brais, H., Eiboff, F., & Pahlevan-Chaleshtari, T. (2020). *The state of women's housing need & homelessness in Canada*. https://womenshomelessness.ca/wp-content/uploads/State-of-Womens-Homelessness-Literature-Review.pdf

Scroggins, J. R., & Malley, S. (2010). Reentry and the (unmet) needs of women. *Journal of Offender Rehabilitation*, *49*(2), 146-163. https://doi.org/10.1080/10509670903546864

Shalaby, R. A. H., & Agyapong, V. I. (2020). Peer support in mental health: literature review. *JMIR mental health*, *7*(6), e15572. https://doi.org/10.2196/15572

Simpson, E. K., McDermott, C. P., & Hild, L. E. (2020). Needs of Transitionally Housed Young People to Promote Occupational Participation. *Occupational Therapy in Health Care* *34*(1), 62-80. https://doi.org/10.1080/07380577.2020.1737895

*Slesnick, N., & Erdem, G. (2012). Intervention for homeless, substance abusing mothers: findings from a non-randomized pilot. *Behavioral Medicine* *38*(2), 36-48. https://doi.org/10.1080/08964289.2012.657724

*Slesnick, N., & Erdem, G. (2013). Efficacy of ecologically-based treatment with substance-abusing homeless mothers: substance use and housing outcomes. *Journal of Substance Abuse Treatment* *45*(5), 416-425. https://doi.org/10.1016/j.jsat.2013.05.008

Smith, D. E. (1987). *The everyday world as problematic : a feminist sociology*. Northeastern University Press.

Sprague, J. (2005). *Feminist methodologies for critical researchers : bridging differences*. Rowman & Littlefield.

*Stainbrook, K. A. (2005). *Reciprocal relationships between formerly homeless mothers and their informal social supports* [Dissertation in Sociology, University at Albany]. US.

Stanfors, M., Jacobs, J. C., & Neilson, J. (2019). Caregiving time costs and trade-offs: Gender differences in Sweden, the UK, and Canada. *SSM-Population Health 9*, 100501. https://doi.org/10.1016/j.ssmph.2019.100501

Statistics Canada. (2019). *Classification of shelter type*. Retrieved 12 January 2024 from https://www23.statcan.gc.ca/imdb/p3VD.pl?Function=getVD&TVD=440885&CVD=440885&CLV=0&MLV=1&D=1

*Stylianou, A. M., & Pich, C. (2021). Beyond domestic violence shelter: Factors associated With housing placements for survivors exiting emergency shelters. *Journal of Interpersonal Violence*, *36*(17-18), NP9440-NP9462. https://doi.org/10.1177/0886260519858393

*Sullivan, C. M., Basta, J., Tan, C., & Davidson, W. S., 2nd. (1992). After the crisis: a needs assessment of women leaving a domestic violence shelter. *Violence & Victims 7*(3), 267-275. https://doi.org/10.1177/0886260516664318

*Tan, C., Basta, J., Sullivan, C. M., & Davidson, W. S. (1995). The role of social support in the lives of women exiting domestic violence shelters: An experimental study. *Journal of Interpersonal Violence*, *10*(4), 437-451. https://doi.org/10.1177/088626095010004004

The World Bank. (n.d.). *World bank country and lending Groups, country classification* https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups

Tong, R., & Botts, T. F. (2018). *Feminist thought : a more comprehensive introduction* (Fifth edition. ed.). Routledge. https://doi.org/10.4324/9780429493836

Wahab, S., Anderson-Nathe, B., & Gringeri, C. (2014). *Feminisms in social work research: Promise and possibilities for justice-based knowledge*. Routledge.

Waldbrook, N. (2013). Formerly homeless, older women's experiences with health, housing, and aging. *Journal of Women & Aging 25*(4), 337-357. https://doi.org/10.1080/08952841.2013.816213

Wallerstein, N., & Duran, B. (2010). Community-based participatory research contributions to intervention research: the intersection of science and practice to improve health equity.

*American Journal of Public Health 100*(S1), S40-S46.
https://doi.org/10.2105/AJPH.2009.184036

Willse, C. (2010). Neo-liberal biopolitics and the invention of chronic homelessness. *Economy and Society*, *39*(2), 155-184. https://doi.org/10.1080/03085141003620139

Wong, Y.-L. I., & Solomon, P. L. (2002). Community integration of persons with psychiatric disabilities in supportive independent housing: A conceptual model and methodological considerations. *Mental health services research*, *4*, 13-28. https://doi.org/10.1023/a:1014093008857

World Health Organization. (2021). *Constitiution*. https://www.who.int/about/governance/constitution

Yakubovich, A. R., & Maki, K. (2022). Preventing gender-based homelessness in Canada during the COVID-19 pandemic and beyond: the need to account for violence against women. *Violence against women*, *28*(10), 2587-2599. https://doi.org/10.1177/10778012211034

Yamawaki, N., Ochoa-Shipp, M., Pulsipher, C., Harlos, A., & Swindler, S. (2012). Perceptions of Domestic Violence:The Effects of Domestic Violence Myths, Victim's Relationship With Her Abuser, and the Decision to Return to Her Abuser. *Journal of Interpersonal Violence*, *27*(16), 3195-3212. https://doi.org/10.1177/0886260512441253

Yeo, S., Ratnam, C., Paradis, E., Oudshoorn, A., Nessa, B., Mosher, J., Macphail, S., Greene, S., Gaetz, S., & Forchuk, C. C. (2015). *A framework for ending women's and girls' homelessness*.

Zagel, H., & Van Lancker, W. (2022). Family policies' long-term effects on poverty: a comparative analysis of single and partnered mothers. *Journal of European Social Policy*, *32*(2), 166-181. https://doi.org/10.1177/09589287211035690

**Bridge from Chapters 4 to 5**

In addition to our scoping review on outcomes for women post-shelter, we wanted to explore what is known about women's processes and experiences in this transition. We conducted our search and through the charting of the data, we noticed contrasting results depending on the type of empirical research. We thus decided to present the results as two scoping reviews, Paper 1 (Jacobsen, Roy, Marshall, et al., 2024), and this companion paper.

The findings build on the results of our first review and contribute a synthesis of the processes and experiences women go through in this transition from their perspective. This synthesis is required to fully understand the many different viewpoints of women and provides an opportunity to see where the results and findings converge or contrast with Paper 1.

The following manuscript also addresses our first broad objective to build on the foundational knowledge of what is needed to co-design a support program for women and women-led families transitioning from shelter to housing by exploring the landscape of processes and experiences of women post-shelter. It also scans the literature to explore the third specific objective of what is reported in terms of the individual-, service-, and system-level barriers and facilitators through their transition.

This manuscript has had revisions submitted to the Journal of Social Distress and Homelessness.

**Jacobsen, K.,** Roy, L., Marshall, C. A., Perreault, M., Richmond, S., Seto, V., Hoffmann-Kuhnt, B., Boutemeur, I., & Rouleau, D. (revisions submitted, 2024). Processes and Experiences of women after leaving a shelter: A scoping review.

**Chapter 5: Manuscript 2 - Processes and experiences of women after leaving a shelter: A scoping review**

**Title:** Processes and experiences of women after leaving a shelter: A scoping review

Karla Jacobsen, PhD (c), OT[1] | Laurence Roy, PhD, OT[1] | Carrie Anne Marshall, PhD, OT[2] | Michel Perreault, PhD[3]| Sally Richmond, MBA[5] | Vanessa Seto, MScOT, PhD(c), OT [1] | Beatriz Hoffmann-Kuhnt, MA, PhD student[5]| Isabelle Boutemeur, BA, MSW [6]| Danielle Rouleau, BSW[7]

[1]School of Physical and Occupational Therapy, McGill University, Montreal, Canada

[2]Social Justice in Mental Health Research Lab, School of Occupational Therapy, Western University, London, Canada

[3]Department of Psychiatry, McGill University, Douglas Mental Health University Institute Research Center, Montreal, Canada

[4]Logifem, Montreal, Canada

[5]Munich University of Applied Sciences, Munich, Germany

[6]Réseau Habitation Femmes, Montreal, Canada

[7]La Maison Grise de Montréal, Montreal, Canada

**Correspondence**

Karla Jacobsen, School of Physical and Occupational Therapy, McGill University, 3630 Prom Sir-William-Osler, Montreal, Quebec, Canada, H3G 1Y5.

Email: karla.jacobsen@mcgill.ca

**CONFLICTS OF INTEREST**

The authors declare no conflicts of interest with respect to this research.

**Abstract**

Introduction: After a shelter stay, women frequently face continued housing and economic instability. This scoping review, which is a companion paper to our scoping review on outcomes for women post-shelter (Jacobsen et al., 2024), explores the experiences of women post-shelter stay, and factors that affect this transition. Methods: We followed the Levac et al. (2010) framework for conducting scoping reviews. After screening 6,895 articles, 37 met the inclusion criteria. Results: Four salient themes emerged relating to the experiences of women post-shelter: connection and community, finding a place to call home, creating a new life, and caring for self. Conclusion: Our findings add to the existing literature to underscore the paramount importance of ontological security and engagement in meaningful activities for women transitioning from shelter to housing. This review highlights the necessity of including the voices of women to understand what safety, security, and community integration mean to them. Including the voices of women with lived experience to guide research, practice and policy is imperative to find solutions that are socially just, accessible, trauma-informed, and gender-transformative.

**Keywords:** Woman, Family, Exit, Homeless, Shelter

**Introduction**

Current statistics in Canada, the US, and Europe estimate that women and women-led households account for 26 to 39 % of those experiencing homelessness, and comprise one of the fastest growing homeless populations. (Gaetz et al., 2016; National Alliance to End Homelessness, 2022; Pleace, 2016). Of the families in shelters in Canada, 89 % were found to be headed by women, (Canadian Observatory on Homelessness [COH], 2019; Gaetz et al., 2016) for whom fleeing domestic conflict is one of the major causes of a shelter stay. (Burczycka & Cotter, 2011, p. 12; Gaetz et al., 2013). There are gendered-specific aspects to an individual's pathway to and experiences of homelessness, as well as to their health and social needs (Gaetz et al., 2016; Oudshoorn et al., 2018; Phipps et al., 2019). While there is growing research interest in transitions for individuals leaving homelessness (Marshall, Boland, Westover, Wickett, et al., 2020; Marshall, Easton, et al., 2024), no review has considered the specific experiences of women in these transitions, despite well documented evidence that women utilize emergency,

domestic violence, and transitional shelters to a greater extent than men (Government of Canada - Infrastructure Canada, 2021, 2023).

In light of this knowledge gap, our team conducted a scoping review of outcomes of and factors associated with post-shelter transitions for women (Jacobsen et al., 2024). This first scoping review (Paper 1) included 20 studies which reported primarily on housing stability (70% of studies) and on income and participation in work (65% of studies) (Jacobsen et al., 2024). Overall, the findings presented in this paper indicate that women and their families are unlikely to obtain long-term housing, health, wellness, and community integration without access to flexible, individualized and high-quality resources (Jacobsen et al., 2024). The high percentage of women returning to housing precarity or homelessness post-shelter (23 to 50% of women) underscores the inadequacy of current supports (Cook-Craig & Koehly, 2011; Hilbert et al., 1997; Metraux & Culhane, 1999; Patterson et al., 2016; Stylianou & Pich, 2021; Sullivan et al., 1992) . After leaving a shelter, many women live in unsafe housing, experience poor health outcomes and lack of community integration, including barriers to accessing education, employment and leisure. These factors contribute to continued financial and housing insecurity. (Cook-Craig & Koehly, 2011; Dostaler & Nelson, 2003), (Brott et al., 2022; Nemiroff, 2010; Stylianou & Pich, 2021).

This Paper 1 is informative, but limited by the mostly gender-blind homelessness research environment (Jacobsen et al., 2024). Studies with gender-specific outcomes that surpass typical traditional measures such as housing stability and economic integration are needed to understand the gendered nature of homelessness (Marshall, Boland, Westover, Marcellus, et al., 2020; Schwan et al., 2020; Van Berkum & Oudshoorn, 2015). The hiddenness of women's homelessness is likely an important contributor to this gender-blind research landscape. To avoid more visible forms of homelessness, many women avoid accessing shelters or formal assistance (Fotheringham et al., 2014; Milaney et al., 2020), staying instead with friends and family or with an abusive partner (Gaetz et al., 2013; Klodawsky, 2006), sleeping in cars, or engaging in risky behaviors like trading sex for shelter, food, or substances (Kirkby & Mettler, 2016; McDonald, 2018). Their hiddenness leads to underrepresentation in official data, research, practice, and policy and emphasizes the need for gender-transformative programs to address their unique challenges (Milaney et al., 2020; Osuji & Hirst, 2013; Oudshoorn et al., 2018; Phipps et al., 2019; Salem et al., 2021).

**Objective and rationale of the review**

We complement Paper 1 (Jacobsen et al., 2024) with this scoping review foregrounding women's voices and experiences in their post-shelter transition. This paper addresses the knowledge gap by providing a synthesis of experiences from the viewpoint of women and women-led families who exited a shelter, summarizing the factors affecting women in the post-shelter transition, and to contrasting the findings from the current review with those in Paper 1. This review is linked to a long-standing community-based participatory research (CBPR) project in Montreal, Canada, that began in 2021 with an overarching aim to explore the barriers, facilitators, needs, and experiences for women with and without dependent children, in the time period after a shelter stay. Our CBPR initiative is overseen by a diverse and multi-sectoral community advisory board (CAB) including women with lived experence, frontline workers and managers from community organisations (shelters and long term housing), and academics who are involved in every stage of our project including Paper 1 and this scoping review.

**Methodology**

This review was conducted using Levac et al.'s guidelines (2010) and followed their six distinct stages for conducting a scoping review: 1) identifying the research question; 2) identifying relevant studies; 3) study selection; 4) charting the data; 5) collecting, summarizing, and reporting the results; and 6) consultation (Levac et al., 2010).

**Methods**

*Search strategy*

Our review aimed to explore the following question: What is known about the experiences and factors affecting women and women-led families who leave, or are in the process of leaving sheltered living? This search was developed in collaboration with an Associate Liaison Librarian at the main author's university and was completed in December 2022. Six databases were searched to identify relevant studies: Medline (Ovid), PsycINFO (Ovid), EMBASE (Ovid), Proquest Social Services Abstracts, CINAHL (Ovid), and SocINDEX (EBSCOhost). The terms chosen and combined were related to the concepts *housing* (shelter\*, housing\*, hostel\*), *women* (mother\*, wom?n\*, famil\*, single parent\*), and exiting (*transition\*, former\*, exits)*. We used the Canadian definition of homelessness as: 'the situation of an individual or family without a stable,

permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it'
(Gaetz et al., 2012, p. 1). We manually reviewed the reference lists of the included studies to
identify any additional studies that were not captured in our original search.

*Selection criteria*

Criteria for inclusion and exclusion were decided through multiple conversations between the
first two authors and the librarian. Articles were included when the research was conducted on
women who were 14 years and older, a minimum of 50% of the sample was women if it was a
mixed sample, and when results were amenable to analysis by gender (Wahab et al., 2014).
Participants in the research needed to have experienced a shelter stay and had either left a shelter
or were in the process of leaving. We focused our research on high-income countries, as our
project is based in Canada and aims to explore nations with greater infrastructure and resources
to better identify gaps in practice and policy. We included only empirical studies and
dissertations, drawing from qualitative and mixed-methods research, as quantitative outcomes
are covered in Paper 1. Grey literature was excluded to maintain a targeted scope on the
experiences and processes of our population, with an emphasis on peer-reviewed academic work.
We included articles in both French and English. Independently, the first two authors reviewed
10% of the titles and abstracts of randomly selected sample of references and achieved an
agreement rate of 100%. The review of the remaining studies was completed by the first author.
Endnote 20.4 was used to manage the references (Clarivate Analytics, 2020).

*Extracting and Charting the data*

A data-extraction sheet was developed by the first two authors to chart the information pertaining
to author, year and country of publication, study design, research type and objective, methods,
sample characteristics, time point in shelter transition, percentage of women included, and type
of housing (crisis, domestic violence shelter, transitional housing), We also extracted information
related to factors that influenced the women's post-shelter trajectory. The process for data
extraction was dynamic and iterative as the authors developed familiarity with the literature and
continually enhanced and refined the emerging categories and broad themes.

*Collecting, Summarizing, and Reporting the results*

As recommended by Levac et al. (2010), a qualitative content analysis approach (Hsieh & Shannon, 2005) was used to complement the descriptive data extraction in the fifth step of collating the extracted data. This consisted of first reading through the full texts of articles to both identify units of meaning that referred to women's first-person perspectives on their experiences and processes and factors affecting their transition into housing for women. We considered the broad themes and sub-themes of the included studies, extracted the content and redid a content analysis. The texts were then open coded to capture key ideas and concepts in the findings. Specifically, units of meaning referring to processes or experiences were imported into a distinct document and coded inductively, staying as close as possible to the original content. An initial list of codes was applied to all the units of meaning and refined iteratively. For the fifth step, codes were merged into sub-categories and categories using a process of constant comparison to identity similarities and differences (Hsieh & Shannon, 2005).

*Consultation*

For our final step of consultation with interested parties, several actions were undertaken including presenting early findings, and discussing and incorporating feedback from our CAB[11] (Levac et al., 2010). Additionally, this process was undertaken with a larger community of experts in the domains of women and homelessness in a virtual World Café and follow up interviews (manuscript forthcoming). Together with Paper 1, these reviews provided a foundation for rich discussions and integration of several different perspectives.

**Results**

In this search, we found 11,299 citations and 6,895 remained after duplication removal. During the title and abstract screening, 6,438 articles were eliminated. Following our inclusion and exclusion criteria and searching manually, we selected 457 articles for full review and analysis. In total, 33 qualitative and 4 mixed method studies met the criteria. The PRISMA flow diagram outlines the screening process (see Figure 1). The general characteristics of the included studies are presented in Appendix A. There were 30 peer-reviewed articles and 7 doctoral dissertations.

---

[11] All members the first author's doctoral supervisory committee, and of our CAB were invited as co-authors on both review manuscripts.

Most of the articles (N=33, 68%) were published after 2010, 70% of the studies (N=26) are from the United States and 21% (N=8) are Canadian. The studies included women who had experiences of domestic violence, motherhood, and in a wide range of ages from 14 to 66 years old. The studies reported at the time since shelter exit from immediately to 6.5 years post-shelter with the majority of the studies (N=26, 70%) reporting at the time point of 24 months or less.

**Figure 1**

*PRISMA Flow Diagram*
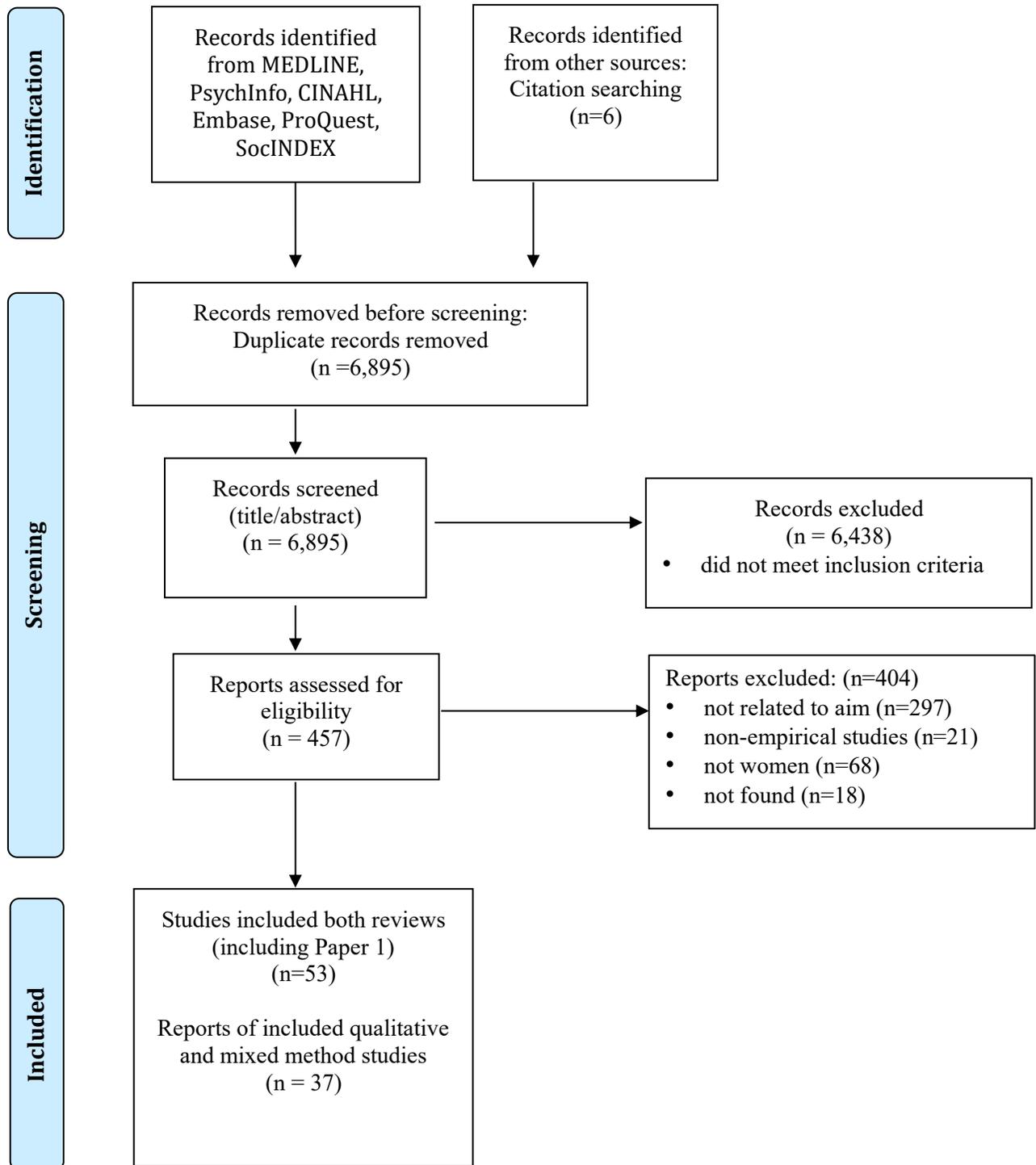
*Themes*

Women reported a non-linear trajectory of successes and challenges in adjusting to their new living situation. The findings of the processes and experiences of women post-shelter were categorized and are presented in four inter-connected themes: 1) Connection and community; 2) Finding a place to call home; 3) Creating a new life; and 4) Caring for self (see Table 1).

**Table 1**

*Findings of Processes and Experiences of Included Papers (N=37)*

| Themes | Sub-themes | Total articles (N=37) |
|---|---|---|
| | | n (%) |
| Connections and community | | |
| | Formal support services | 33 (89.2) |
| | Connection and community support | 27 (73.0) |
| | Motherhood and family support | 22 (59.5) |
| Finding a place to call home | | |
| | Stages of rehousing and ongoing housing precarity | 33 (89.2) |
| | Feeling safe | 26 (70.3) |
| | Moving in to move on | 20 (54.1) |
| Creating a new life | | |
| | Managing finances and living in poverty | 31 (83.8) |
| | Engaging in meaningful activities | 28 (75.7) |
| | Exercising agency and autonomy | 23 (62.2) |
| | Altruism, spirituality, faith, and hope | 14 (37.8) |
| | Dealing with stigma | 12 (32.4) |
| Caring for self | | |
| | Emotional journey including trauma | 28 (75.7) |
| | Taking care of self | 21 (56.8) |
| | Coping with substance dependence | 13 (35.1) |

*Theme 1) Connection and Community*

The most salient themes in the women's narratives post-shelter are the nature, characteristics, accessibility, and quality of the supports and their connections and communities. Studies distinguished between connections and supports from formal services (e.g., case managers, social workers and community groups), informal sources (e.g., friends and peers), and supports specific to their role as mothers. Formal support services were indicated in 33 (89 %) of the studies as vital for women post-shelter. Follow up with case managers, and access to service

providers was noted to be instrumental in building self-efficacy throughout the rehousing process (see for instance, Cone, 2006; Long, 2010; Stylianou & Hoge, 2021). Access to counselling, support groups, and other formal organisations (e.g., Alcoholics Anonymous, legal and health services, churches) assisted women in their transition out of shelters (see Clark et al., 2019; Combs, 2013; Livingstone & Herman, 2017). Women appreciated supports that were flexible, trauma-oriented (Fotheringham et al., 2014, p. 836), easy to navigate, non-patronizing, culturally competent and that had expertise in homelessness issues (see Thurston et al., 2013; Waldbrook, 2013).

Women also identified that being part of a community was important in their transition post-shelter in 27 (73 %) studies. Community supports included having informal connections with friends, a partner, family, building owners, neighbours, fellow residents, fellow employees, students, and volunteers (see for instance, Garcia & Kim, 2020; Grella, 1994; Klodawsky et al., 2007). Many women reported a loss of connection and a deep sense of isolation after leaving the shelter (see Fotheringham et al., 2014; Osuji & Hirst, 2013; Thurston et al., 2013). Women reported that having connection or community included having someone to count on for moral support or practical help (Fisher et al., 2014; Lindsey, 1996). Some women who were living with health issues (substance use and/or physical and mental health issues) reported that they were more 'private' individuals and connection was not important to them (Bassi et al., 2020; Chan, 2020). Women who had experienced domestic violence reported challenges related to trusting others and forming healthy social relationships (Mayock et al., 2015; Styron et al., 2000).

The importance of motherhood and family was reported in 22 (59 %) studies. Women valued being a role model to their children, a provider, and ensuring the safety and health of their children (see for instance, Brott et al., 2022; Garcia & Kim, 2020; Lindsey, 1996). Re-establishing connections with family and family support was important for women post-shelter, including support from their partners, children, or other family members (Klumper, 2008; Lindsey, 1997). Some women noted the challenges of being a single parent while trying to find employment and housing, dealing with spousal relationships, and in some cases with family reunification when couples had been in gender-specific shelters (Fogel, 1997; Mayberry, 2016).

***Theme 2) Finding a place to call home***

A second theme that emerged from the findings centred on representations and experiences of housing and home. Experiencing multiple stages of rehousing and ongoing housing precarity was noted in 33 (89 %) studies. The process of leaving sheltered living included periods of instability and learning how to navigate supports (Fogel, 1997; Lindsey, 1996, 1997; Long, 2010) as well as feeling trapped in poor housing conditions (Long, 2010; Styron et al., 2000; Thurston et al., 2013). Women in the included studies reported difficulties related to being constantly in survival mode, dealing with obstacles to find and secure a home, with high cost rents and threats of eviction, and continually adjusting to new living conditions (Brown et al., 2009; Waldbrook, 2013). For many women, transitional housing was reported to provide support, reduce loneliness, and allow time and space to recover, rest, and reset (see for instance, Fotheringham et al., 2014; Osuji & Hirst, 2013; Simpson et al., 2020). However, the time limitations of a shelter stay and the multiple transitions of many moves were seen as sources of stress. These difficulties led some women to move into unstable or dangerous housing situations (Mayock et al., 2015; Stylianou & Hoge, 2021). Conversely, access to low-cost, adequately-sized quality housing in neighbourhoods perceived as 'good' or 'safe', contributed to stability and permanency post-shelter transition (Bassi et al., 2020; Vendryes, 2019; Wendt & Baker, 2013). Once housing was secured, women reported being able to gain momentum, focus on future goals and to develop family stability (see for instance, Cone, 2006; Lindsey, 1996, 1997; Long, 2010).

In 26 (70 %) studies, women reported safety concerns, feelings of insecurity, unsafe neighborhoods (see for instance, Bassi et al., 2020; Livingstone & Herman, 2017; Tischler, 2008), and being afraid for their children (e.g., fear to let them play outside or of former abusive spouse) (see for instance, Fogel, 1997; Lindsey, 1996, 1997; Long, 2010). Feelings of enhanced safety was reported by women who lived in buildings with additional security features (e.g., 24-hour surveillance systems, locked main entrance) or who had social contacts living nearby (Fotheringham et al., 2014; Gabet et al., 2020).

In 20 (54 %) studies, women mentioned the actual move, setting up their residence, and accessing childcare and transportation, as key to establishing their home. Dealing with furniture, unpacking and organizing (e.g., enrolling children in school, finding a doctor) were highlighted as being important to women in the post-shelter transition (see for instance, Chan, 2020; Stylianou & Hoge, 2021; Tischler, 2008). Lack of affordable and flexible childcare and

transportation was noted as a barrier preventing women from moving on post-shelter (see for instance, Styron et al., 2000; Sullivan et al., 2019; Thurston et al., 2013). Women noted the contradiction of having to obtain one thing first (e.g., a job) to get another (e.g., eligibility for service or childcare). As progress was made towards moving into a new home, women noted positive emotions and pride relating to experiences of increased independence (Fotheringham et al., 2014; Garcia & Kim, 2020; Wood et al., 2022).

*Theme 3) Creating a new life*

Beyond housing, women described the processes through which they re-built various dimensions of their lives, including managing finances in the context of poverty, as well as engaging in meaningful activities, and dealing with stigma.  In 31 (83 %) studies, women noted that they were living in poverty post-shelter, which  required learning to budget, dealing with food insecurity, and having to restrict spending on activities including education or extra-curricular activities for their children (see for instance, Bassi et al., 2020; Stylianou & Hoge, 2021; Styron et al., 2000). Access to community services for provision of essential items (e.g., food, clothing) and financial advice was reported to be paramount for women post-shelter (Combs, 2013; Garcia & Kim, 2020; Waldbrook, 2013).

In 28 (76 %) studies, women reported learning skills and participating in meaningful activities including leisure (e.g., engaging in food preparation, household management, and spiritual and social activities) as important to creating a new life (see for instance, Chan, 2020; Coleman, 2015; Sandy, 2014). Engagement in education or vocational training was noted as a valued step towards improved autonomy and self-esteem (Brott et al., 2022; Vaughn, 2018; Wendt & Baker, 2013). Women reported that having access to work or education that matched their capacity was valued but also challenging due to both external barriers (e.g., lack of technology, lack of clothing to wear to an interview, immigration related issues) and internal barriers (e.g., difficulties with time management and lack of knowledge to use technology) (see for instance, Brown et al., 2009; Clark et al., 2019; Cone, 2006).

In 23 (62 %) studies, women's experiences of agency and autonomy was reported. In some studies, women reported increased independence when leaving a shelter, a newfound freedom from rules, and expressed satisfaction to being able to make choices, control their own schedule, and determine their parenting style (see for instance, Chan, 2020; Fisher et al., 2014; Mayock et al., 2015). Moreover, the ability to access local resources, and to be persistent in

advocating for oneself and one's children (e.g., custody issues)  was shown to build on their agency (see Brott et al., 2022; Tischler, 2008; Wood et al., 2022).Throughout the transition process from shelter to housing, women noted improvements in confidence, self-efficacy, and determination (Combs, 2013; Klumper, 2008; Livingstone & Herman, 2017).

In 14 (38 %) studies, women reported a desire to help others in similar situations (see for instance, Coleman, 2015; Klumper, 2008). Spirituality, faith and hope emerged as factors that gave the women strength throughout the process of being homeless, as well as while they were re-establishing themselves, viewing themselves as survivors of homelessness, and creating connections post-shelter stay (Lindsey, 1996; Long, 2010; Osuji & Hirst, 2013). At the same time, stigma, both externalized (public, structural, anticipated) and internalized (self) was a barrier to creating a new life. In 12 (32%) studies, women leaving a shelter stay reported being ashamed (internal), shamed and discriminated against (external) for having been homeless, living in poverty, and having a history of substance use and/or sex work (see for instance, Bassi et al., 2020; Dostaler & Nelson, 2003; Grella, 1994).

### Theme 4) Caring for self

The final theme centers on the various ways that women needed to take care of themselves while in transition. This included dealing with trauma-related emotions and behaviours and coping with addictions while taking care of themselves, their family, and their health. In 28 (76 %) studies, women described various emotions experienced throughout the transition, including increased happiness and confidence. Self-esteem increased along with independence and the ability to make choices and pursue goals (including leaving abusive relationships) (see for instance, Klodawsky et al., 2007; Osuji & Hirst, 2013; Vendryes, 2019). Women also reported dealing with difficult emotions including depression, shame, stress, anger, frustration, lack of trust, and suicidal thoughts when transitioning into new living situations (see for instance, Combs, 2013; Mayock et al., 2015; Simpson et al., 2020). Some women reported having to choose between the safety of what they knew, even if it was tormenting and abusive, and an unknown life ahead which would involve working through fear and stress related to being on their own for the first time (Lindsey, 1996; Long, 2010; Thurston et al., 2013; Wood et al., 2022). Women reported that it was both helpful and a form of self-care to share and hear stories from others during this transition (Holtschneider, 2016; Vaughn, 2018).

In 21 (57 %) of the studies, women noted creating a new life included learning to deal with several co-occurring and complex health issues in order to take care of themselves (Bassi et al., 2020; Brown et al., 2009; Coleman, 2015). Many women reported health improvements once they were no longer preoccupied about finding housing (Dostaler & Nelson, 2003; Holtschneider, 2016; Wendt & Baker, 2013). In Waldbrook's study (2013), older women mentioned ongoing concerns with emerging memory loss, chronic conditions, and feeling they had prematurely aged due to experiences of homelessness. Women who are transitioning out of a shelter stay reported various ways of coping with addictions in 13 (35 %) studies. Women noted the importance of acknowledging one's addiction and of relocating to an area where they can avoid triggers (Livingstone & Herman, 2017; Long, 2010). Other ways of coping reported by women included accessing counselling and finding support from others with similar experiences (Brott et al., 2022; Gabet et al., 2020).

***Factors affecting post-shelter transition processes and experiences for women***
We outlined various systemic, service-level, interpersonal and individual factors that affected women's post-shelter trajectories (see Table 2). Social isolation and the presence of chronic health conditions including a history of trauma emerged as salient individual and interpersonal factors associated with negative post-shelter trajectories (see for instance, Cone, 2006; Fotheringham et al., 2014; Thurston et al., 2013). Having access to formal post-shelter supports that are valued by women such as case management, childcare and transportation was revealed as both a facilitator and obstacle depending on provision of service (see for instance, Bassi et al., 2020; Fisher et al., 2014; Stylianou & Hoge, 2021). Also, having a longer stay in the shelter was found to be a service-level facilitator, a finding that aligns with factors affecting post-shelter transitions for women identified in Paper 1. The most impactful systemic factor associated with a negative post-shelter transition for women was the lack of housing options available in terms of quality, affordability, safety, time limits of leases and rapidity of access (see for instance, Gabet et al., 2020; Garcia & Kim, 2020; Wendt & Baker, 2013). In many of the studies, across several populations (e.g., mothers, women fleeing violence, women older than 45 years), there is an interplay multiple factors occurring simultaneously adding to the complexity of navigating a positive transition post-shelter (see for instance, Cone, 2006; Lindsey, 1997; Waldbrook, 2013).

**Table 2**

*Factors associated with post-shelter transition processes and experiences*

| Factor associated with post-shelter transition process and experiences for women | # of studies where factor is an obstacle | Papers identifying factors as an obstacle | # of studies where factor is a facilitator | Papers identifying factors as a facilitator |
|---|---|---|---|---|
| Individual or interpersonal factors | | | | |
| Social disaffiliation: Lack of presence and/or lack of quality of social network (family, friends, etc.) | 12 | 4,5,6,9,11, 13, 14,15,16, 27,29,31 | 0 | |
| Poor health status or presence of chronic conditions (including mental health issues, suicidality, history of trauma or victimization, substance use) | 10 | 1,13,14,16,2 0,21,25,31,3 5,37 | 0 | |
| Low socio-economic status (including low education and/or lack of work experience) | 8 | 2,6,11,13,14, 16,31,34 | 0 | |
| Coping skills (e.g., faith, self-efficacy, hope, resilience, persistence) | 0 | | 6 | 4,5,15,17, 23,29 |
| Being an ethnic minority and/or having immigrant status | 2 | 27,35 | 0 | |
| Service-related factors | | | | |
| Ease of access and availability of formal post-shelter/transitional services (e.g., case management, external services, assistance with education, employment, landlord issues, childcare and transportation)[2] | 12 | 1,2,3,6,7, 13,17,18, 20,24,27,33 | 12 | 5,9,12, 14,15,29, 30,31,32, 33,36,37 |
| Ease of access and availability of subsidized housing and financial assistance (e.g., welfare, grants, long-term rent subsidies) | 4 | 17,20,26,31 | 1 | 13 |
| Longer stay in shelter | 0 | | 3 | 8,9,12 |
| System-level factors | | | | |
| Lack of housing options and characteristics (low quality, lack of affordability, short length of lease/time limits, decreased safety, long wait lists) | 14 | 6,7,10,13,14, 15,17,19,24, 27,29,32, 35,37 | 0 | |
| Neighbourhood and community safety | 8 | 1,3, 7,8,10, 13,18,27 | 2 | 9,14 |
| Complexity and organization of service systems (navigation and silos) | 5 | 19,22,23,24, 37 | 0 | |

[2] Studies where factor is identified as an obstacle are those where post-shelter/transitional services were not or minimally provided.

| Factor associated with post-shelter transition process and experiences for women | # of studies where factor is an obstacle | Papers identifying factors as an obstacle | # of studies where factor is a facilitator | Papers identifying factors as a facilitator |
|---|---|---|---|---|
| Intersectional stigma and discrimination | 3 | 15,27,35 | 0 | |
| Job market (lack of well-paying jobs and low wages) | 2 | 15,18 | 0 | |

**Discussion**

In this scoping review on processes and experiences of post-shelter transitions for women the findings indicate that the re-housing process is non-linear, and women continue to face many barriers. This aligns with literature arguing that housing is relational and embedded within a myriad of power, system, and resource inequality (Easthope et al., 2020; Oudshoorn et al., 2018). Our findings show that in the post-shelter transition, women continue to experience concurrent and chronic health issues, social disaffiliation, poverty, living in unsafe neighbourhoods, difficulty navigating complex systems to access services, and lack of access to quality housing and services. Findings in this review foreground that for women, importance is accorded to relations, connections, and safety for themselves and their children. Women reported on many traumatic experiences with repercussions on their physical, mental, and emotional health. In light of the literature we reviewed and elsewhere (Felitti et al., 1998; Hudson et al., 2010; Whitzman, 2006), many 'individual' obstacles to sustainable and satisfying transitions out of a shelter, including health challenges (mental and physical health), legal problems, and substance misuse, should be considered intrinsically linked to past and ongoing trauma. These health issues are exacerbated by the difficulties of subsistence living (at times over years) and continued trauma and abuse. Women reported on pervasive concerns regarding safety and security that was beyond safety related to intimate partner violence (IPV) and noted concerns relating to establishing their physical and emotional safety, their children's safety, food security, and safe community participation. If their housing or community is perceived as unsafe for a multitude of reasons (e.g., not adapted to their needs such as mobility impairments, unsafe for children to play outside, identifiable or accessible by potential perpetrator(s)), women reported they often preferred to return to the shelter or find other housing options which were often still inadequate and unsafe. Indeed, for women post-shelter, housing situations are often intertwined with

feelings of trauma, imprisonment, lack of choice, and fear, including worries of losing custody of their children when accessing resources  (see for instance, Brott et al., 2022; Tischler, 2008; Wardhaugh, 1999; Whitzman, 2006).

The findings of our review also highlight the impact of living in poverty as women attempt to move from survival. The early months of post-shelter transitions are linked to positive experiences of privacy, autonomy, agency and freedom from shelter rules, while more negative experiences of social isolation, boredom, lack of safety, and lack of options for engagement emerge later in the transition (Chan, 2020; Fotheringham et al., 2014; Thurston et al., 2013; Vendryes, 2019). In other studies among people experiencing or transitioning from homelessness, boredom and lack of engagement in meaningful activities have been shown to increase emotional distress, substance use, and victimization (Marshall et al., 2021; Marshall, Roy, et al., 2020). Thus, for women, living in poverty limits access to meaningful activities, which exacerbates feelings of isolation and distress and negatively impacts their integration into their communities post-shelter.

The concept of ontological security is useful to understand women's concern for safety and their sense of what makes a house a home (Dupuis & Thorns, 1998; Giddens, 1990; Shaw, 2004; Somerville, 2013). Ontological security is described as an emotional phenomenon and includes the experience  of 'being-in-the-world' (Giddens, 1990, p. 92). Our findings underscore that in the process and experiences of women leaving a shelter, all aspects of ontological security are often unmet. Considering housing and the 'hard' material conditions of a dwelling together with the 'soft' and relational dimensions of what it means to be home, Dupuis & Thorns describe four conditions for achieving an ontologically secure home including having: 1) a constant social and material environment, 2) a space for daily routines, 3) a place where individuals feel in control and free from external surveillance, and 4) a secure base for constructing identity (p. 27). Through decades of research with people experiencing homeless, scholars have expanded on this concept by exploring the subjective meaning of 'home' with adults experiencing homelessness or housing precarity (see for instance, Henwood et al., 2018; Padgett, 2007; Power, 2023; Stonehouse et al., 2021).

The women in the included studies voice many concerns related to constancy and reliability in their environments. While they value returning to their former routines and want to work towards creating a new beginning, living in poverty while managing and rebuilding a life is

a major obstacle. This impacts all aspects of basic survival and is compounded when also dealing with both external and internal stigma (Reilly et al., 2022) and discrimination. Many women described both homelessness and exiting homelessness as traumatic processes with the former characterized by being in survival mode during a shelter stay and the latter by work and effort required to exit the shelter. The literature indicates multidimensional supports that demonstrably build on ontological security and enhance safety for women experiencing housing precarity. For example, concrete action-focused responses such as access to case management services for system navigation and support, advocacy, outreach, and assistance to build personal and trusting relationships (e.g., with landlords, service providers) throughout the post-shelter transition help women feel more secure (see for instance, Clark et al., 2019; Marshall, Easton, et al., 2024; Power, 2023; Stylianou & Hoge, 2021; Vendryes, 2019; Wendt & Baker, 2013). The findings from our review align with recent research to underscore that individuals post-homelessness value supports that demonstrate authentic, receptive and gender-transformative approaches and that are delivered in an individualized method. (Hillenbrand et al., 2015; Marshall, Gewurtz, et al., 2024; Mullinax et al., 2018; Thurston et al., 2013; UNICEF, 2017; Waldbrook, 2013).

Other aspects that contribute to ontological security for women post-shelter include housing that is close to school, transportation, childcare, social supports (see Clark et al., 2019; Fisher et al., 2014; Klumper, 2008) and provides opportunities to engage in daily routines and community activities (Chan, 2020). Having access to financial supports helped provide women with stress relief, autonomy, and a sense of control in their lives (Clark et al., 2019; Sullivan et al., 2019). Provision of counselling to help women work through the various phases of adjustment was shown to enhance self-sufficiency and security (see for instance, Fogel, 1997; Holtschneider, 2016; Klumper, 2008; Osuji & Hirst, 2013). Another way to enhance ontological security for women is access to an 'all in one' building that provides community-based, inter-agency services including a combination of food, clothing, health care, and social services in the form of a type of service hub (Whitzman, 2006).

Our review also reveals that for women and families lead by lone women, engagement in meaningful activities post-shelter stay includes, but goes well beyond income-generating activities. Our review highlights that women value connecting activities, parenting, engaging in leisure activities, and opportunities to contribute, volunteer, and learn new skills. Opportunities to connect and engage in activities links to identity development, yet women often run into

participation barriers tied to income restrictions, combined with difficulties navigating and accessing activities. This finding is consistent with literature exploring occupational experiences of individuals experiencing homelessness that underlines that engaging in meaningful activities is a connecting action that informs and shapes the identities of participants, and also relieves boredom and distress (Marshall, Boland, Westover, Wickett, et al., 2020; Marshall, Roy, et al., 2020).

Finally, desire to give back to others emerged in our findings as important to women in their transitional process post-shelter (Coleman, 2015; Cone, 2006; Klumper, 2008). A possible solution that could be developed for women in this area is peer support services. Peer support services (PSSs) have a long informal history and are a relatively novel formal intervention that have been incorporated into mental health and other services across the globe (Mahlke et al., 2014; Shalaby & Agyapong, 2020). Integrating PSS among the services for women in post-shelter transitions could benefit both the peer support provider and the women receiving support (Shalaby & Agyapong, 2020)*.* This solution considers the altruistic values of the women post-shelter who want to give back to others and provides an opportunity to engage in paid work. An example of this is the Peer to Community (P2C) model, a pilot study of a novel intervention incorporating peer support to provide services to individuals to integrate in their communities following homelessness, currently underway in Kingston, Ontario, Canada (Marshall, Holmes, et al., 2024). This particular P2C model however is not gender-specific, and thus peer support programs specifically designed for women should be considered in future research. Other approaches to consider include local, neighbourhood-type partnerships to provide spaces and places to build on connections with others, opportunities to engage in chosen activities, and working on specific skills to enhance post-shelter life. This would involve creating environments that facilitate engagement (e.g., accessible women's and children's activity centres), and ensuring existing environments such as outdoor spaces, parks, and libraires are inclusive, safe, accessible and non-discriminatory towards individuals experiencing housing precarity (Roy et al., 2017).

The main results of our quantitative scoping review, Paper 1 (Jacobsen et al., 2024) focused on the outcomes of housing status, income, and employment. A limited number of studies highlighted that longer rather than shorter-term shelter stays and better access to services in transitional housing services, were linked to improved trajectories after a shelter-stay. The findings in this review add to this by highlighting the way in which multiple transitions are

taxing on women's capacity to meaningfully engage in new neighbourhoods and integrate into the community. Many of the noted benefits of transitional housing documented in both of our review papers (reduced loneliness and isolation, personal time and space to recover, opportunity to connect with other women) may very well be addressed by gender-transformative intentional resources and services developed specifically for women and children (Falvo, 2022; Parker & Leviten-Reid, 2022). Potential future practices could include community collaboration between shelters, urban planners, researchers, health and social care practitioners, legal agencies, and law enforcement to address ontological security, along with public measures for inclusive engagement.

*Limitations*

In terms of limitation, there is also the possibility that some relevant studies that were not indexed may be missing. Also, we only included studies in English or French, and this could limit our synthesis of post-shelter experiences for women globally. Most of the studies included in this review are from a North American context, thus transferring these findings to other global contexts should be undertaken with caution. This review includes a synthesis of processes and experiences from qualitative and mixed methods studies related to women's transition post-shelter. Paper 1 is recommended as it highlights the synthesis of outcomes from the quantitative and mixed methods. We also acknowledge that as a scoping review looking to broadly map the literature, the quality of the included studies was not assessed and this is standard practice for scoping reviews (Arksey & O'Malley, 2005; Munn et al., 2018; Peters et al., 2015).


**Conclusion**

In research related to women exiting a shelter stay, there is a need to foreground women's voices and experiences. Our reviews highlight that re-housing is not the same as creating and maintaining a sustainable home and that being housed for women marks a new beginning that is often filled with interpersonal, service, and systemic barriers. The findings indicate that to support women and women-led families in their transitions following a shelter stay, focusing on practices that promote ontological security and meaningful engagement are required. In addition, new ways of thinking can help to guide researchers, political activists, and advocates towards gender-transformative and meaningful systemic and structural change and to improve supports for women experiencing homelessness and during the post-shelter transition.

# REFERENCES

Arksey, H., & O'Malley, L. (2005). Scoping studies: towards a methodological framework. *International Journal of Social Research Methodology 8*(1), 19-32. https://doi.org/10.1080/1364557032000119616

Bassi, A., Sylvestre, J., & Kerman, N. (2020). Finding home: Community integration experiences of formerly homeless women with problematic substance use in Housing First. *Journal of Community Psychology 48(7)*, 2375-2390. https://doi.org/10.1002/jcop.22423

Brott, H., Kornbluh, M., Banfield, J., Boullion, A. M., & Incaudo, G. (2022). Leveraging research to inform prevention and intervention efforts: Identifying risk and protective factors for rural and urban homeless families within transitional housing programs. *Journal of community psychology*, *50*(4), 1854-1874. https://doi.org/10.1002/jcop.22663

Brown, C., Trangsrud, H. B., & Linnemeyer, R. M. (2009). Battered women's process of leaving: A 2-year follow-up. *Journal of Career Assessment*, *17*(4), 439-456. https://doi.org/10.1177/1069072709334244

Burczycka, M., & Cotter, A. (2011). Shelters for abused women in Canada, 2010. *Juristat Component of Statistics Canada catalogue no. 85-002-X,*. https://www150.statcan.gc.ca/n1/en/pub/85-002-x/2011001/article/11495-eng.pdf?st=yRh8_tBY

Canadian Observatory on Homelessness [COH]. (2019). *COH Homeless Definition*. Retrieved September 26 from https://www.homelesshub.ca/sites/default/files/COHhomelessdefinition.pdf

Chan, D. (2020). Safe Spaces, Agency, and Connections to "Regular Stuff": What Makes Permanent Supportive Housing Feel Like "Home". *Rehabilitation Counseling Bulletin*, *63*(2), 102-114. https://doi.org/10.1177/0034355218814927

Clarivate Analytics. (2020). Endnote Citation Management. https://libraryguides.mcgill.ca/citation/endnote

Clark, D. L., Wood, L., & Sullivan, C. M. (2019). Examining the needs and experiences of domestic violence survivors in transitional housing. *Journal of Family Violence*, *34*(4), 275-286. https://doi.org/10.1007/s10896-018-0010-4

Coleman, M. R. (2015). *The journey from homelessness to housing: The lived experiences of married african american women with children residing in supportive housing* [Dissertation in Health & Mental Health Treatment & Prevention, Capella University]. US.

Combs, B. R. (2013). *A study of success factors and strategies that enabled women to overcome homelessness* [Dissertation in the Humanities and Social Sciences, Grand Canyon University]. US.

Cone, P. (2006). *Reconnecting: a grounded theory study of formerly homeless mothers* [Dissertation in Nursing, University of California, San Francisco]. US.

Cook-Craig, P., & Koehly, L. (2011). Stability in the Social Support Networks of Homeless Families in Shelter: Findings From a Study of Families in a Faith-Based Shelter Program [Article]. *Journal of Family Social Work*, *14*(3), 191-207. https://doi.org/10.1080/10522158.2011.571553

Dostaler, T., & Nelson, G. (2003). A process and outcome evaluation of a shelter for homeless young women. *Canadian journal of community mental health / Revue canadienne de sante mentale communautaire*, *22*(1), 99-112. https://doi.org/10.7870/cjcmh-2003-0007

Dupuis, A., & Thorns, D. C. (1998). Home, Home Ownership and the Search for Ontological Security. *The Sociological Review*, *46*(1), 24-47. https://doi.org/https://doi.org/10.1111/1467-954X.00088

Easthope, H., Power, E., Rogers, D., & Dufty-Jones, R. (2020). Thinking relationally about housing and home. *Housing Studies*, *35*(9), 1493-1500. https://doi.org/10.1080/02673037.2020.1801957

Falvo, N. (2022). Special Issue–Homelessness in Canada. *International Journal on Homelessness*, *2*(1), 1-5. https://doi.org/10.5206/ijoh.2022.1.14810

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study. *American Journal of Preventive Medicine 14*(4), 245-258. https://doi.org/10.1016/S0749-3797(98)00017-8

Fisher, B. W., Mayberry, L., Shinn, M., & Khadduri, J. (2014). Leaving homelessness behind: Housing decisions among families exiting shelter. *Housing Policy Debate 24*(2), 364-386. https://doi.org/10.1080/10511482.2013.852603

Fogel, S. J. (1997). Moving along: An exploratory study of homeless women with children using a transitional housing program. *Journal of Sociology and Social Welfare*, *24*(3), 113-133. https://scholarworks.wmich.edu/jssw/vol24/iss3/8/

Fotheringham, S., Walsh, C. A., & Burrowes, A. (2014). 'A place to rest': the role of transitional housing in ending homelessness for women in Calgary, Canada. *Gender, Place & Culture: A Journal of Feminist Geography*, *21*(7), 834-853. https://doi.org/10.1080/0966369X.2013.810605

Gabet, M., Grenier, G., Perrottet, D., & Fleury, M. J. (2020). Follow-up of post-transitional housing for homeless women: Needs, implementation and outcomes of a pilot study. *Sante mentale au Quebec*, *45*(1), 79-103. https://doi.org/10.7202/1070242ar

Gaetz, S., Barr, C., Friesen, A., Harris, B., Hill, C., Kovacs-Burns, K., Pauly, B., Pearce, B., Turner, A., & Marsolais, A. (2012). *Canadian Definition of Homelessness*. https://www.homelesshub.ca/sites/default/files/COHhomelessdefinition.pdf

Gaetz, S., Dej, E., Richter, T., & Redman, M. (2016). *The State of Homelessness in Canada 2016. Canadian Observatory on Homelessness*. https://homelesshub.ca/sites/default/files/SOHC16_final_20Oct2016.pdf

Gaetz, S., Donaldson, J., Richter, T., & Gulliver, T. (2013). *The State of Homelessness in Canada 2013*. https://homelesshub.ca/resource/the-state-of-homelessness-in-canada-2013/

Garcia, I., & Kim, K. (2020). "I felt safe": The role of the rapid rehousing program in supporting the security of families experiencing homelessness in Salt Lake County, Utah. *International Journal of Environmental Research and Public Health*, *17(13)*, 1-15. https://doi.org/10.3390/ijerph17134840

Giddens, A. (1990). *The consequences of modernity*. Polity Press. https://voidnetwork.gr/wp-content/uploads/2016/10/The-Consequences-of-Modernity-by-Anthony-Giddens.pdf

Government of Canada - Infrastructure Canada. (2021). Shelter Capacity Report 2020. https://housing-infrastructure.canada.ca/homelessness-sans-abri/reports-rapports/shelter-cap-hebergement-2020-eng.html

Government of Canada - Infrastructure Canada. (2023). *Everyone Counts 2020-2022: Preliminary Highlights Report* https://housing-infrastructure.canada.ca/alt-format/pdf/homelessness-sans-abri/reports-rapports/pit-counts-dp-2020-2022-highlights-en.pdf

Grella, C. (1994). Contrasting a shelter and day center for homeless mentally ill women: four patterns of service use. *Community Mental Health Journal*, *30*(1), 3-16. https://doi.org/10.1007/BF02188871

Henwood, B. F., Redline, B., Semborski, S., Rhoades, H., Rice, E., & Wenzel, S. L. (2018). What's next? A grounded theory of the relationship between ontological security, mental health, social relationships, and identity formation for young adults in supportive housing. *Cityscape*, *20*(3), 87-100.

Hilbert, J. C., Kolia, R., & VanLeeuwen, D. M. (1997). Abused women in New Mexican shelters: Factors that influence independence on discharge. *Affilia*, *12*(4), 391-407. https://doi.org/10.1177/088610999701200403

Hillenbrand, E., Karim, N., Mohanraj, P., & Wu, D. (2015). Measuring gender-transformative change: A review of literature and promising practices. https://hdl.handle.net/20.500.12348/248

Holtschneider, C. (2016). A part of something: The importance of transitional living programs within a Housing First framework for youth experiencing homelessness. *Children and Youth Services Review*, *65*, 204-215. https://doi.org/10.1016j.childyouth.2016.04.009

Hsieh, H.-F., & Shannon, S. E. (2005). Three approaches to qualitative content analysis. *Qualitative health research*, *15*(9), 1277-1288. https://doi.org/10.1177/1049732305276687

Hudson, A. L., Wright, K., Bhattacharya, D., Sinha, K., Nyamathi, A., & Marfisee, M. (2010). Correlates of adult assault among homeless women. *Journal of Health care for the Poor and Underserved*, *21*(4), 1250-1262. https://doi.org/10.1353/hpu.2010.0931

Jacobsen, K., Roy, L., Marshall, C. A., Perreault, M., Richmond, S., Seto, V., Hoffman-Kuhnt, B., Boutemeur, I., & Rouleau, D. (2024). Outcomes for women after leaving a shelter: A scoping review of the quantitative evidence. *Women's Studies International Forum*, *105*. https://doi.org/10.1016/j.wsif.2024.102921

Kirkby, C., & Mettler, K. (2016). Women first: An analysis of a trauma-informed, women-centred, harm reduction housing model for women with complex substance use and mental health issues. In N. Nichols, & Doberstein, C. (Ed.), *Exploring effective systems responses to homelessness* (pp. 114-131). The Canadian Observatory on Homelessness Press. https://homelesshub.ca/sites/default/files/Systems_Book_-_Web.pdf

Klodawsky, F. (2006). Landscapes on the margins: Gender and homelessness in Canada. *Gender, Place & Culture 13*(4), 365-381. https://doi.org/10.1080/09663690600808478

Klodawsky, F., Aubry, T., Nemiroff, R., Bonetta, C., & Willis, A. (2007). What happens over time: Researching homelessness longitudinally. *Canadian Journal of Urban Research*, *16*(1), 93-111.

Klumper, L. (2008). *Homeless women with children: Characteristics of women successfully completing a transitional housing program* [Dissertation in Human Services, Walden University]. US.

Levac, D., Colquhoun, H., & O'Brien, K. K. (2010). Scoping studies: advancing the methodology. *Implementation Science 5*, 1-9. https://doi.org/10.1186/1748-5908-5-69

Lindsey, E. W. (1996). Mothers' perceptions of factors influencing the restabilization of homeless families. *Families in Society*, *77*(4), 203-215. https://doi.org/10.1606/1044-3894.902

Lindsey, E. W. (1997). The process of restabilization for mother-headed homeless families: How social workers can help. *Journal of Family Social Work*, *2*(3), 49-72. https://doi.org/10.1300/J039v02n03_05

Livingstone, K. R., & Herman, D. B. (2017). Moving on from permanent supportive housing: Facilitating factors and barriers among people with histories of homelessness. *Families in Society*, *98*(2), 103. https://doi.org/10.1606/1044-3894.2017.98.15

Long, S. M. (2010). *Abused women's journeys from shelters to home: An examination of the coping process* [Dissertation in Psychology, University of Illinois]. US.

Mahlke, C. I., Krämer, U. M., Becker, T., & Bock, T. (2014). Peer support in mental health services. *Current opinion in psychiatry*, *27*(4), 276-281. https://doi.org/10.1097/YCO.0000000000000074

Marshall, C. A., Boland, L., Westover, L. A., Isard, R., & Gutman, S. A. (2021). A systematic review of occupational therapy interventions in the transition from homelessness.

*Scandinavian journal of occupational therapy*, *28*(3), 171-187. https://doi.org/10.1080/11038128.2020.1764094

Marshall, C. A., Boland, L., Westover, L. A., Marcellus, B., Weil, S., & Wickett, S. (2020). Effectiveness of interventions targeting community integration among individuals with lived experiences of homelessness: A systematic review. *Health & Social Care in the Community*, *28*(6), 1843-1862. https://doi.org/https://doi.org/10.1111/hsc.13030

Marshall, C. A., Boland, L., Westover, L. A., Wickett, S., Roy, L., Mace, J., Gewurtz, R., Barbic, S., & Kirsh, B. (2020). Occupational experiences of homelessness: A systematic review and meta-aggregation. *Scandinavian journal of occupational therapy*, *27*(6), 394-407. https://doi.org/10.1080/11038128.2019.1689292

Marshall, C. A., Easton, C., Phillips, B., Boland, L., Isard, R., Holmes, J., Shanoff, C., Hawksley, K., Landry, T., Goldszmidt, R., Aryobi, S., Plett, P., & Oudshoorn, A. (2024). Experiences of transitioning from homelessness: a systematic review and meta-aggregation of qualitative studies conducted in middle to high income countries. *Journal of Social Distress and Homelessness*, *33*(1), 28-49. https://doi.org/10.1080/10530789.2022.2141868

Marshall, C. A., Gewurtz, R., Ross, C., Becker, A., Cooke, A., Roy, L., Barbic, S., Lysaght, R., & Kirsh, B. (2024). Beyond Securing a tenancy: using the capabilities approach to identify the daily living needs of individuals during and following homelessness. *Journal of Social Distress and Homelessness*, *33*(1), 81-95. https://doi.org/10.1080/10530789.2022.2070098

Marshall, C. A., Holmes, J., Todd, E., Panter, G., Plett, P., Easton, C., Perez, S., Landry, T., Collins, S., Jastak, M., Murray, R., Goldszmidt, R., Rudman, D., Carlsson, A., Oudshoorn, A., & Forchuk, C. (2024). Co-designing the "Peer to Community (P2C) Model": an intervention for promoting community integration following homelessness. *International Journal of Homelessness*. https://doi.org/10.5206/ijoh.2023.3.17806

Marshall, C. A., Roy, L., Becker, A., Nguyen, M., Barbic, S., Tjörnstrand, C., Gewurtz, R., & Wickett, S. (2020). Boredom and homelessness: A scoping review. *Journal of Occupational Science 27*(1), 107-124. https://doi.org/10.1080/14427591.2019.1595095

Mayberry, L. S. (2016). The hidden work of exiting homelessness: Challenges of housing service use and strategies of service recipients. *Journal of Community Psychology 44*(3), 293-310. https://doi.org/10.1002/jcop.21765

Mayock, P., Sheridan, S., & Parker, S. (2015). 'It's just like we're going around in circles and going back to the same thing…': The dynamics of women's unresolved homelessness. *Housing Studies*, *30*(6), 877-900. https://doi.org/10.1080/02673037.2014.991378

McDonald, A. R. (2018). Fact Vs. Fiction: Uncovering the Experiences of Homeless/Street Youths' Involvement in Survival Sex. *Digital Commons @ DU*. https://digitalcommons.du.edu/etd/1472/

Metraux, S., & Culhane, D. P. (1999). Family dynamics, housing, and recurring homelessness among women in New York City homeless shelters [Article]. *Journal of Family Issues*, *20*(3), 371-396. https://doi.org/10.1177/019251399020003004

Milaney, K., Williams, N., Lockerbie, S. L., Dutton, D. J., & Hyshka, E. (2020). Recognizing and responding to women experiencing homelessness with gendered and trauma-informed care. *BMC Public Health 20*(1), 1-6. https://doi.org/10.1186/s12889-020-8353-1

Mullinax, M., Hart, J., & Garcia, A. V. (2018). Using research for gender-transformative change: Principles and practice. *International Development Research Center (IDRC) and American Jewish World Service (AJWS)*.

Munn, Z., Peters, M. D. J., Stern, C., Tufanaru, C., McArthur, A., & Aromataris, E. (2018). Systematic review or scoping review? Guidance for authors when choosing between a systematic or scoping review approach. *BMC Medical Research Methodology*, *18*(1), 143. https://doi.org/10.1186/s12874-018-0611-x

National Alliance to End Homelessness. (2022). *State of homelessness: 2023 edition* https://endhomelessness.org/homelessness-in-america/homelessness-statistics/state-of-homelessness/#homelessness-in-2022

Nemiroff, R. (2010). *Beyond rehousing: Community integration of women who have experienced homelessness* [Dissertation in Clincial Psychology, University of Ottawa]. Canada.

Osuji, J. C., & Hirst, S. P. (2013). Understanding the journey through homelessness: A hermeneutic study of women without children. *Canadian Journal of Community Mental Health*, *32*(2), 27-42. https://doi.org/10.7870/cjcmh-2013-017

Oudshoorn, A., Van Berkum, A., & Van Loon, C. (2018). A history of women's homelessness: the making of a crisis. *Journal of Social Inclusion*, *9*(1), 5-20.

Padgett, D. K. (2007). There's no place like (a) home: Ontological security among persons with serious mental illness in the United States. *Social Science & Medicine 64*(9), 1925-1936. https://doi.org/10.1016/j.socscimed.2007.02.011

Parker, B., & Leviten-Reid, C. (2022). Pandemic precarity and everyday disparity: gendered housing needs in North America. *Housing and Society*, *49*(1), 10-37. https://doi.org/10.1080/08882746.2021.1922044

Patterson, D. A., West, S., Harrison, T. M., & Higginbotham, L. (2016). No easy way out: One community's efforts to house families experiencing homelessness. *Families in Society*, *97*(3), 212-220. https://doi.org/10.1606/1044-3894.2016.97.22

Peters, M. D. J., Godfrey, C. M., Khalil, H., McInerney, P., Parker, D., & Soares, C. B. (2015). Guidance for conducting systematic scoping reviews. *JBI Evidence Implementation*, *13*(3), 141-146. https://doi.org/10.1097/xeb.0000000000000050

Phipps, M., Dalton, L., Maxwell, H., & Cleary, M. (2019). Women and homelessness, a complex multidimensional issue: Findings from a scoping review. *Journal of Social Distress and the Homeless*, *28*(1), 1-13. https://doi.org/10.1080/10530789.2018.1534427

Pleace, N. (2016). Exclusion by definition: The under-representation of women in European homelessness statistics. *Women's homelessness in Europe*, 105-126. https://doi.org/10.1057/978-1-137-54516-9_5

Power, E. R. (2023). Insecure Housing and the Ongoing Search for Ontological Security: How Low-Income Older Women Cope. *Housing, Theory and Society 40*(2), 170-191. https://doi.org/10.1080/14036096.2022.2118370

Reilly, J., Ho, I., & Williamson, A. (2022). A systematic review of the effect of stigma on the health of people experiencing homelessness. *Health & Social Care in the Community*, *30*(6), 2128-2141. https://doi.org/10.1111/hsc.13884

Roy, L., Vallée, C., Kirsh, B. H., Marshall, C. A., Marval, R., & Low, A. (2017). Occupation-based practices and homelessness: A scoping review:Pratiques fondées sur l'occupation et itinérance : Un examen de la portée. *Canadian Journal of Occupational Therapy*, *84*(2), 98-110. https://doi.org/10.1177/0008417416688709

Salem, B. E., Kwon, J., Ekstrand, M. L., Hall, E., Turner, S. F., Faucette, M., & Slaughter, R. (2021). Transitioning into the community: Perceptions of barriers and facilitators experienced by formerly incarcerated, homeless women during reentry—A qualitative study. *Community Mental Health Journal*, *57*, 609-621. https://doi.org/10.1007/s10597-020-00748-8

Sandy, M. (2014). "It's sweeter where the bruise is": Making sense of the experience of family homelessness in a community-campus partnership. *International Journal of Qualitative Studies in Education*, *27*(5), 584-603. https://doi.org/10.1080/09518398.2013.805444

Schwan, K., Versteegh, A., Perri, M., Caplan, R., Baig, K., Dej, E., Jenkinson, J., Brais, H., Eiboff, F., & Pahlevan-Chaleshtari, T. (2020). *The state of women's housing need & homelessness in Canada*. https://womenshomelessness.ca/wp-content/uploads/State-of-Womens-Homelessness-Literature-Review.pdf

Shalaby, R. A. H., & Agyapong, V. I. (2020). Peer support in mental health: literature review. *JMIR mental health*, *7*(6), e15572. https://doi.org/10.2196/15572

Shaw, M. (2004). Housing and Public Health. *Annual Review of Public Health 25*(Volume 25, 2004), 397-418. https://doi.org/10.1146/annurev.publhealth.25.101802.123036

Simpson, E. K., McDermott, C. P., & Hild, L. E. (2020). Needs of Transitionally Housed Young People to Promote Occupational Participation. *Occupational Therapy in Health Care 34*(1), 62-80. https://doi.org/10.1080/07380577.2020.1737895

Somerville, P. (2013). Understanding homelessness. *Housing, Theory and Society 30*(4), 384-415. https://doi.org/10.1080/14036096.2012.756096

Stonehouse, D., Threlkeld, G., & Theobald, J. (2021). Homeless pathways and the struggle for ontological security. *Housing Studies*, *36*(7), 1047-1066. https://doi.org/10.1080/02673037.2020.1739234

Stylianou, A. M., & Hoge, G. L. (2021). Transitioning out of an urban domestic violence emergency shelter: Voices of survivors. *Violence against women*, *27(11)*, 1957-1979. https://doi.org/10.1177/1077801220954270

Stylianou, A. M., & Pich, C. (2021). Beyond domestic violence shelter: Factors associated With housing placements for survivors exiting emergency shelters. *Journal of Interpersonal Violence*, *36*(17-18), NP9440-NP9462. https://doi.org/10.1177/0886260519858393

Styron, T. H., Janoff-Bulman, R., & Davidson, L. (2000). 'Please ask me how I am': experiences of family homelessness in the context of single mothers' lives [Article]. *Journal of Social Distress & the Homeless*, *9*, 143-165. https://doi.org/10.1023/A:1012945602583

Sullivan, C. M., Basta, J., Tan, C., & Davidson, W. S., 2nd. (1992). After the crisis: a needs assessment of women leaving a domestic violence shelter. *Violence & Victims 7*(3), 267-275. https://doi.org/10.1177/0886260516664318

Sullivan, C. M., Bomsta, H. D., & Hacskaylo, M. A. (2019). Flexible funding as a promising strategy to prevent homelessness for survivors of intimate partner violence. *Journal of Interpersonal Violence 34*(14), 3017-3033. https://doi.org/10.1177/0886260516664318

Thurston, W., Roy, A., Clow, B., Este, D., Gordey, T., Haworth-Brockman, M., McCoy, L., Beck, R., Saulnier, C., & Carruthers, L. (2013). Pathways into and out of homelessness: Domestic violence and housing security for immigrant women. *Journal of Immigrant & Refugee Studies 11*(3), 278-298. https://doi.org/10.1080/15562948.2013.801734

Tischler, V. (2008). Resettlement and reintegration: Single mothers' reflections after homelessness. *Community, Work & Family*, *11*(3), 243-252. https://doi.org/10.1080/13668800802133628

UNICEF. (2017). *Gender Equality*. https://www.unicef.org/rosa/media/1761/file/Genderglossarytermsandconcepts.pdf

Van Berkum, A., & Oudshoorn, A. (2015). *Best practice guideline for ending women's and girl's homelessness*. https://www.abeoudshoorn.com/wp-content/uploads/2015/08/Best-Practice-Guideline-for-Ending-Womens-and-Girls-Homelessness.pdf

Vaughn, R. E. (2018). *The complex cycle of interpersonal violence and homelessness: Perspectives of homeless women* [Dissertation in Psychology, Adler University]. US.

Vendryes, B. (2019). *Late adolescent mothers' homelessness and pregnancy experiences while living in transitional housing* [Dissertation in Public Policy and Administration, Walden University]. US.

Wahab, S., Anderson-Nathe, B., & Gringeri, C. (2014). *Feminisms in social work research: Promise and possibilities for justice-based knowledge*. Routledge.

Waldbrook, N. (2013). Formerly homeless, older women's experiences with health, housing, and aging. *Journal of Women & Aging 25*(4), 337-357. https://doi.org/10.1080/08952841.2013.816213

Wardhaugh, J. (1999). The Unaccommodated Woman: Home, Homelessness and Identity. *Sociol Rev*, *47*(1), 91-109. https://journals.sagepub.com/doi/abs/10.1111/1467-954X.00164

Wendt, S., & Baker, J. (2013). Aboriginal women's perceptions and experiences of a family violence transitional accommodation service. *Australian Social Work 66*(4), 511-527. https://doi.org/10.1080/0312407X.2012.754915

Whitzman, C. (2006). At the Intersection of Invisibilities: Canadian women, homelessness and health outside the 'big city'. *Gender, place & culture*, *13*(4), 383-399. https://doi.org/10.1080/09663690600808502

Wood, L., McGiffert, M., Fusco, R. A., & Kulkarni, S. (2022). "The propellers of my life" The impact of domestic violence transitional housing on parents and children. *Child & Adolescent Social Work Journal* 1-15. https://doi.org/10.1007/s10560-021-00809-1

**Appendix A**

*Characteristics of Included Studies (N=37)*

| Study # | Author(s) and date *Dissertation* | Aims of the study | Location of the Study | Study Design Population: Total Sample size N= & % of women in sample | Key Findings Summarized |
|---|---|---|---|---|---|
| Qualitative studies (n = 33) | | | | | |
| 1 | Bassi et al. (2020) | This study explores the physical, social, and psychological dimensions of community integration among women in Housing First. | Calgary, Canada | Qualitative – Interpretive<br><br>Population: formerly homeless women with substance use disorder N = 16, 100 % women | Participants described limited community integration, noting also that poverty, service inaccessibility, health, and safety concerns affected their engagement in activities in their neighborhoods. |
| 2 | Brown et al. (2009) | This study aimed to understand women's career paths and choices post-domestic violence (DV) shelter exit at a 2 year follow up. | USA | Qualitative - Interpretive Description<br><br>Population: women who have experienced domestic violence and left a shelter stay, N = 6, 100% | Four domains were found to be relevant to the career and post- shelter life experiences of women who have experience DV: 1) employment; 2) life experiences following shelter stay; 3) future aspirations/expectations; and 4) career expectations.<br>Findings also show that long after women leave the shelter and abusive relationships, they require the continued support of psychologists for career assessment and counseling. |
| 3 | Chan (2020) | This study explores what makes supportive housing feel like "home" for individuals with physical and/or psychiatric disabilities, who were once homeless. | Boston, USA | Qualitative -Interpretive Description<br><br>Population: Formerly homeless adults with physical and/or psychiatric disabilities N= 20, 54 % women | Findings reported if the housing felt like home varied across type of housing, living situation, and presence of roommates.<br>3 themes revealed including: 1) importance of safe spaces allowing privacy and space to withdraw and still having access to staff if needed; 2) the importance of connections to regular things (e.g., occupations, furniture, routine, roles, socializing); and 3) having agency to choose and pursue goals. |
| 4 | Coleman (2015)* | This dissertation explores the lived experiences in married formerly homeless African American women with children who were and were residing in a | Southwest, USA | Qualitative – Phenomenological<br><br>Population: formerly homeless mothers N = 7, 100 % women | The results of the study confirmed the presence of both assets and risk factors based on culturally congruent Afrocentric values of human behavior.<br>Assets of collective identity and social support included programs that promotes self- |

103

| Study # | Author(s) and date *Dissertation* | Aims of the study | Location of the Study | Study Design Population: Total Sample size N= & % of women in sample | Key Findings Summarized |
|---|---|---|---|---|---|
| | | permanent supportive housing program. The study also aims to assist practitioners, 5stakeholders, and funders, in understanding factors, and address barriers for planning programs. | | | sufficiency, affordable housing, and family reunification. Also, spirituality was an asset through prayer, attending church, having faith, and gratitude contributes to source of strength and resilience.<br>Risk factors of oppression in the form of family separation, unemployment, lack of resources, and lack of empathy by service providers. Risk factors of affective knowledge (or negative emotional state) and social isolation included having emotions such as anger, shame, worry, depression, and suicidality. |
| 5 | Combs (2013) * | This dissertation aims to understand the factors (organizational and individual) and strategies that homeless women used to overcome homelessness and transition back into society. | USA | Qualitative - Grounded theory<br><br>Population: formerly homeless women, N = 11, 100% | Factors were confirmed including importance of a shelter, spirituality, education, programs, organizations, leaders, love from another, and becoming employable.<br>Specific action strategies, which were intrapersonal characteristics, emerged within each of the factors.<br>Themes that emerged across the different factors included taking advantage of supportive opportunities, development of self-confidence, creating a structured daily routine, and beginning to love oneself. |
| 6 | Cone (2006) * | This dissertation explores the perspective of formerly homeless mothers also aimed to describe and discover the process women used to navigate the pitfalls of homelessness to secure stable housing. | Los Angeles, USA | Qualitative -Grounded theory<br><br>Population: formerly homeless mothers, N = 18, 100% | Reconnection was found to be key to overcoming homelessness. Themes emerged including: 1) Connecting with someone who really wants to and is able to help; 2) Revaluing self - choosing to listen and having faith that things can get better; 2) Mutually finding solutions and establishing long-term support through some type of social network; 3) Reintegrating into society by finding a home and managing finances while dealing with challenges of finding a job, childcare, transportation, and stigma of having a shelter address; 4) Importance of being able to contribute and give back and remembering the plight of being homeless. |

| Study # | Author(s) and date *Dissertation* | Aims of the study | Location of the Study | Study Design Population: Total Sample size N= & % of women in sample | Key Findings Summarized |
|---|---|---|---|---|---|
| 7 | Fisher et al. (2014) | This study aims to understand how families leaving shelters view housing options and make housing decisions. As homelessness assistance programs are designed to help families, it is important for policymakers to understand how families experiencing homelessness make housing decisions. | USA | Qualitative - Interpretive Description & Ethnography<br><br>Population: Homeless families leaving a shelter stay<br>N = 80, 96 % women | Findings highlight the importance of familiar neighborhoods near schools, accessible transportation, proximity to family and friends, and having stability.<br>Constraints on family choices were noted by program restrictions on eligibility for housing.<br>The most desired intervention was subsidized housing.<br>The authors found that respondents were least comfortable in and most likely to leave transitional housing (likely due to the continued uncertainty and anxiety related to community-based rapid re-housing).<br>Across all interventions, many families reported less than ideal compromises, often leading to further moves and destabilization. |
| 8 | Fogel (1997) | This study explores how residents (women and children) in transitional housing (TH) use skills and resources to secure housing outcomes and community re-integration. | Mid-Western city, USA | Qualitative - Interpretive Description & Ethnography<br><br>Population: Women/mothers either living in or former residents of transitional housing,<br>N = 12, 100 % women | Themes identified by the authors include: Place-Identity Concept of: 1) Adaptation: discussions of how women participate in the space and are 'accepted' into resident culture including rules and guidelines; 2) Alienation: if someone was unable to adapt to TH, they were asked to leave; 3) Safety: fear for their personal safety arose as a constant concern for the residents. For some TH made them feel protected, and for others, they felt they were 'locked in their home'; 4) Home of origin – may evoke pleasant (reading, playing, thinking about the future), or bad (e.g., experiences of rape, abuse, violence) memories and this influences aspects of living in TH; 5) Leaving the House: all residents reported feeling 'pressured to move out in 120 days'. |

| Study # | Author(s) and date *Dissertation* | Aims of the study | Location of the Study | Study Design Population: Total Sample size N= & % of women in sample | Key Findings Summarized |
|---|---|---|---|---|---|
| 9 | Fotheringham et al. (2014) | This study aims to determine the role of transitional housing (TH) women leaving homelessness and also to explores how gender-specific experiences of homelessness may serve to inform housing service delivery models. | Calgary, Canada | Qualitative – Phenomenology<br><br>Population: homeless women in TH<br>N = 9, 100 % women | Four important factors were key aspects that helped women leave homelessness through a TH stay having: 1) Safety - fleeing domestic violence (very often the case) and trauma/abuse needs to be addressed; 2) Time - having time to rebuild, plan, rest, heal, and recover from their various experiences; 3) A community of women with similar experiences – which creates a sense of belonging, acceptance, fosters relationships, and provides a communal space to gather and share; and 4) A supportive environment with access to appropriate services in which to recover from trauma – including relationships with the counselors and the availability of this support 24 h per day.<br>Negative aspects included: disrespect from staff (stigma), structure of the TH site (lack of privacy), and program regulations and policies (locked out of your own room, locked kitchen cupboards). |
| 10 | Garcia and Kim (2020) | This study examines the role of the Rapid Rehousing Program (RRHP) in supporting the security of families experiencing homelessness. | USA | Qualitative - Grounded theory<br><br>Population: formerly homeless families who have moved from emergency shelter into RRHP<br>N = 23, 87 % women and 52 % were two-parent households | The Road Home (TRH) provides services to homeless individuals and families in Salt Lake County and is best known for their emergency shelters and for administering RRHP.<br>Overall, all participants in this study reported that TRH and the RRHP as a very useful, essential, and efficient tool in navigating to find affordable housing crisis for families experiencing homelessness.<br>Researchers identified four themes within the topic of (in)security including: 1) (In)security in the emergency shelter; 2) Kids' behavior at the shelter vs. at home; 3) Feeling at home; and 4) feelings of (in)security at the new home. |
| 11 | Grella (1994) | This study examines a model of service delivery for homeless mentally ill | Southern California, USA | Qualitative - Interpretive Description | Reports that only a few women from the day center make the transition to the shelter, and |

| Study # | Author(s) and date *Dissertation* | Aims of the study | Location of the Study | Study Design Population: Total Sample size N= & % of women in sample | Key Findings Summarized |
|---|---|---|---|---|---|
| | | women, a combined day center and shelter program. | | Population: women experiencing homelessness and mental illness, N = 21, 100% | then into permanent housing and periods of mental health stability. The authors note that many more women periodically use the shelter and benefit from respite from the streets and from support services provided. |
| 12 | Holtschneider (2016) | This study aims to understand the impact over time of the housing and support services provided by a transitional living program (TLP) within a Housing First (HF) framework directly from the perspectives of formerly homeless youth. | USA | Qualitative – Phenomenology Population: formerly homeless youth N = 19, 59 % women | Participants found TLPs to be an essential part of a good solution to address youth homelessness. Themes identified included: 1) The importance of belonging such as: family, connection and community; and preparedness. 2) Feeling 'not ready' and that TLPs are developmentally appropriate program model for youth in times of housing crisis. During the interview, 41% of the sample mentioned that if they were eligible, they would return to the program as they appreciated the tangible support, community and emotional support provided. |
| 13 | Klodawsky et al. (2007) | This study aims to identify and explain factors that distinguished those who successfully exited homelessness from those who remained homeless or experienced multiple episodes of homelessness. | Canada | Qualitative - Interpretive Description Population: individuals who had experiences of homelessness N = 412, 55 % women | Findings highlight the following factors as the major issues assisting or impeding exits from homelessness: economic factors, interpersonal supports and conflicts, health status, substance use issues, community supports and services, and housing and neighbourhood quality. |
| 14 | Klumper (2008)* | This study explores characteristics formerly homeless women with children who are now stably housed after living in transitional housing. | Raleigh and county of Wake, USA. | Qualitative - Interpretive Description Population: formerly homeless mothers N = 10, 100 % women | Findings revealed that childhood trauma was a factor to adult decision making and relationship choices.100% of the women in the study had experienced physical, sexual, or emotional abuse during their childhoods. Stress factors for the women included: worrying about money, being evicted, and keeping the children being safe. Positive changes reported by the women included enhanced self-esteem, increased motivation, |

| Study # | Author(s) and date *Dissertation* | Aims of the study | Location of the Study | Study Design Population: Total Sample size N= & % of women in sample | Key Findings Summarized |
|---|---|---|---|---|---|
| | | | | | and autonomy (learning life skills to run a household; having a case manager who follows up 1 year post program); and having emotional support (from friends, family, church group, faith). |
| 15 | Lindsey (1996) | This study aims to understand the restablization process for homeless mothers with children. | Georgia, USA | Qualitative - Interpretive Description Population: 10 formerly homeless mothers N=10, 100% women | Findings highlight four factors that affect the restabilization process including: 1) Children - mothers leave violent situations to protect their children and it can be easier to obtain resources if you have children; 2) Personal resources such as coping skills, faith, and individual traits such as persistence, and motivation; 3) External resources such as assistance received from formal agencies, and institutions and informal such as assistance received from family and friends. 4) The socioeconomic context such as the job market (e.g., poor paying jobs), housing market (e.g., lack of safe affordable housing); and discrimination (race discrimination; plus being homeless 'no address'). |
| 16 | Lindsey (1997) | This study explores how mother-headed homeless families become stably rehoused. | 3 towns in Georgia, USA | Qualitative - Grounded theory Population: 10 formerly homeless mothers N=10, 100% women | Findings show a 3-stage process of restabilization including: 1) Meeting immediate family needs (finding shelter, maintaining parental role, & preserving stability); 2) Creating a new home (managing finances, addressing personal & interpersonal problems, & setting up a new home); & 3) Maintaining family stability (finances, managing personal & interpersonal problems such as substance use issues & reestablishing family relationships). |

| Study # | Author(s) and date *Dissertation* | Aims of the study | Location of the Study | Study Design Population: Total Sample size N= & % of women in sample | Key Findings Summarized |
|---|---|---|---|---|---|
| 17 | Livingstone and Herman (2017) | This study explores factors promoting and impeding formerly homeless permanent supportive housing tenants from moving into more independent community housing. | USA | Qualitative<br><br>Population: formerly homeless individuals now either living in or having moved out from permanent supportive housing.<br>N = 21, 62 % women | Findings report that facilitators to moving into independent housing included support received during supportive housing tenure, setting goals, and a willingness to work towards what they hope to accomplish. Barriers included lack of affordability and lack of rental assistance, ongoing fear of becoming homeless again, unacceptability of available housing, and limited help facilitating the transition. |
| 18 | Long (2010)* | This study aims to understand the process of how abused homeless mothers become rehoused after leaving shelters and to understand the effects of stressors and coping styles, as well as goals of formerly homeless, abused women, during the rehousing process. | Chicago, USA | Qualitative - Grounded theory<br><br>Population: formerly homeless mothers who identified domestic violence as a reason they became homeless<br>N=13, 100 % women | Findings show that formerly homeless abused mothers experience four stage of rehousing: 1) Precarious housing; 2) Searching for help; 3) Making systems work; and 4) Looking to the future.<br>This population faces the following stressors: 1) Housing instability; 2) Poverty 3) Work stress/unemployment; 4) Victimization, and 5) Other (custody and relationship issues).<br>This population uses the following coping mechanisms during rehousing process: 1) Gain resources; 2) Maintain resources; 3) Share/give away resources; 4) Unsure what to do; 5) Reprioritize resource loss with a different course of action.<br>This population accesses formal (police, lawyers, case manager) and informal supports (friends/family). Both played a role in stages of rehousing however once in  'making systems work' phase, they are more able to access formal resources that assist with dealing with stressors. |
| 19 | Mayberry (2016) | This study explores the experiences of parents attempting to re-attain housing after a shelter stay. | USA | Qualitative - Interpretive Description<br><br>Population: Parents who had a shelter stay and have at least 1 child <15 years<br>N=77 96 % women | Findings highlight the challenges of service use includes "catch-22s" resulting from the mismatch between service policies and procedures and participants needs, contexts and requirements of other services.<br>Accessing services often results in confusion and uncertainty due to insufficient communication about services, and long waitlists. |

| Study # | Author(s) and date *Dissertation* | Aims of the study | Location of the Study | Study Design Population: Total Sample size N= & % of women in sample | Key Findings Summarized |
|---|---|---|---|---|---|
| | | | | | Positive service experiences were tailored to needs and had clear and consistent communication between providers recipients. |
| 20 | Mayock et al. (2015) | This paper seeks to redress the gender-imbalance in 'chronic homelessness' and examines the experiences of women who have lengthy homeless histories based. | Ireland | Qualitative – Ethnographic  Population: Women with lengthy homeless histories, N=34 (100%) | Findings identify four main exit destinations from homeless services for this population: 1) exits to institutional settings; 2) exits alone; 3) exits with a partner, and 4) exits to the home of a friend or family member. Many women had moved temporarily in and out of homeless services along more than one of the paths, and many had exited via all four routes of the above state routes which means, they disappeared from 'official homelessness' often in an attempt to manage their situations, only to re-enter the system at a later date. Findings reveal several influences on their movements and strategies to attempt to manage homelessness including: mothering roles, intimate relationships and intimate partner violence, and ongoing interactions with institutional settings. |
| 21 | Osuji and Hirst (2013) | This study explores the meaning of the experience of homelessness and exiting homelessness among women without children. | Calgary, Canada | Qualitative – Phenomenology  Population: homeless women without children, N = 12, 100 % women | Findings show 5 subthemes that describe the journey exiting homelessness including: 1) loss of self at home; 2) non-feeling of 'at-homeness'; 3) disconnection and aloneness; 4) simulating home and transitional shelter living; and 5) finding oneself. Findings suggest that for women, exiting homelessness was a journey in search of hope, and reconnection with the self and others. |

| Study # | Author(s) and date *Dissertation* | Aims of the study | Location of the Study | Study Design Population: Total Sample size N= & % of women in sample | Key Findings Summarized |
|---|---|---|---|---|---|
| 22 | Sandy (2014) | This study aims to obtain a narrative description of aspects of the participant's day-to-day experience of transition to permanent housing as well as her understanding of "expert-driven" vs. collaboratively designed programming within community–campus partnerships | Milwaukee, USA | Qualitative – Phenomenology<br><br>Population: formerly homeless women, N = 1, 100% | Findings from this study show that: 1) The transition from homelessness to a more stable living situation includes challenges such as not fitting the shelter profile and relearning how to cope and manage a household; 2) Comparing expert-driven and collaborative approaches made the participant more aware of sensitivity of perspectives of experts and the limitations of the one-sided approach; 3) Being part of a community-campus partnership was difficult at times, however benefits from these partnerships may have helped her transition by expanding her social support network. |
| 23 | Simpson et al. (2020) | This study investigates the occupational participation needs of transitionally housed young people from their perspectives as well and the perspectives of those staff members who serve them. | Illinois, USA | Qualitative - Interpretive Description<br><br>Population: formerly homeless youth currently in transitional living N = 9, 55% women and/or transgender | Results suggested that the young people need opportunities to practice independent living skills, and develop routines to support employment, housing, and education, and receive more individualized support from service providers. |
| 24 | Stylianou and Hoge (2021) | The focus of this study is to explore the processes that occur as survivors of intimate partner violence (IPV) exit DV emergency shelter programs. | USA | Qualitative<br><br>Population: women transitioning out of a domestic violence shelter N = 27, 100 % women | The findings are three-fold and show that survivors transitioning out of DV shelter: 1) Face successes and challenges during the transition process such as the need to feel supported which requires logistical and emotional support and readiness. Children can be both resilient and a protective factor, and a new location can feel unsafe and often the woman will not feel ready to transition again. There is also great difficulty to identify and access community resources; 2) There are many risks and protections of housing and housing instability can be difficult on the children for forming bonds and there is a lack of housing options; and 3) There are lessons learned from navigating shelter life which include learning to ask for support from the shelter staff and focus on your own journey. |

| Study # | Author(s) and date *Dissertation* | Aims of the study | Location of the Study | Study Design Population: Total Sample size N= & % of women in sample | Key Findings Summarized |
|---|---|---|---|---|---|
| 25 | Styron et al. (2000) | This study aims to examine the experience of family homelessness from an alternative perspective through interviews with formerly homeless mothers about their lives before and after leaving the shelter system. | USA | Qualitative - Interpretive Description<br><br>Population: formerly homeless single mothers, N = 24, 100% | Themes that emerged from the women's stories included: 1) poverty, 2) neglect, 3) abuse, 4) troubled interpersonal relationships, and 5) mental health concerns.<br>Many of the women reported that the shelter system allowed them respite and a place to go to break away from an abusive relationship, receive counseling and support, learn new skills, and/or improve their relationship with their children. |
| 26 | Sullivan et al. (2019) | This study aims to conduct a longitudinal evaluation of a flexible funding program in Washington for individuals who have experienced IPV. | Washington, D.C., USA | Qualitative - Interpretive Description<br><br>Population: individuals who survived intimate partner violence and reached out and were awarded DASH (District Alliance for Safe Housing) for housing assistance N = 53, 96 % women | The flexible grants assisted in other pragmatic ways such as helping with financial issues such as: fixing a car, paying utilities, buying furniture,<br>The benefits of grants were found to go beyond housing stability and women reported stress relief, better sleep, better ability to parent, and being able to get 'back on track' and a sense being in charge of their lives again (e.g., returning to school, employment). |
| 27 | Thurston et al. (2013) | This study aims to explore the nature of homelessness and housing insecurity among immigrant women experiencing DV, including into and out of homelessness | Halifax, Winnipeg, and Calgary, Canada | Qualitative - Interpretive Description<br><br>Immigrant women who had experienced DV who have left relationship more than 21 days prior seeking assistance to address violence. N = 37, 100% | Findings show six main factors contributed to exiting homelessness: 1) access to affordable housing; 2) socio-economic factors and employment including lack of skills, language and transportation barriers, lack of flexible child care; 3) the role of service providers and advocates; 4) personal safety issues and issues with battles over children; and 5) the influence of gender and culture as many women had never lived alone nor been employed outside the home. |
| 28 | Tischler (2008) | The aim of this study is to explore psychosocial issues related to the resettlement experiences of single mothers following a period of homelessness. | United Kingdom (UK) | Qualitative - Interpretive Description<br><br>Population: single mothers with history of homelessness, N = 21, 100% | Findings indicate that for most women, the resettlement process involved improving physical surroundings, personal growth linked to escaping violence, overcoming homelessness and valued new opportunities and a new life for themselves and their children. The women described feelings of |

| Study # | Author(s) and date *Dissertation* | Aims of the study | Location of the Study | Study Design Population: Total Sample size N= & % of women in sample | Key Findings Summarized |
|---|---|---|---|---|---|
| | | | | | freedom and independence compared to the confinement of homeless hostels. |
| 29 | Vaughn (2018)* | This dissertation examines the narratives of homeless women in to gain a deeper understanding of their experiences with interpersonal violence and its connection to their homelessness. | USA | Qualitative - Grounded theory<br><br>Formerly homeless women with experience of violence (not specifically domestic violence however) N = 6, 100% | Findings identified several key themes: 1) perspectives on being homeless; 2) pathways to homelessness; 3) adverse childhood experiences; 4) adult trauma; 5) pathways to repeated homelessness; 6) unhealthy coping strategies; 7) healthy coping strategies; 8) relationship between factors that contributed to homelessness; 9) helpful resources to exit homelessness (residing at TH, education classes, employment, resources, social support, medication, sense of self-worth, personal traits and 10) perceived needed to exit homelessness (affordable housing, obtaining employment, connection to available resources). |
| 30 | Vendryes (2019)* | This dissertation aims to explore the perceived impacts of public policies and social services provided by transitional housing programs on the lived experiences of homelessness and pregnancy in late adolescent mothers. | South-Eastern Florida, USA | Qualitative – Phenomenology<br><br>Population: adolescent mothers who were pregnant prior to living in the transitional house or had at least one dependent child N = 7, 100 % women | Findings identified major themes: 1) unknown risk and coping of staying at an emergency shelter; 2) improved outcomes from TH; 3) hopes, dreams, and goals met from TH; 4) dealing with rules at TH; 5) strain, mental illness, and abuse as reasons that lead to homelessness; 6) difficult and dysfunctional families growing up. Being homeless made women feel ashamed, isolated, and dependent, the TH was a route out. |
| 31 | Waldbrook (2013) | This study aims to further understand formerly homeless women's perceptions of their current living situation and daily life, and explore their views on adapting to new home, planning for their elder years and aging in general. | Toronto, Canada | Qualitative - Interpretive Description<br><br>Population: formerly homeless women aged > 45 years old, N = 15, 100% | Findings revealed several themes: 1) Health: many women attributed current health issues to past and/or excessive ETOH/drug abuse, and the long-term trauma and stress of living on the street. Stable housing was an enabling factor to improve health. 2) Coping with low incomes and precarious housing situations was difficult and most women and worried about high rents and possible episodes of homelessness; 3) Coping with addictions for many women was still an issue; 4) Importance |

| Study # | Author(s) and date *Dissertation* | Aims of the study | Location of the Study | Study Design Population: Total Sample size N= & % of women in sample | Key Findings Summarized |
|---|---|---|---|---|---|
| | | | | | of supportive housing and community services for assistance with appointments, counseling, housing, and medication; 5) Adapting to home was difficult due to not feeling secure, after being in survival mode for so long; 6) Health and growing older was linked to ideas of 'accelerated aging' and women felt discouraged when asked about the future. |
| 32 | Wendt and Baker (2013) | This study aims to explore the experiences and service outcomes and to identify facilitators and barriers to effective operation of a family violence transitional accommodation program. | South Australia | Qualitative - Interpretive Description<br><br>Population: Indigenous adult women fleeing family violence<br>N = 13, 100 % women | Findings revealed several themes: 1) Previous life of instability and mobility, with a time of buffering between leaving family violence and accessing transitional housing; 2) Quality of worker-service user relationship was the most significant and positive aspect of the program; 3) Women had mixed views on having Aboriginal staff - having non-Aboriginal staff was appreciated due to decreased concerns with confidentiality; 4) Physical set-up of the environment facilitated emotional and physical safety; 5) Child-focused practice is important such as provision of play and educational material and activities and liaison with local schools; 6) Practical support with access to low-cost quality housing and other services; 7) Outreach post-stay support was helpful and appreciated. |
| 33 | Wood et al. (2022) | This study aims to explore domestic violence transitional housing (DVTH) program experiences on parents (women) with minor children. | USA | Qualitative - Interpretive Description<br><br>Population: Women who have experienced domestic violence and have minor children<br>N = 27, 100 % women | Findings showed several themes: 1) DVTH helps to strengthen the parent–child relationship; 2) TH provides an opportunity for family stability via housing, material, and economic stability, yet experiences of safety can be less than ideal due to community and environmental issues; 3) Time in DVTH creates opportunities for families to access trauma-informed resources and social support. |

Mixed method studies (n=4)

| Study # | Author(s) and date *Dissertation* | Aims of the study | Location of the Study | Study Design Population: Total Sample size N= & % of women in sample | Key Findings Summarized |
|---|---|---|---|---|---|
| 34 | Brott et al. (2022) | This study aims to explore what factors support homeless mothers in graduating from a TH program within a rural and urban community and what do homeless mothers perceive to be key factors in facilitating successful graduation from a TH program. Also looks at facilitators based on the geographic context of the shelter (e.g., rural vs. urban settings). | USA | Mixed Methods, Sequential: Quantitative- Observational (Pre-post) Qualitative -Grounded theory  Population: mothers with experience of homelessness (urban/rural) leaving (TH) N: 252, 100% Qualitative: n = 11 Quantitative: n = 241 | Qualitative findings illustrate narratives surrounding supportive factors and program supports such as having assistance securing employment, education courses, and a sense of community. Qualitative results highlight that further research is needed on the role of mindsets surrounding poverty and how these macro-level beliefs (i.e., individual beliefs vs. root causes analysis) influence individual behaviors and actions. |
| 35 | Clark et al. (2019) | This study investigates pathways to domestic violence transitional housing (DVTH) | USA | Mixed Methods: Quantitative: Observational & Qualitative - Interpretive Description  Population: individuals who have exited a DV shelter to DVTH N = 30, 93% women | Findings reveal that participants have substantial needs that required more time to attend to than was feasible through a brief stay in shelter, inadequate finances, trauma, immigration barriers, and concerns around children. Unique protective aspects of DVTH include high-level security, intensive services as being critical to their safety and well-being. |
| 36 | Dostaler and Nelson (2003) | This study aims to evaluate the processes and outcomes of a short-term shelter. | Ottawa, Canada | Mixed Methods Quantitative- Observational (Pre-post) & Qualitative – Ethnography  Population: young women with experiences of homelessness **N = 40, 100 % women** | The findings report: 1) Housing stability as the most reported improvements and thus the women could focus on other areas of their lives; 2) Education: women considered school to be important, but less concerned with that than finding a place to sleep; 3) Employment: Very few women were employed and finishing school was a higher priority; 4) Physical health: women reported poor health and poor nutrition reported during shelter stay and 3 months later; 5) Mental health: most women reported stress, depression, due to poverty and unstable housing; 6) Finances: almost all the women continued to live in poverty and were on social assistance; 7) Independence: most women experienced increased independence |

| Study # | Author(s) and date *Dissertation* | Aims of the study | Location of the Study | Study Design Population: Total Sample size N= & % of women in sample | Key Findings Summarized |
|---|---|---|---|---|---|
| | | | | | post-shelter and found counselling services were useful to support them. |
| 37 | Gabet et al. (2020) | This pilot case study aims to identify the needs of women who were previous TH residents before acquiring permanent housing with supports. | Montreal, Canada | Mixed Methods - Quantitative: Observational (Pre-post) & Qualitative - Interpretive Descriptive<br><br>Population: women who were previously homeless, in transitional housing and now in living in permanent housing and provided supports<br>N = 10; 100 % women | Findings revealed that women identified their primary need as health maintenance, support for daily activities and improved socialization.<br>Most women were satisfied with activities offered at TH and the frequency and ease of follow-up.<br>Limiting factors included: the limited duration of TH before post-TH follow-up; personal reluctance to take medications; consumption of substances; problems accessing health services, and lack of affordable permanent housing adequate to user needs.<br>After six months, 80% of users remained in their housing and no changes were identified in community integration. |

**Bridge from Chapters 5 to 6**

In chapters 4 and 5, we presented a synthesis of the literature on the results and findings of outcomes for women and the processes, and experiences of women who have left a shelter stay. We noted the individual, service, and system-level factors that can be either a facilitator or barrier to women on this trajectory. To add to the body of literature, and in line with our CBPR methodology and community-academic partnership, we chose to conduct Photovoice interviews with women in Montreal to help guide our process in answering our overarching objective of what is needed in terms of supports during the transition and post-shelter.

The following chapter presents the results of the Photovoice research findings. The primary aim of this study was to uncover what helps and what hinders women in their transition from shelter to housing. The secondary aims align with Project Lotus' CBPR overall objectives which are to: 1) explore the processes and experiences of post-shelter transitions for women in the Montreal context; 2) to identify the necessary and desirable components of local post-shelter housing supports for women; and 3) to lay the foundation for further action, research, and policy recommendations in this field.

This manuscript was published with *International Journal on Homelessness* in July 2024. Accepted for publication 11 June 2024.

**Jacobsen, K.,** Roy, L., Seto, V., Marshall, C. A., & Perreault, M. (2024). Title: "I Always Have my Key in my Hand": A Photovoice Exploration with Women in Post-Shelter Transition. *International Journal on Homelessness*, 4(*2*), 256-280. https://doi.org/10.5206/ijoh.2023.3.17310

**Chapter 6: Manuscript 3 - "I always have my key in my hand": A Photovoice exploration with women in post-shelter transition**

"I Always Have my Key in my Hand": A Photovoice Exploration with Women In Post-Shelter Transition

Karla Jacobsen, PhD (c), OT [1] |Laurence Roy, PhD, OT [1] |Vanessa Seto, PhD (c), OT [1]|
Carrie Anne Marshall, PhD, OT [2]| Michel Perreault, PhD [3]|

Authors' Affiliations

[1] School of Physical and Occupational Therapy, McGill University, Montreal, Canada

[2] School of Occupational Therapy, Western University, London, Canada

[3] Department of Psychiatry, McGill University, Douglas Mental Health University Institute

Research Center, Montreal, Canada

Corresponding Author: Karla Jacobsen, Email: karla.jacobsen@mcgill.ca

**CONFLICTS OF INTEREST**
The authors declare no conflicts of interest with respect to this research.

**Abstract**

This Photovoice research is situated within a larger study and part of a community-based participatory research (CBPR) partnership, Project Lotus, Hope Together. Project Lotus is a collaboration that began in early 2021 with a network of women's shelters, women with lived experience of homelessness, and academic scholars in Montreal, Quebec, working towards a broad goal of co-creating supports for women post-shelter stay. Underpinned by a critical feminist lens, the aim of this research was to uncover what helps and what hinders women in their transition from shelter to housing. Using Photovoice as the participatory research method, seven women in Montreal with lived experience of a shelter stay and post-shelter transition to their own housing were interviewed over a 6-month period in 2021. Five key and interrelated themes emerged as central to their experience and process in their transition from shelter to home: 1) Shelter as a safety net; 2) Living with trauma; 3) Moving beyond survival to find meaning in everyday life; 4) Connecting and contributing; and 5) A home. Our findings demonstrated that, while moving into their own living space post-shelter marked a new beginning for the women, it was a beginning filled with various systemic and structural barriers. Our findings also suggest and align with recent literature reviews that there are broad systemic inequalities for women related to housing, gender roles, and poverty. Sustainable wrap-around supports and policy changes using rights-based, systems, and trauma-informed approaches to support women post-shelter are urgently required.

**KEYWORDS:**  women, homelessness, shelter, transition, supports, Photovoice

**Introduction**

Housing policy in Canada is a complex issue for many reasons, one of which lies in the nature of the federal-provincial jurisdiction of housing, while municipal institutions fall under provincial governance and policy structures (Suttor, 2016). In 2018, the Government of Canada initiated a first-ever "National Housing Strategy (NHS): A Place to Call Home" aimed at reducing chronic homelessness, and creating affordable, livable, and stable communities (Government of Canada, 2023). The Strategy committed to investing $82+billion over a 10-year plan (2018-2028) and is aimed at addressing the housing needs of the most vulnerable Canadians, including women and children fleeing domestic violence (Canada Housing and Mortgage Corporation [CMHC], 2018).

Simultaneously, the "Homelessness partnering strategy engagement: what we heard" report consulted with people with experience of homelessness and noted that although women make up a smaller percentage of those "officially" visible, they are often the 'first to lose their housing and last to be rehoused' (Government of Canada, 2018b, p. 3). To date, the NHS has committed 30% of the funding to the housing needs of women and children (Government of Canada, 2023, p. 1). The underrepresentation of women in homelessness policy and research has been documented in feminist literature for decades, and scholars have emphasized the importance of gendered approaches in housing and homelessness (Crocker & Dej, 2024; Milaney et al., 2020; Osuji & Hirst, 2013; Oudshoorn et al., 2018; Phipps et al., 2019; Salem et al., 2021; Schwan & Ali, 2021). The lack of inclusion of women's voices in public and scholarly representations of homelessness has negatively impacted gender-specific programming (Fotheringham et al., 2014; Klodawsky, 2006).

Women and single mother families make up between 26-39% of individuals experiencing homelessness in Canada, the United States (U.S), and Europe (Gaetz et al., 2016; National Alliance to End Homelessness, 2022; Pleace, 2016). In Québec where the current study took place, a 2022 point-in-time count indicated that approximately 10,000 people are visibly homeless, a 44% increase in a four-year period, and cis-gendered women accounted for 29% of this number (Ministère de la Santé et des Services sociaux, 2023). Point-in-time counts may not accurately capture the realities of populations who transition in and out of homelessness or who experience less visible forms of homelessness (Amore et al., 2011), which is often the case for women and women-led families (Fotheringham et al., 2014; Gulliver-Garcia, 2016; Milaney et al., 2020). Women's and girls' homelessness is also intertwined with interpersonal and systemic violence, experiences of trauma, and gendered poverty (Fox & Moyser, 2018; Government of Canada, 2018a, 2018b, 2018c; Milaney et al., 2019; Yakubovich & Maki, 2022). Women's homelessness is also characterized by extensive use of shelters, including emergency, family, violence-against-women shelters, and transitional housing (Latimer & Bordeleau, 2019; Ministère de la Santé et des Services sociaux, 2023; Montgomery et al., 2017). Furthermore, the process to exit shelters into their own housing is stymied by gender-related barriers that are built into housing policies and practice (Canadian Centre for Housing Rights, 2022; Crocker & Dej, 2024).

**The Present Study**

This Photovoice research is part of the first author's doctoral dissertation and is situated within the larger 'Project Lotus - Hope Together', a community-based participatory research (CBPR) partnership between a network of women's shelters, women with lived experience of homelessness, and academic scholars in Montreal (Quebec) working to co-create a systems change support program for women leaving sheltered living (Sánchez et al., 2021). The current study unfolded under the guidance of a community advisory board (CAB)[1] as part of a larger body of work that includes the following: a scoping review examining what is known about the outcomes for women post-shelter (Jacobsen et al., 2024), another scoping review examining the processes and experiences of women after a shelter stay (Jacobsen et al., 2024b, forthcoming), Photovoice research (this manuscript), and a virtual World Café and key informant interviews with a broader base of interested parties in the field of women's housing and homelessness (Jacobsen, Roy, & Richmond, 2024, forthcoming). In the World Café, we had a diverse group of 35 participants from various sectors and backgrounds (healthcare and social services, n=2; community organisations, n=15; coalitions and women's rights advocacy groups, n=3; women with lived experience of homelessness, n=7; researchers, n=8). For the key informant interviews, we had a total of 5 participants from community organizations and coalitions/women's rights advocacy groups. The overall objectives of Project Lotus are: 1) to shed light onto the processes and experiences of post-shelter transitions for women in the Montreal context; 2) to identify the necessary and desirable components of local post-shelter housing supports for women; and 3) to lay the foundation for further action, research, and policy recommendations in this field.

**Methods**

*Theoretical Underpinnings*

Our project is underpinned by critical feminist intersectional theory recognizing the oppression, lack of inclusion, and the social inequities experienced by women with histories of homelessness, housing precarity and shelter stays, and how these experiences are linked to social, political, cultural, economic, ethnic, and gender values deeply rooted in systemic

---

[1] The CAB consists of thirteen women with a common interest in housing supports post-shelter stay (three women with lived experience of housing instability and transition into permanent housing, four researchers, three directors/managers of community organizations supporting women experiencing housing instability; and two direct service providers, and one project co-ordinator).

structures (Crotty, 1998; Freire et al., 2018; Guba & Lincoln, 1982, 1994; Hastings, 2021; hooks, 2015; Scotland, 2012). Feminist theory frames women's homelessness and housing precarity as an outcome of increasingly tenuous housing options that are tied to a history of oppression, sexual division of labour, capitalism, and neoliberalism, as well as women's intersecting vulnerabilities to violence and their roles as daughters, wives, and mothers (Arruzza et al., 2019; Collins, 1986; Crenshaw, 1991; Lorde, 1979; Smith, 1987; Tong & Botts, 2018; Watson, 1986). Key to the foundation of critical feminist theory is the deconstruction of existing knowledge and power by questioning what is known and how knowledge and power was acquired (Kolmar & Bartkowski, 2010; Sprague, 2005). Project Lotus is grounded in resisting the underrepresentation of women in homelessness research (Daley et al., 2015; Government of Canada, 2018b; Smith, 1987; Sprague, 2005), including women who might be further excluded from housing due to intersecting minoritized social positions (Cho et al., 2013; Crenshaw, 1989; Erevelles & Minear, 2010; Nixon, 2019).

### *Design*

We used Photovoice (Wang & Burris, 1994) to capture the experiences and needs of women as they transitioned out of sheltered living and into housing. Photovoice methods are influenced by a critical inquiry paradigm, drawing on the works of Freire (1996) with foundational ideas from feminist theory, education research, and documentary photography (Paradis et al., 2020; Payne et al., 2016; Tong & Botts, 2018; Wang & Burris, 1994; Wang et al., 2000). In Photovoice, participants take photos of their everyday reality and share their stories through interviews to give a voice to their experiences, and to enhance the understanding of their needs, and those of their community. Participants' knowledge and priorities are the essential perspectives of expertise in this method. Increasingly, Photovoice has been used as a qualitative method in various participatory studies with women who have experienced homelessness or marginalization (Coemans et al., 2019; Fortin et al., 2015; Vaccaro, 2023; Van Berkum & Oudshoorn, 2019). Photovoice methods promote a shift from traditional research paradigms in which studies are conducted by 'outsider' specialists and researchers, to instead emphasize the involvement of community members who have direct experience. This process helps to redistribute power from the researcher to the community members and is an important step for creating effective policy in line with the communities' needs (Wang & Burris, 1994).

There are various challenges and issues to consider when conducting Photovoice with women who have experienced homelessness. For example, it can be challenging to establish and maintain contact and to conduct a collective group analysis and interpretation of the photos, as many women in housing precarity also experience various levels of insecurity (e.g., financial, food, employment, technology). Establishing and maintaining a safe and trusting relationship and using a trauma-informed lens is imperative in collaboration with women with lived experience of homelessness, as the majority of them have endured traumatic experiences (Milaney et al., 2020; Patterson et al., 2016). This can operationalize as a challenge for group interviews as for many women, their experiences were traumatic and every encounter with the researcher requires a trip down that memory lane.

### Sample and procedures

Recruitment for our study was conducted through collaboration with partner community organizations by using verbal announcements in information meetings and poster advertisements in common areas. Participants were eligible for the study if they were at least 18 years old, identified as a woman, had a shelter stay in the past 24 months, spoke English or French, and were able to participate in a 60-minute interview. They were excluded if they were unable to consent or to sustain an interview. Participants who met the criteria and participated in the research received a $30 compensation[2]. Purposive sampling was used to elicit a variety of women's viewpoints on exiting a shelter stay to broaden the understanding of their experiences (Thorne, 2016). Recruitment was stopped once we stopped finding new content in sub-themes. The study was approved by the McGill Institutional Review Board.

### Photovoice interview procedures

After obtaining informed consent, but prior to the initial interviews, the doctoral candidate conducted an individual briefing over the phone to build rapport, develop trust, and introduce participants to the overall research process and guidelines. The participants also completed a demographic questionnaire. The participants were then instructed to take pictures that represent "what it is like to transition from a shelter to independent housing". The participants had the

---

2 Additional budget accommodations were offered to cover childcare or transportation in order to take part in this research; however, none of our participants required this to participate.

option of using a complementary disposable camera for their photos, but all chose to use their own phones, or the phone of a trusted intervention worker instead. Participants were instructed on the ethical use of their cameras for this project (e.g., ensuring not to take pictures of themselves or others that could lead to identification), and the process of taking and picking the five most relevant photos. Participants were given approximately two weeks to take their pictures, and extra time was offered; however, no one requested this adjustment.

As the research process was conducted in 2021, during the second and third waves of the coronavirus disease of 2019 (COVID-19) pandemic, we elected to conduct individual rather than group interviews to respect sanitary measures in place at that time. While all participants had cell phones, none of them had access to reliable virtual technology platforms (e.g., issues with Zoom on their phone, no camera on their phone), thus, the option of a virtual group interview was not available. Participants also shared with the researcher that their preference was to simply meet one-on-one, which may have allowed some participants to feel more comfortable sharing sensitive or personal information. Participants were able to choose where they would like their interview to take place and five participants chose their own homes. Two participants chose an outdoor secluded space in a park that was near their home. For the individuals who chose their own homes, the researcher was invited into their homes. Participants were noted to want to show their living space to the researcher, in combination with the stories and photographs. For the individuals who preferred to meet outdoors, they reported this was due to others being in their home at the time of the interview (e.g., children, partner), and thus, the outdoor space allowed for more privacy. The individual interviews were conducted based on the "SHOWED" acronym commonly used in Photovoice methods: (1) What do you **S**ee here? (2) What is really **H**appening here? (3) How does this relate to **O**ur lives? (4) **W**hy does this concern/situation/strength exist? (5) How can we become **E**mpowered through our new understanding? (6) What can we **D**o? (Liebenberg, 2018). All interviews were audiotaped with participants' consent and transcribed verbatim. Five interviews were completed by the doctoral student and two by a research professional from the doctoral supervisor's team. Both interviewers are mental health care professionals with extensive training and experience in interviewing techniques, including suicide prevention and trauma-informed practice with vulnerable populations. Preliminary findings were presented and discussed several times with the CAB. As sanitary restrictions were lifted, a group meeting was offered to all Photovoice participants, but all declined due to

concerns regarding COVID-19 transmission, scheduling constraints, lack of technology options, and lack of interest. Individual validation interviews were conducted in April 2023. All seven participants were contacted, and four were interviewed; two did not respond, and one was no longer reachable.

**Data Analysis**

Transcripts of all interviews, photographs, and researchers' memos and reflexive notes were analysed thematically (Braun & Clarke, 2006; Paillé & Mucchielli, 2016). NVivo 11 was used to assist with data management (QSR International Pty Ltd., 2014). The doctoral candidate and her supervisor (two first authors) completed several rounds of close reading of the texts and immersed themselves in the data. The initial list of codes was developed deductively based on the interview questions and the findings of our scoping review, and inductive "in vivo" codes were identified as emerging from the transcripts through several rounds of reading through the data (Braun & Clarke, 2006). The two first authors then coded samples of two transcripts independently and met to compare codes and discuss consistency in the process. The first author then coded all the transcripts. The researchers revisited the data again to expand the codes and create emerging categories which were combined to create sub-themes (Braun & Clarke, 2006; Miles et al., 2014). If new codes emerged in the coding categories, they were adjusted, and the transcripts were reread according to the new structure. The emerging findings were then presented to the CAB for feedback, discussion, and alternative interpretation. Sub-themes were then integrated, refined, linked together, and collated into final themes. The standards for the quality of conclusions of all qualitative data analysis phase follow the guidelines of confirmability, dependability, credibility, transferability, authenticity, and action orientation (Kivunja & Kuyini, 2017; Mann & MacLeod, 2015; Miles et al., 2014).

*Participant Description*

Participants ranged in ages from 28 to 65 years old (M=45 years). The length of time they had been in their own housing post-shelter ranged from four to twenty-four months (M=10 months). Two of the women had dependent children[3] living with them, two had children that were placed in care, one had infrequent contact with her adult children, and two did not have children. All the

---

[3] One participant has 1 child with her full-time and shared custody with the child's father for the other child. One participant has shared custody of her 2 children with their father and has another child and grandchild living with her.

women identified as cisgender; six reported they were heterosexual, and one was bisexual. Two were in a couple at the time of the interviews, one was widowed, one was divorced, and three were single. The women came from diverse ethnic backgrounds, including Canadian, Jamaican, Polish, and Thai. Four women spoke English as their first language, two spoke French, and one spoke Thai and was learning both French and English. Two of the women had finished high school and one had completed one semester at college. The remaining five participants had not completed high school; one of them was enrolled in adult education at the time of the interview. Five of the women received social assistance, one was receiving old age and widower's pensions, and one was working full-time earning approximately $1,600/month. While all the women had working cell phones, the majority only used their devices for phone calls, texts, and taking pictures. One woman had a phone that did not have a camera, so used the camera of an intervention worker that she was working with. The woman who was blind took some pictures within her home, and then asked the researcher to find pictures on the internet to describe the scene she was looking to describe (e.g., community centre access). The researchers were able to show the participants how to send and receive texts and attachments (e.g., pictures), however, that was not a feature that most were accustomed to using on their cell phones. Two of the women had a computer in their homes, but in both cases, it was technology that had been provided to help their children access school and education needs. One woman did not use her computer at all due to her vision impairment, while the other had a teenager at home who assisted her to learn the skills towards computer literacy. All the women reported at least one health issue related to a mental health condition, such as depression or psychosis and three reported chronic health conditions, such as blindness or arthritis. Three women reported histories of substance use, and three reported suicide attempts. All the participants had experienced physical, sexual, and/or emotional abuse, and major traumatic events over their life course.

**Findings**

Five themes emerged from the analysis. The first theme, *shelter as safety net,* describes the women's' stories of life events that transpired and led to their shelter stay. Both these life events and experiences in shelters colored their experiences in housing and the meaning they attributed to housing and home-seeking. All the participants experienced various degrees of extreme physical, mental, and emotional challenges, and the women reflected on the pervasive and continual impact of trauma on their lives, thus, our second theme *living with trauma* emerged.

The third theme explores how women *move beyond survival to find meaning in everyday life*. The participants shared stories of adjusting to living on their own after having been in survival mode and how they created and found meaning in everyday life roles and activities. The fourth theme is *connecting and contributing* and includes reflections on social networks and their own history of relationships, and the importance of giving back and belonging. The final theme, *a home*, describes the experiences and processes related to settling into a new space and new neighborhood, and the importance of having choice and autonomy. This final theme also explores and the various challenges that women continue to struggle with, even after finding housing.

### Theme 1: Shelter as a Safety Net

The shelter was described as a place where the women knew they could rest, regroup, and begin to reflect on their lives. One woman, who had left a situation that included psychological and verbal abuse, reported she knew they could always go back to the shelter if needed: *"And then I said I will never be afraid again. If something happens to me that I can't stay home, then I'll walk away and know there's a safe house for me"* (Shirley). Another woman who had experienced multiple episodes of homelessness over many years, spoke about how, for her, the shelter was a source that she knew she could rely upon: *"they always had my back. Like, you know, they always took care of me"* (Rosie).

Shelter stays were viewed as a preparatory stage for the transition to leave and live on their own. Aspects of the shelter stay that were reported as helpful included: having structure to build a daily routine, supports to access various services such as medical and legal aid, and opportunities to engage in activities that promote socialization and work on independent living skills. For some, the shelter also provided an environment that helped them end a habit, such as using alcohol, drugs, or smoking cigarettes. Nadine, who had spent most of her life in a large 'adopted' family and taking care of others prior to becoming homeless, shared how important it was for her during her stay to re-engage in collaborative activities with others.

*…you gotta be doing something, that just, make a job for yourself, so what I have done is take some, like mint, and stuff and cut them in a half, and then let them put into soil and watch it grow…. And I started a garden at the shelter because… you gotta be doing something, that just, make a job for yourself…and many people at [the shelter] started to work in the garden.*

Julie, who had been living with severe mental health issues for years, reflected on how her stay at the shelter enabled her to re-build independent living skills that were lost during episodes of homelessness and psychiatric hospitalizations.



*I learned to make my bed [at the shelter], always every morning because there was the little bell that rang in the morning. Then the beds had to be made, then as they check in the rooms. Since then, I've been able to do, I've been able to… take off my sheets, wash them, put them back. I am able to.*

Conversely, some women in our study noted challenges in adjusting to shelter communal living, such as having to deal with a lack of privacy, sharing spaces, living in unsafe neighborhoods, and following strict rules and regulations: *"In the shelter there is only stand-up showers. You are showering with like, four or five people at the same time. You know, and you're called for your shower. You don't take a shower when you want to"* (Rosie).

Shelter-life experiences were often referred to by the women in the context of aspects of their current life that they truly appreciate and value. While the shelter was seen as a safety net and offered a communal setting for support, structure, and recovery, post-shelter, the women highlighted their importance of having privacy, space for intimacy, choice in everyday things like cooking and eating, and being able to make and manage their own schedule.

*Theme 2: Living with Trauma*

All the women reflected on their life histories, including their childhood, life disruptions, and extremely difficult life events (hospitalizations, evictions, violence) that led to their shelter stay: *"I have been in 20 different foster homes, juvenile uhh detentions uhh. Never had like any parents…They were drunk 24/24 so…"* (Judy). All the women discussed the relationship between their histories of housing insecurity and their current health issues. The traumatic memories of

leaving episodes of violence, or being admitted to the hospital, sleeping in their car, or on the street or outside, lingered in their daily lives:

> *people in the shelter do not want to be outside because they get back all the hurt of what caused them to be there I don't know they get back the hurt, that feeling of hurt, trust is gone because they don't know do I shut my eyes and sleep, is someone going to bug me, is someone gonna come and do what they want to me and I have nobody to help me so all night it's… it's always that scary. (Nadine)*

Rosie reflected on the physical and mental health consequences of years of homelessness and psychiatric stays:



> *When I was homeless, I was in and out of the hospital, trying to commit suicide all the time. Like, I had a really, really, really rough time…And then when I get out of the hospital, my knees are bad. They put the handles on side of the toilet so I can lift myself up. They raised the toilet. So don't fall too much down…. I have extreme arthritis. So, it's hard for me to get up and down. Yeah, and um I also walk with a walker. I don't know if I was pre-exposed to that illness…but um, I guess some of the years on the street have had quite a lot to do with it… the drugs like altered my, my brain. That's why I have problems finding words sometimes.*

Maria, who had experienced adverse childhood events and had been in an abusive intimate relationship, was moving on from a history of using alcohol and drugs. She shared that her current struggles were tied to her history of homelessness, including having moved multiple times with small children, while at the same time trying to establish roots and raise her children as a single mother*:*

> *Before that (alcohol and drugs) was our joy or happiness I think that's why I'm having so much difficulty to finding myself because before I was using drugs and drinking. And that was my happiness so I'm trying to figure out myself what I like and figure out the kids life, and I'm trying this and sometimes, so that's what I think the problem is sort of because usually when you have a kid. You're supposed to figure yourself out you're supposed to know your roots and try to figure out everything two kids, what they like what you like and try and get them errors and moving at the same time, and so it's all done upside down.*

Overall, the women reported that even though many of their imminent concerns relating to trauma and insecurity were resolved, they still felt tentative and worried that things could change again quickly and that they would once again go into crisis.

### *Theme 3: Moving Beyond Survival to Find Meaning in Everyday Life*

All participants spoke about the adjustment of priorities and activities after having been through a crisis and in survival mode while at the shelter. Once in their own housing, part of finding meaning was first learning what options were available, while also considering what was within their time, energy, and limited budget. The women also reflected on with whom they could share new meaningful experiences, especially after having left a community of supportive women during their shelter stay. Some ways that the women noted they found meaning included engagement in different forms of leisure, fulfilling motherhood responsibilities, volunteering, paid work, and pursuing education.

Once in their housing, most of the activities that women engaged in as leisure were done in their own apartments, in isolation from others.[4] Women reflected on how much they enjoyed the social aspect of participating in leisure activities with others, such as playing cards or doing arts and crafts with others:



*But before COVID I played a lot of board games with the people there (at the shelter), then I still play it today with my friends who come to the house, well, I take my Uno game then I play with it, then we talk, then it's fun. I really like it.* (Julie)

While adjusting to being in their own housing after leaving the shelter communal setting, Nadine shared how she now uses walking as a leisure activity to help deal with loneliness and isolation:

---

[4] Interviews were conducted during the COVID-19 pandemic.
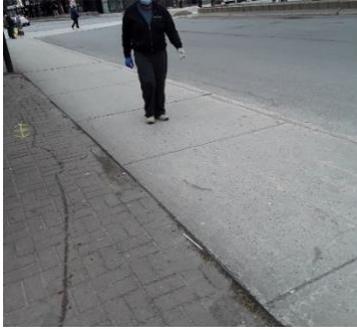
*...you may watch one movie and you don't want to watch another, and you are trying but you try to find something to...that lonely feeling come back, and you say I'm so lonely now, and I try to move ...it just relax me to walk and when I do walk, I do meet the client (from the day centre where she was volunteering), and I meet other people.*

For the women who had dependent children, their own leisure time was often family time, as taking care of their children, keeping them safe, and helping them integrate in their lives and schooling was the main priority. Linda, who had emigrated to Montreal with her former spouse, was in the process of learning French, English, and computer skills. Her meaningful activities were tied to trying to integrate and adjust to her new life as a single, immigrant mother and grandmother:

*I want them to go to swim class or things like that. And I just go on to Google and searching and call them, register, how to register, and things like that. I'm better now, I improve myself. I learn a lot.*

It was important for the mothers in our study to be able to find things to do that are close to their homes, and affordable due to tight budgets. Maria shared how she had to remind herself that she could be a good mother, even with limited financial resources:

*So, stop thinking, you know, it's just in your head, they don't need everything. They just need quality time with mommy. And then you could actually see a smile on your face. So, I had to stop putting that pressure on myself that you know like to give them you know that what other kids sometimes you know, they have the houses and the swimming pools and the dogs and the another yet but start small and eventually you will you know, hopefully guide them or give them that.*

Two mothers in our study spoke about the memory of having experienced their children being taken away, and the constant stress of being under surveillance by child protective services while trying to build a new life:

*But he plan he going to take the kid away from me. And then he put me on the position about I am a crazy lady...Yeah, he made me like crazy, and cannot take care of the kid anymore.*

*And everything like, made very bad. And then I run away, out from the house with my children, and then someone call the police. And police come take the kid away, and give kid to him, and take me to the hospital.* (Linda)

*the Crows came out there I remember the day they took my daughter and after [that] it got worse. And that's where I went to [a different location]. That's when it got to the worse and that's when they took her away, and uh…yah…So I had to do my steps, I had to do my steps for two years to prove myself.* (Maria)

The women in our study discussed some of the extra daily life stressors they dealt with during their transition after leaving the shelter to their own housing that are linked to physical challenges they have. For example, one participant who has a vision impairment, is also a single mother of young children. In addition to learning and adapting *'how to be a family'* post-shelter, she faces the challenge of learning to navigate in a new community and neighborhood while keeping herself and her children safe:

*Because I'm very nervous to go very far with the kids, ah, especially with the youngest one. I find it's a hard time to especially not seeing very well it's very hard for me to go far distance I'm always scared that little one that doesn't want to be in the stroller no more she wants to be walking and it's a bit like scary, but the fact that it's close I think that's what helps me to sort of keep it as a fun family activity and not just going there once. So, it's a good thing, the closeness of it.* (Maria)

Two of the women found meaning in their lives through volunteering at a day centre for individuals experiencing homelessness and at a food bank. Meaning emerged from the experience of contributing and enhancing the lives of people in vulnerable situations*: "everything was with the people… it's the people, and when I left there (the day centre), I was feeling like the people uplift me, so when I come home, I felt so good"* (Nadine). At the same time, meaningful, paid work and transitioning out of welfare were experienced as a catch-22 situation by Nadine:

*I was on welfare and that was not what I want and I said, no I can't do this and this is not what I want and everytime I call welfare if I have more money they cut me off [laughs] and it was like, what, you are supposed to save your money…but no…if you save over that much money they are going to cut you off and I couldn't keep going back and forth so I had a*

*miracle break and I said no, I can do A LOT better than this so I said to the guy, I'm going to come off welfare and try it*

Her volunteering position grew into full-time in a drop-in centre for individuals experiencing homelessness. She noted how her lived experience of homelessness shaped her work experience by providing her insight into the needs of others:



*I was working in the kitchen, so I turn around, and I was showing her [another staff member], oh you have to do 2 sandwiches and she said why should I, and I say you have to because you put 2 together because they have 2 and they will have 4 because after 8 o'clock, they don't get to go to the fridge…so you have to make sure them have enough food to eat. But she can't, she's not, she can't focus and cause at 8 o'clock she can go home, and she can just go to her fridge, and she can't understand why we giving them so much stuff.*

Another woman had paid work part-time as a caterer at a primary school. Two women pursued further education both during and after their transition from shelter living to their own home, to have a purpose, to be valued in their life and in society, to learn how to navigate the system, and to be able to 'move on'.

Related to this theme of moving on and finding meaning in life, the women continued to report many ongoing concerns relating to the insecurity of survival. These concerns included food insecurity, lack of childcare, difficulty trusting others, lack of options for support, and worries linked to their next housing options.

### Theme 4: Connecting and Contributing

As they reflected on their experiences through sheltered living and transitioning to their own housing, all the participants commented on who had supported them through their journey. Women noted how their current social networks and difficulty in trusting others were linked to their personal histories. For example, in some cases, women spoke about never developing connection with their parents or having to separate oneself from their family due to histories of abuse, violence, and neglect. For them, their housing histories were intertwined with experiences of (dis)connections. Examples included experiences of adverse childhood events leading to instability through multiple foster care placements, relationship breakups, abandonments, or

deaths of partners resulting in turning points into homelessness. Plus, experiences of violence and insecurity while homeless led to difficulty relating to and trusting others even in their current housing situations.

Maria, who was adopted as a very young child, noted how her difficult childhood has carried over into her own experience of being a mother:

*But my parents, we never had a connection. And that's why I'm, for me, it's very important for my kids to have a connection, because I didn't have one…. So, I'm sort of observing, I'm sitting up parks and observing the relationship with other mothers and their kids or fathers and trying to give that to them.*

Judy, who was widowed and had minimal contact with her adult children, noted how her experiences of childhood adversity and the deaths of significant others continued to impact her connections with others, and described profound feelings of loneliness and isolation. She elected to photograph her cat stating:
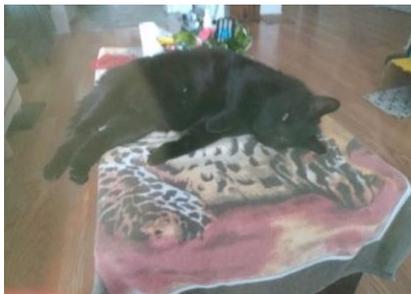


*"he is my baby; he is really the only person I have left in my life"* (Judy).

Transitioning from the shelter to independent housing could also come at the cost of connections, as three women described losing contact with other women whom they had befriended when living at the shelter:

*but the people I tried to contact at [the shelter], but she did not speak to me again. So, I'm a little disappointed there, but maybe one day she'll talk to me again, I don't know. By phone, by Facebook, things like that… then, unfortunately, I didn't hear from them.* (Julie)

One participant noted the additional challenge of having to adjust to living on her own in a different country, and two women spoke about the challenge of trying to learn a new language in addition to dealing with the stressors of insecure housing: *"I don't have education to come here, and I don't speak well in other languages, and I don't understand the system. I don't know what to do. It's completely different from [my home country]"* (Linda).

Two of the women described how important their connection with their romantic partner was, and how these partners remained beside them through adversity. Rosie, who now lives in an

apartment with this partner, shared about how integral he is in terms of practical supports, such as splitting financial costs and sharing household tasks (cooking and cleaning). Julie spoke about how her partner is supportive and accepts her, and all she has been through in her transitional journey from living in a shelter. She stated he waited for her, and that: *"he was ready to support me, to accept my choices, to be there for me, to make me something to eat from time to time, little things like that, little attentions. I like that."*

Many women also reported how important it was for them to give back to others who have also gone through something similar:

> *It's like, I got like, other experience in my life. Because I like to help people and then now…I can help other people, you know. And I very enjoy when I give food and then they're smiling and they say thank you it's like amazing. Yeah, feels good in my heart, I'm like oh wow.*
> (Linda)

One participant reported that her shelter experiences fostered a sense of compassion and relatedness to others: *"Being nice to each other. I'm able to do those little things. Being sympathetic, understanding towards the other. That's what it's all about. A lot of respect"* (Julie). All the women in our study expressed a desire to have a more supportive social network in the future, or to engage in more activities with friends, colleagues or family*: "I would like somebody] to talk to…to go out with… I would go out shopping, go out for a coffee, go out for lunch or something"* (Judy).

### *Theme 5: A Home*

All the women reported that they found the experience of transitioning to living on their own had advantages and challenges. The participants spoke about how they enjoyed being able to take care of themselves in their own way and exert agency in the privacy of their own home. Conversely, many of the women who were living alone also reported they had to learn how to deal with boredom, which at times was compounded with loneliness and isolation while adjusting to being in their own housing after leaving the communal setting of a shelter.

The participants also shared the challenges of managing their living expenses on a tight budget. For many women, the practical resources (e.g., obtaining furniture, assistance moving) offered by community organizations were key to getting settled. Some women noted that they were more able to create routines and habits that promoted self-care by having a space to retreat

to and relax in, once settled in their home. Rosie, who had spent many years in precarious housing situations, spoke about how having her own space meant she could finally rest and be at peace:



*This is my living room from where I sit. I sit here in the comfort of my own couch, I'm looking at my big, beautiful TV, and I can relax here. I can... I can meditate here. You know, I can um, I can do my craft, my knitting.... comfort.*

In establishing their own homes, the women valued choosing their own housing and furniture, decorating and making it feel like a home. For instance, Julie, who was now living with her partner in an apartment, appreciated having her own balcony and space that she can decorate how she likes, as well as now being able to socialize in her own home.



*The balcony represents that I can decorate the way I want and how I want…while I was not allowed to visit [the shelter], friends and all that. While at home I can bring whoever I want, so it's great, fun. I like it.*

While all the participants expressed joy to have been able to leave the shelter, the challenges of finding affordable housing, covering living expenses, and managing the cost of setting up an apartment on a limited income, lack of choice of housing, and difficulty with accessibility and suitability (location, noise, building) in their new housing situation and community prevailed. Many participants relied on food banks and day centres for provision of necessities and support. One participant used a walker for community mobility and lived in an apartment on the third floor of a building with no elevator. Another participant was blind and needed personal assistance to navigate in new locations and expressed difficulty with childcare, needing to carry her children and groceries up and down the stairs to her third-floor apartment:

*but groceries is difficult. Yeah. Because…[I live on the] third floor…and that's why I always do it when she's (2 year old daughter) is in daycare when she did get sick. That was pretty fun because I did have to carry the groceries and I'd have to carry a sick baby and pulled them my muscle on my back… but then kid can't understand why mommy can't get up off the*

*couch.* (Maria)

Shirley, who had left a violent situation and was now living on her own, expressed pride in herself and gratitude towards others who supported her and understood what she had been through. She spoke about the importance of having her own key to her own place:



*This key represents, listen, I always have it in my hand, my key. I'm leaving a party I have my key in my hands all the time so as not to lose it, can you imagine, it means a lot to me (laughs). People appreciate it more when you have an apartment key. People are happier to see that you're getting better, that your life is going well.*

The women in our study reported that the process of taking pictures, contemplating their experiences, strengths, and challenges, and spending time discussing the photographs with the researchers was a process more rewarding and reflective than they expected. The women found that being a research partner gave them a new perspective on their own abilities, and on the pervasiveness of the structural challenges facing women living with housing and financial precarity, such as limited affordable leisure opportunities for their families, or lack of language courses adapted to the needs of single immigrant mothers. Many shared information related to their hopes and dreams for the future, including being able to share their stories, to learn more about how to avoid abusive relationships, to help other women in similar situations, and to build confidence in themselves. For Maria, the process of reflecting on her past, compared to where she was at during the interview, helped her understand and contextualize her journey:

*I'm happy for this meeting, I was a bit stressed, but actually went pretty well I think you'll have this much to say so I'm happy I shared actually everything. Because so feels like even like a load off my chest and, yes, actually it was interesting to experience all that, as I was saying it sounds like well, I actually did live through a lot, and I am actually doing good, so you sit back and just think about it. You don't really see it, but when you speak to it, it actually sort of all makes better sense…There is actually have good future hopefully.*

For the women in our study, being housed was not an endpoint, but rather the first step onto the bridge towards developing and building autonomy, a meaningful life beyond day-to-day subsistence living, and connection with others. The metaphor of the bridge was one that also emerged from the collective interpretation of Photovoice data within the community advisory board.

**Discussion**

Gender-specific research investigating post-shelter supports from women's points of view is key to developing and implementing novel supports, practices, and policies centered on their needs. Our Photovoice research with women who have made a transition from a shelter stay to housing aimed to contribute to the literature in uncovering what facilitated or hindered this transition. As part of a larger CBPR initiative in Montreal, the findings contribute to an identification of the necessary and desirable components of post-shelter housing supports for women, contributing to the foundation for further action, research, and gender-specific policy changes in this field. Through the findings, we hear the voices and stories of women regarding their experiences, processes, successes, and challenges of transitioning to one's own housing. For the women in our study, being housed was not an endpoint, but rather the first step onto a shaky bridge. This bridge, while providing a step out of the shelter, was often surrounded by a sense of uncertainty and worry of imminent collapse while moving on with the challenges of living with trauma, poverty, and structural barriers to housing and housing supports. Nonetheless, the women were involved in working towards developing and building autonomy, creating a meaningful life beyond day-to-day subsistence living, and finding ways to connect with others.

As is shown in our findings, women with lived experience have a unique and deep understanding of the implications when housing and services are unavailable, unaffordable, and lacking in adequacy (Systems Planning Collective, 2021). In addition, throughout our research process, including recruitment, data collection, analysis, and dissemination of findings, we found that the women in our study have been disproportionately affected by a socio-technical digital divide (Blomberg et al., 2021; Shade, 2002a). The use of the term of 'digital divide' gained momentum in the mid-1990s in response to those who had access to the internet and those who did not (Shade, 2002a). Currently, however, and in the context of this research, the term digital

divide must be understood as a complex intersection of lack of access to social (e.g., education, employers, community networks), health (e.g., health literacy, access to care), and technical (e.g., devices, modems, carriage facilities, and software) infrastructures, further marginalizing those who are already excluded and living on the margins (Shade, 2002a). As Shade (2002a) contends that it is not simply the infrastructure that is dividing those who have access and those who do not; it is the development of the skillsets that are also needed to be able to engage with and take full advantage of the information and communication technologies (ICTs). Thus, the research process illuminated the potential impact of digital divides in the lives of women leaving shelters, compounding existing social and professional exclusion.

Our research highlights that when considering the needs of women leaving a shelter stay, the Systems Planning Collective should be considered together with the United Nations (UN) report focussing on the right to adequate housing (UN Special Rapporteur, 2020). This UN report acknowledges women as a specific group that has been subjected to historical and structural discrimination in the housing domain, in part through increased vulnerability to gender-based violence and trauma (UN Special Rapporteur, 2020). The UN report outlines seven components of adequate housing, including 1) security of tenure, 2) availability of services, materials, facilities, and infrastructure, 3) affordability, 4) habitability, 5) accessibility, 6) location, and 7) cultural adequacy. In a 2022 study on women's housing in three Canadian cities, Whitzman and Desroches (2022) point out that Canadian policy is primarily focused on only two of the seven rights: affordability and habitability, and note that the other five remain largely overlooked. We interpret our findings through the prism of those seven components.

**1) Security of tenure.** Many of the women in our study shared they were worried about what was next in terms of housing options and they continued to experience poverty and food insecurity, potentially jeopardizing their housing tenure. This is also reflected in the wider body of literature as many women report that they continue to deal with transition of residence in living situations due to concerns of eviction (Chan, 2020; Fisher et al., 2014). The Canadian Centre for Housing Rights ([CCHR], 2022) reports that racialized women who were newcomers in Toronto experienced a 563% increase in discriminatory treatment to accessing rental housing if they disclosed they were caring for a child. This highlights gender-based discrimination and patriarchal structural barriers with the interplay of the intersectionality of individual factors further marginalizing women. Furthermore, the latest local point-in-time count shows that

evictions represented the most frequently reported reason for current episodes of homelessness for both men and women (Ministère de la Santé et des Services sociaux, 2023); however, there is a disproportionate amount of evictions among low-income, Indigenous, Black, and racialized women (Schwan & Ali, 2021). This systemic gender-based discrimination can be linked back to lending institutions, the private housing market, and lack of options of tenure that systematically marginalise women and strengthens their dependence on a male counterpart (Watson, 1986). Examples of crucial gender-specific actions that are intertwined with security of tenure include focussing on ensuring adequate income, and addressing inadequate social assistance and low minimum wages that disproportionately affect women (Schwan & Ali, 2021; Yeo et al., 2015).

**2) Availability of services, materials, facilities and infrastructure.** The participants in our study reported that while they were in the shelter, they benefited from the provision of positive supports including security and safety, structure, and time to recover and strengthen the skills needed to live on their own. However, once in their own housing, the women noted a decrease in both access to and availability of support services. As noted in our findings, and in the literature, women who are pregnant or with dependent children also need to provide a nurturing environment for their children, within a safe neighbourhood with easy access to services for families (Nemiroff et al., 2010; Paquette & Bassuk, 2009; Parker & Leviten-Reid, 2022; Pierce et al., 2018; Scroggins & Malley, 2010). Gender-specific supports and facilities are needed to assist women in caring for their families without having to worry about accessing supports and the associated risk of losing their children into foster care (Schwan et al., 2020). Further to gender-specific needs for women, the literature also shows that lack of services or facilities can result in women staying in violent relationships, or inhabitable and unsafe housing conditions (Lazarus et al., 2011; Watson, 2016).

**3) Affordability**. Widespread in our findings, and in previous studies, is the issue of lack of affordable housing options for women leaving a shelter (Fotheringham et al., 2014; Gubits et al., 2018; Thurston et al., 2013). This is compounded by the fact that even once housed, women continue to experience structural and gender-based poverty and financial insecurity (Bassi et al., 2020; Coleman, 2015; Dostaler & Nelson, 2003; Fisher et al., 2014; Wood et al., 2022). Part of the participants' poverty was tied to the 'work of care', that women in our study engage in that is dedicated to taking care of their families and taking care of others in general (Power & Mee, 2020). In our study, all the volunteering and paid work that the women engaged in falls in the

category of service provision, which is usually compensated at minimum wage (Yeo et al., 2015). The mothers who participated spoke about the dual nature of single motherhood as both gratifying and challenging. They noted that the work of caring for their families was overwhelming, particularly in the context of scarce financial resources compounded with surveillance by protective services and corresponding worries about maintaining custody of their children.

**4) Habitability.** For housing to be considered habitable, the UN report states it needs to guarantee physical safety as well as provide protection to health threats (UN Special Rapporteur, 2020). Living in inadequate housing conditions that did not meet their needs was also a common experience for the women in our study, and can increase risk of housing instability and decreased safety (Brown et al., 2009; Clark et al., 2019; Long, 2010; Styron et al., 2000; Thurston et al., 2013). Through our research process and discussions with our participants and our CAB, we have extended our interpretation beyond the UN's traditional emphasis on physical safety and health threats to also encompass aspects such as psychological well-being and recovery from trauma. Research shows that many women, especially those who have experienced abusive relationships, reported feelings of enhanced safety when living in secure buildings (e.g., 24-hour security systems) or having social contacts living nearby (Fotheringham et al., 2014; Gabet et al., 2020; Stylianou & Hoge, 2021; Vaughn, 2018; Wendt & Baker, 2013). For the women in our study, 'habitability' was interwoven with their concern for personal safety and linked to past traumatic experiences of physical, sexual, or emotional abuse, experiences with men, and stays in various institutional settings. For those that had experienced abuse from men, the safety of a 'woman-only' space in the shelter or having access to community spaces for mothers and children post-shelter emerged in our findings as part of what makes a 'house' feel like a 'home', or a neighborhood feel 'safe'. This links to item 6) location, and underscores the importance of trauma-informed care, and gender-specific places and spaces specifically oriented to address women's needs post-shelter. Literature related to dealing with past traumas for women leaving a shelter stay also note that having access to counselling and space to reflect on the past and to help cope with past traumas can be beneficial in order to increase self-confidence, and work towards new goals (Clark et al., 2019; Fotheringham et al., 2014; Lindsey, 1996; Simpson et al., 2020; Vaughn, 2018).

**5) Accessibility.** Many of the women in this study noted their challenges with mobility, and mental and physical health issues. They had difficulty accessing needed health services and limited opportunities to engage in other activities after having left the shelter. The cumulative effect of years of living in housing precarity had negative effects on their health. Literature describes these issues in terms of poor nutritional status and accelerated aging processes after an episode of homelessness (Bassi et al., 2020; Dostaler & Nelson, 2003; Waldbrook, 2013). Moreover, several studies have shown how having to manage chronic illnesses or disabilities can restrict both housing and employment options post-homelessness, where women are already experiencing structural and systemic gender discrimination (Brown et al., 2009; Clark et al., 2019; Crocker & Dej, 2024; Long, 2010; Women's National Housing and Homelessness Network, 2022).

**6) Location.** Housing is considered inadequate if it is "cut off from employment opportunities, health-care services, schools, childcare centres and other social facilities, or if located in polluted or dangerous areas" (UN Special Rapporteur, 2020, p. 4). Many of the participants reported several challenges in both the shelter and post-shelter life related to location, being housed in unsafe neighborhoods, and difficulty getting to services and activities due to long commutes, which is also reflected in the literature on women leaving a shelter stay (Bassi et al., 2020; Brown et al., 2009; Fisher et al., 2014; Garcia & Kim, 2020; Klumper, 2008; Lindsey, 1996, 1997; Livingstone & Herman, 2017; Stylianou & Hoge, 2021; Styron et al., 2000; Tischler, 2008). For women who have fled a violent relationship, considering location is vital to ensure safety from abusive spouses and enhance the woman's feelings of security (Coleman, 2015; Lindsey, 1996, 1997; Long, 2010; Simpson et al., 2020; Thurston et al., 2013; Vendryes, 2019; Waldbrook, 2013; Wendt & Baker, 2013; Wood et al., 2022). Considering location necessitates a gender-specific lens and gender-specific supports for women's safety, and women's responsibility as mothers with concern for the safety of their children (e.g., fear of letting them play outside or of a former abusive spouse) (Fogel, 1997; Lindsey, 1996, 1997; Long, 2010).

**7) Cultural adequacy.** Housing is considered inadequate if it does not respect the expression of cultural identity (UN Special Rapporteur, 2020). Two of the women in our study, shared their challenges of integrating and adjusting to life in Montreal, including learning a new language(s) and learning to navigate new systems. They spoke about these additional stressors while also

dealing with a transition out of a shelter, income insecurity, trauma, and isolation. The literature highlights that immigrant women, Indigenous women, Black and racialized women, and refugee women are disproportionately affected by housing precarity and discrimination once again, highlighting the need for a gender-specific lens when considering cultural identity and housing (Canadian Centre for Housing Rights, 2022; Lako et al., 2018; Schwan & Ali, 2021; Systems Planning Collective, 2021)

All seven components of adequate housing are intertwined with digital access. Without the skills and access to fully take advantage of web-based technology, women risk continued marginalization and stratification in low-income jobs, socially isolated environments, dangerous neighborhoods, unsafe relationships, and wait lists for health and re-integration services (Blomberg et al., 2021; Chakraborty & Garg, 2023; Marler, 2023; Shade, 2002a, 2002b; Wildman, 2010). Our findings highlight that women leaving a shelter stay experience housing rights violations across multiple housing dimensions, and particularly regarding security of tenure, availability of services, materials, facilities and infrastructure, affordability, habitability, accessibility, and location. This contrasts with Canadian policies that define housing needs as pertaining to affordability and habitability (Whitzman & Desroches, 2022), and points to the risks of overlooking gender dimensions and gender-specific supports in housing policy development, specifically with attention to aspects related to safety, trauma, and the intersection of multiple individual and structural factors. Moreover, in light of our process and findings of our research, we contend that the digital divide has also been overlooked in terms of importance for social, economic, and political integration for women leaving a shelter stay (Shade, 2002a) and should also be considered as intersecting and creating compounded impact in gender-specific social, economic, and political integration, and resulting housing exclusion.

**Policy Implications**

Taken together, our findings highlight that while women valued the privacy and autonomy of being in their own space, they also noted the need to be able to access specific supports. This aligns with the concept of ontological security related to women's homelessness (Diduck et al., 2022; Padgett, 2007). Ontological security refers to a sense of consistency in one's social and physical environment, and, thus, a secure foundation for self-actualization and development of identity (Padgett, 2007). Our findings indicate that wrap-around supports such as case

management that can leverage access to health and social care are needed in the post-shelter transition.

Most of our participants expressed a desire to contribute and give back to others and two of the women had been involved in volunteering with vulnerable populations during their post-shelter transition. This desire to give back is also reflected in the literature on women's homelessness and tied to our findings on connection and contribution (Coleman, 2015; Cone, 2006). This links to another possible emerging role or peer support that could be developed for women to both fulfill this need, as well as engage in paid work. Peer support services (PSSs) have a long informal history and are a relatively novel formal intervention that have been incorporated into mental health services across the globe (Mahlke et al., 2014; Shalaby & Agyapong, 2020) and expanded to other populations (Shalaby & Agyapong, 2020). Integrating PSS among the services offered to women in post-shelter transitions benefits both the peer support provider and the women receiving support (Shalaby & Agyapong, 2020). A 'Peer to Community (P2C)' pilot of peer services is currently underway in Kingston, Ontario, with individuals following homelessness (Marshall et al., 2024). This pilot initiative supports our findings in and is a step forward to lay the foundation for processes and actions for similar initiatives in Montreal specifically targeted at women.

Furthermore, women spoke to the need of having access to spaces for mothers and children and safe neighborhoods and communities. This underscores the importance of trauma-informed care, and gender-specific places and spaces specifically oriented to address women's needs post-shelter. Policy should be oriented towards further development of accessible women's centres that could offer group and individual services such as counselling, life skills, childcare, computer access and technology literacy classes, language classes, social events, and link to other services such as health care, legal aid, and landlord assistance.

Overall, evidence-informed solutions should center on social policies addressing the feminization of poverty (Government of Canada, 2018c; Phipps et al., 2021): access to low-cost, high-quality childcare and transportation (Wood et al., 2022; Zagel & Van Lancker, 2022), and access to universal, and decent basic income (Gubits et al., 2018; Stylianou & Hoge, 2021).

**Future research**

Our community-based initiative, Project Lotus, aligns with the NHS guidelines that 'communities should be empowered to develop and implement local solutions to housing

challenges' (Government of Canada, 2018a, p. 5). Our project continues to work towards development of post-shelter housing supports for women in our community and to contribute to the foundation for further action, research, and policy recommendations in the field of women's homelessness and housing transitions.

As demonstrated with this research, we are dedicated to our vision of hearing the voices of the women in our community, but also to empower our participants and community (Coemans et al., 2019). We have been able to establish and maintain solid connections with some of our participants and while the impact of COVID-19 restrictions and the digital divide presented challenges, the in-person one-on-one meetings facilitated building trust and alliance with the researchers. In the fall of 2023, Project Lotus held a forum in Montreal, and two of our Photovoice participants co-presented with the first author of this paper to discuss their process and the findings. For both women, it was their first time at a conference, their first time presenting, and also, their first time speaking in public about their experiences of being homeless and their journey to 'a home'. This forum provided an alternative to the Photovoice group discussion for the participants. In addition, several other women with lived experience of a shelter stay and exit (from our CAB and World Café research) collaborated in a full-day forum with over seventy interested parties in the area of needs and supports for women post-shelter. This aligns with critical feminist intersectional theory and CBPR methodology as a demonstration of individual and agency capacity building, creating and maintaining partnerships, shared power relations in research, and community transformation (Freire et al., 2018; Wallerstein & Duran, 2006).

Further research initiatives should be grounded on CBPR principles of empowerment of women and community. Specific explorations into the interplay of an ever-changing socio-technical landscape for women leaving a shelter stay would be beneficial to guide policy and advocacy initiatives.

**Limitations**

The findings of this study should be considered within its limitations. We recruited participants from a network of shelters, which excluded women who transitioned out of shelters without accessing services, who felt less secure and able to speak about their experiences and processes in this transition, or who spoke neither French nor English. The findings may not be generalizable to contexts dissimilar to diverse urban settings like Montreal. Also, while we were

able to complete individual interviews, we were not able to complete group sessions with the Photovoice participants due to COVID-19 restrictions, technology limitations, and 'digital division' impact on our participants, and lack of interest as women reported they wanted to 'move on' from their homeless transition experience. This could have had an impact on the depth of collected data; for instance, group interactions may have resulted in the emergence of new insights. Conversely, individual interviews may have allowed some participants to feel more comfortable sharing sensitive or personal information. An alternative strategy for collectivizing the interpretation of data was that we held multiple sessions with the CAB which includes three women with lived experience of homelessness and of a post-shelter transition in Montreal. Their contribution and knowledge was foregrounded in the process and profoundly impacted the interpretation of data.

**Conclusion**

Using Photovoice, our CBPR research shows how women's journeys from homelessness, through a shelter and eventually into housing is a non-linear one. For participants, moving into their own space post-shelter marks the beginning of a new journey: one with various systemic, structural, and digital barriers to adequate housing, combined with consideration of other gender-specific factors (e.g., poverty linked to work of care, trauma). These findings align with recent literature reviews on the need to address the systemic inequalities in housing and gender roles and implement sustainable wrap-around post-shelter supports from a rights-based and trauma-informed approach (Lazarus et al., 2011; Systems Planning Collective, 2021).

Participatory research can contribute to such change, particularly when it is attuned to the local housing market, dynamics, and actors. In our process, the Photovoice interviews were the first step towards the empowerment of women who have exited a shelter stay through the identification of desirable components of local, gender-specific post-shelter housing supports (Wallerstein & Duran, 2006). Next steps include co-developing peer researcher and peer support positions, implementing additional knowledge translation activities, and advocating for systems, policy, and political change in local and national forums. This aligns with current recommendations for the NHS efforts of progressive realization of the right to adequate housing through prioritization of individuals with lived experience in research design, analysis, implementation, authorship, and dissemination of findings (Systems Planning Collective, 2021).

**References**

Amore, K., Baker, M., & Howden-Chapman, P. (2011). The ETHOS definition and classification of homelessness: An analysis. *European Journal of Homelessness*, *5*(2), 19-37. https://www.feantsa.org/download/article-1-33278065727831823087.pdf

Arruzza, C., Bhattacharya, T., & Fraser, N. (2019). *Feminism for the 99 percent: A manifesto*. Verso.

Bassi, A., Sylvestre, J., & Kerman, N. (2020). Finding home: Community integration experiences of formerly homeless women with problematic substance use in Housing First. *Journal of Community Psychology*, *48*(7*)*, 2375-2390. https://doi.org/10.1002/jcop.22423

Blomberg, M., Altschwager, D., Seo, H., Booton, E., & Nwachukwu, M. (2021). Digital divide and marginalized women during COVID-19: A study of women recently released from prison. *Information, Communication and Society*, *24*(14), 2113-2132. https://doi.org/10.1080/1369118X.2021.1963462

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77-101. https://doi.org/10.1191/1478088706qp063oa

Brown, C., Trangsrud, H. B., & Linnemeyer, R. M. (2009). Battered women's process of leaving: A 2-year follow-up. *Journal of Career Assessment*, *17*(4), 439-456. https://doi.org/10.1177/1069072709334244

Canada Housing and Mortgage Corporation [CMHC]. (2018). *National housing strategy: priority for action*. https://www.cmhc-schl.gc.ca/en/nhs/guidepage-strategy

Canadian Centre for Housing Rights. (2022). *"Sorry, it's rented": Measuring discrimination against newcomers in Toronto's rental housing market"*. https://housingrightscanada.com/wp-content/uploads/2022/11/CCHR-Sorry-its-rented-Discrimination-Audit-2022.pdf

Chakraborty, D., & Garg, C. (2023). Finding a home in or through mobile phones: Access and usage patterns among homeless women in shelter-homes of India. *Mobile Media and Communication*, *0*(0), 20501579231191925. https://doi.org/10.1177/20501579231191925

Chan, D. V. (2020). Safe spaces, agency, and connections to "regular stuff": What makes permanent supportive housing feel like "home". *Rehabilitation Counseling Bulletin*, *63*(2), 102-114. https://doi.org/10.1177/0034355218814927

Cho, S., Crenshaw, K. W., & McCall, L. (2013). Toward a field of intersectionality studies: theory, applications, and praxis. *Signs*, *38*(4), 785-810. https://doi.org/10.1086/669608

Clark, D. L., Wood, L., & Sullivan, C. M. (2019). Examining the needs and experiences of domestic violence survivors in transitional housing. *Journal of Family Violence*, *34*(4), 275-286. https://doi.org/10.1007/s10896-018-0010-4

Coemans, S., Raymakers, A.-L., Vandenabeele, J., & Hannes, K. (2019). Evaluating the extent to which social researchers apply feminist and empowerment frameworks in photovoice studies with female participants: A literature review. *Qualitative Social Work*, *18*(1), 37-59. https://doi.org/10.1177/1473325017699263

Coleman, M. R. (2015). *The journey from homelessness to housing: The lived experiences of married African American women with children residing in supportive housing* [Dissertation in Health and Mental Health Treatment and Prevention, Capella University]. US. http://search.proquest.com/dissertations-theses/journey-homelessness-housing-lived-experiences/docview/1652004612/se-2?accountid=15115

Collins, P. H. (1986). Learning from the outsider within: The sociological significance of Black feminist thought. *Social problems*, *33*(6), s14-s32. https://doi.org/10.2307/800672

Cone, P. M. H. (2006). *Reconnecting: A grounded theory study of formerly homeless mothers* [Dissertation in Nursing, University of California, San Francisco]. US. http://search.proquest.com/dissertations-theses/reconnecting-grounded-theory-study-formerly/docview/305348451/se-2?accountid=15115

Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. *The University of Chicago Legal Forum*, *140*, 139-167. https://heinonline.org/HOL/Page?public=true&handle=hein.journals/uchclf1989&div=10&start_page=139&collection=journals&set_as_cursor=0&men_tab=srchresults

Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review.*, *43(6)*, 1241-1299. http://doi.org/10.2307/1229039

Crocker, D., & Dej, E. (2024). "Our stories are different but our situations are the same": gendered experiences finding housing. *Housing, Care and Support*, *ahead-of-print*(ahead-of-print). https://doi.org/10.1108/HCS-11-2021-0033

Crotty, M. (1998). Feminism: Re-visioning the man-made world. In *The foundations of social research* (pp. 160-182). Sage.

Daley, A., Costa, L., & Ross, L. E. (2015). Doing critical feminist research: A collaboration. In S. Wahab, B. Anderson-Nathe, & C. E. Gringeri (Eds.), *Feminisms in social work research: Promise and possibilities for justice-based knowledge*. Routledge.

Diduck, B., Rawleigh, M., Pilapil, A., Geeraert, E., Mah, A., & Chen, S.-P. (2022). Mental health needs of homeless and recently housed individuals in Canada: A meta-ethnography. *Health and Social Care in the Community*, *30*(6), e3579-e3592. https://doi.org/https://doi.org/10.1111/hsc.13996

Dostaler, T., & Nelson, G. (2003). A process and outcome evaluation of a shelter for homeless young women. *Canadian Journal of Community Mental Health*, *22*(1), 99-112. https://doi.org/10.7870/cjcmh-2003-0007

Erevelles, N., & Minear, A. (2010). Unspeakable Offenses: Untangling race and disability in discourses of intersectionality. In L. J. Davis (Ed.), *The Disability Studies Reader* (Vol. 4, pp. 127-145). Routledge. https://doi.org/10.4324/9781315680668

Fisher, B. W., Mayberry, L., Shinn, M., & Khadduri, J. (2014). Leaving homelessness behind: Housing decisions among families exiting shelter. *Housing Policy Debate 24*(2), 364-386. https://doi.org/10.1080/10511482.2013.852603

Fogel, S. J. (1997). Moving along: An exploratory study of homeless women with children using a transitional housing program. *Journal of Sociology and Social Welfare*, *24*(3), 113-133. https://scholarworks.wmich.edu/jssw/vol24/iss3/8/

Fortin, R., Jackson, S. F., Maher, J., & Moravac, C. (2015). I was here: Young mothers who have experienced homelessness use Photovoice and participatory qualitative analysis to demonstrate strengths and assets. *Global Health Promotion*, *22*(1), 8-20. https://doi.org/10.1177/1757975914528960

Fotheringham, S., Walsh, C. A., & Burrowes, A. (2014). 'A place to rest': the role of transitional housing in ending homelessness for women in Calgary, Canada. *Gender, Place and Culture: A Journal of Feminist Geography*, *21*(7), 834-853. https://doi.org/10.1080/0966369X.2013.810605

Fox, D., & Moyser, M. (2018). *"Women in Canada: A gender-based statistical report: The economic well-being of women in Canada"*. https://www150.statcan.gc.ca/n1/en/catalogue/89-503-X

Freire, P. (1996). Pedagogy of the oppressed (revised). *New York: Continuum*, *356*, 357-358.

Freire, P., Macedo, D. P., & Shor, I. (2018). *Pedagogy of the oppressed (M. B. Ramos, Trans.) (50th anniversary)*. (Bloomsbury Academic)

Gabet, M., Grenier, G., Perrottet, D., & Fleury, M. J. (2020). Follow-up of post-transitional housing for homeless women: Needs, implementation and outcomes of a pilot study. *Sante Mentale au Quebec*, *45*(1), 79-103. https://doi.org/10.7202/1070242ar

Gaetz, S., Dej, E., Richter, T., & Redman, M. (2016). *The state of homelessness in Canada 2016. Canadian Observatory on Homelessness*. https://homelesshub.ca/sites/default/files/SOHC16_final_20Oct2016.pdf

Garcia, I., & Kim, K. (2020). "I felt safe": The role of the rapid rehousing program in supporting the security of families experiencing homelessness in Salt Lake County, Utah. *International Journal of Environmental Research and Public Health*, *17*(13), 1-15. https://doi.org/10.3390/ijerph17134840

Government of Canada. (2018a). *Canada's national housing strategy: A place to call home*. https://eppdscrmssa01.blob.core.windows.net/cmhcprodcontainer/sf/project/placetocallhome/pdfs/canada-national-housing-strategy.pdf

Government of Canada. (2018b). *Homeless partnering strategy engagement: What we heard: Report 2018*. Employment and Social Development Canada. https://www.infrastructure.gc.ca/alt-format/pdf/homelessness-sans-abri/reports-rapports/HPS_Engagement_-_WWH_Report-EN.pdf

Government of Canada. (2023). *Progress on national housing strategy*. https://www.placetocallhome.ca/progress-on-the-national-housing-strategy

Government of Canada (GC). (2018a). *Employment and social development Canada. Homelessness partnering strategy engagement: What we heard report* https://www.infrastructure.gc.ca/alt-format/pdf/homelessness-sans-abri/reports-rapports/HPS_Engagement_-_WWH_Report-EN.pdf

Government of Canada (GC). (2018b). *Employment and social development Canada. Homelessness partnering strategy engagement: What we heard report 2018.*

https://www.infrastructure.gc.ca/alt-format/pdf/homelessness-sans-abri/reports-rapports/HPS_Engagement_-_WWH_Report-EN.pdf

Government of Canada (GC). (2018c). *Homelessness partnering strategy engagement: What we Heard*. https://www.canada.ca/en/employment-social-development/programs/homelessness/publications-bulletins/what-we-heard-prevent-homelessness.html

Guba, E. G., & Lincoln, Y. S. (1982). Epistemological and methodological bases of naturalistic inquiry. *Educational Communications and Technology Journal*, *30*(4), 233-252. https://doi.org/10.1007/978-94-009-6669-7_18

Guba, E. G., & Lincoln, Y. S. (1994). Competing paradigms in qualitative research. *Handbook of qualitative research*, *2*(163-194), 105.

Gubits, D., Shinn, M., Wood, M., Brown, S. R., Dastrup, S. R., & Bell, S. H. (2018). What interventions work best for families who experience homelessness? Impact estimates from the family options study. *Journal of Policy Analysis and Management*, *37*(4*)*, 735-766. https://doi.org/10.1002/pam.22071

Gulliver-Garcia, T. (2016). *Putting an end to child and family homelessness in Canada. Raising the Roof*. https://www.homelesshub.ca/resource/putting-end-child-and-family-homelessness-canada

Hastings, C. (2021). Homelessness and critical realism: A search for richer explanations. *Housing Studies*, *36*(5), 737-757. https://doi.org/10.1080/02673037.2020.1729960

hooks, b. (2015). *Ain't I a woman: Black women and feminism* (Second ed.). Routledge, Taylor & Francis Group.

Jacobsen, K., Roy, L., Marshall, C. A., Perreault, M., Richmond, S., Seto, V., Hoffman-Kuhnt, B., Boutemeur, I., & Rouleau, D. (2024). Outcomes for women after leaving a shelter: A scoping review of the quantitative evidence. *Women's Studies International Forum*, *105*. https://doi.org/10.1016/j.wsif.2024.102921

Jacobsen, K., Roy, L., Marshall, C. A., Perreault, M., Richmond, S., Seto, V., Hoffmann-Kuhnt, B., Boutemeur, I., & Rouleau, D. (2024). Processes and experiences of women after leaving a shelter: A scoping review (manuscript forthcoming)

Jacobsen, K., Roy, L., & Richmond, S., (2024). Perspectives croisées sur les soutiens pour les femmes en transition post-hébergement au Québec / Community perspectives on supports for women in transition after a shelter stay in Quebec (manuscript forthcoming)

Kivunja, C., & Kuyini, A. B. (2017). Understanding and applying research paradigms in educational contexts. *International Journal of Higher Education*, *6*(5), 26-41. https://doi.org/10.5430/ijhe.v6n5p26

Klodawsky, F. (2006). Landscapes on the margins: Gender and homelessness in Canada. *Gender, Place and Culture 13*(4), 365-381. https://doi.org/10.1080/09663690600808478

Klumper, L. (2008). *Homeless women with children: Characteristics of women successfully completing a transitional housing program* [Dissertation in Human Services, Walden University]. US. http://search.proquest.com/dissertations-theses/homeless-women-with-children-characteristics/docview/304380897/se-2?accountid=15115

Kolmar, W. K., & Bartkowski, F. (2010). *Feminist theory: A reader* (3rd ed.). McGraw-Hill Higher Education.

Lako, D. A. M., Beijersbergen, M. D., Jonker, I. E., de Vet, R., Herman, D. B., van Hemert, A. M., & Wolf, J. R. L. M. (2018). The effectiveness of critical time intervention for abused women leaving women's shelters: A randomized controlled trial. *International Journal of Public Health*, *63*(4), 513-523. https://doi.org/10.1007/s00038-017-1067-1

Latimer, E., & Bordeleau, F. (2019). *Dénombrement des personnes en situation d'itinérance au Québec le 24 avril 2018*. Direction des communications du Ministère de la santé et des services sociaux. https://publications.msss.gouv.qc.ca/msss/fichiers/2018/18-846-10W.pdf

Lazarus, L., Chettiar, J., Deering, K., Nabess, R., & Shannon, K. (2011). Risky health environments: Women sex workers' struggles to find safe, secure and non-exploitative housing in Canada's poorest postal code. *Social science and medicine*, *73*(11), 1600-1607. https://doi.org/https://doi.org/10.1016/j.socscimed.2011.09.015

Liebenberg, L. (2018). Thinking critically about Photovoice: Achieving empowerment and social change. *International Journal of Qualitative Methods*, *17*(1), 1609406918757631. https://doi.org/10.1177/1609406918757631

Lindsey, E. W. (1996). Mothers' perceptions of factors influencing the restabilization of homeless families. *Families in Society*, *77*(4), 203-215. https://doi.org/10.1606/1044-3894.902

Lindsey, E. W. (1997). The process of restabilization for mother-headed homeless families: How social workers can help. *Journal of Family Social Work*, *2*(3), 49-72. https://doi.org/10.1300/J039v02n03_05

Livingstone, K. R., & Herman, D. B. (2017). Moving on from permanent supportive housing: Facilitating factors and barriers among people with histories of homelessness. *Families in Society*, *98*(2), 103. https://doi.org/10.1606/1044-3894.2017.98.15

Long, S. M. (2010). *Abused women's journeys from shelters to home: An examination of the coping process* [Dissertation in Psychology, University of Illinois]. US. http://search.proquest.com/dissertations-theses/abused-womens-journeys-shelters-home-examination/docview/305120849/se-2?accountid=15115

Lorde, A. (1979). The master's tools will never dismantle the master's house. In W. K. Kolmar & F. Bartkowski (Eds.), *Feminist theory: a reader* (3 ed., pp. 15-16). McGraw-Hill Higher Education.

Mahlke, C. I., Krämer, U. M., Becker, T., & Bock, T. (2014). Peer support in mental health services. *Current Opinion in Psychiatry*, *27*(4), 276-281. https://doi.org/10.1097/YCO.0000000000000074

Mann, K., & MacLeod, A. (2015). Constructivism: Learning theories and approaches to research. In *Researching medical education* (pp. 49-66).

Marler, W. (2023). 'You can't talk at the library': The leisure divide and public internet access for people experiencing homelessness. *Information, Communication and Society*, *26*(7), 1303-1321. https://doi.org/10.1080/1369118X.2021.2006742

Marshall, C. A., Holmes, J., Todd, E., Panter, G., Plett, P., Easton, C., … Forchuk, C. (2024). Co-Designing the "Peer to Community (P2C) Model": An Intervention for Promoting Community Integration Following Homelessness. *International Journal on Homelessness*, *3*(3), 1–23. https://doi.org/10.5206/ijoh.2023.3.17806

Milaney, K., Lockerbie, S. L., Fang, X. Y., & Ramage, K. (2019). The role of structural violence in family homelessness. *Canadian Journal of Public Health*, *110*, 554-562. https://doi.org/10.17269/s41997-019-00219-y

Milaney, K., Williams, N., Lockerbie, S. L., Dutton, D. J., & Hyshka, E. (2020). Recognizing and responding to women experiencing homelessness with gendered and trauma-

informed care. *BMC Public Health 20*(1), 1-6. https://doi.org/10.1186/s12889-020-8353-1

Miles, M., B, Huberman, A. M., & Saldana, J. (2014). Qualitative data analysis: A methods sourcebook. In: Sage Publications.

Ministère de la Santé et des Services sociaux. (2023). *Dénombrement des personnes en situation d'itinérance visible au Québec. Rapport de l'exercice du 11 octobre 2022*. Québec, ministère de la Santé et des Services sociaux.

Montgomery, A. E., Szymkowiak, D., & Culhane, D. (2017). Gender differences in factors associated with unsheltered status and increased risk of premature mortality among individuals experiencing homelessness. *Women's Health Issues 27*(3), 256-263. https://doi.org/10.1016/j.whi.2017.03.014

National Alliance to End Homelessness. (2022). *State of homelessness: 2023 edition* https://endhomelessness.org/homelessness-in-america/homelessness-statistics/state-of-homelessness/#homelessness-in-2022

Nemiroff, R., Aubry, T., & Klodawsky, F. (2010). Factors contributing to becoming housed for women who have experienced homelessness. *Canadian Journal of Urban Research*, *19*(2), 23-45. http://www.jstor.org/stable/26193288

Nixon, S. A. (2019). The coin model of privilege and critical allyship: implications for health. *BMC Public Health*, *19*(1), 1637. https://doi.org/10.1186/s12889-019-7884-9

Osuji, J. C., & Hirst, S. P. (2013). Understanding the journey through homelessness: A hermeneutic study of women without children. *Canadian Journal of Community Mental Health*, *32*(2), 27-42. https://doi.org/10.7870/cjcmh-2013-017

Oudshoorn, A., Van Berkum, A., & Van Loon, C. (2018). A history of women's homelessness: the making of a crisis. *Journal of Social Inclusion*, *9*(1), 5-20. https://doi.org/10.36251/josi.128

Padgett, D. K. (2007). There's no place like (a) home: Ontological security among persons with serious mental illness in the United States. *Social Science and Medicine*, *64*(9), 1925-1936. https://doi.org/10.1016/j.socscimed.2007.02.011

Paillé, P., & Mucchielli, A. (2016). L'analyse qualitative en sciences humaines et sociales (4e éd.). In: Paris, France: Armand Colin.

Paquette, K., & Bassuk, E. L. (2009). Parenting and homelessness: Overview and introduction to the special section. *American Journal of Orthopsychiatry*, *79*(3), 292-298. https://doi.org/10.1037/a0017245

Paradis, E., Nimmon, L., Wondimagegn, D., & Whitehead, C. R. (2020). Critical theory: Broadening our thinking to explore the structural factors at play in health professions education. *Academic Medicine*, *95*(6), 842-845. https://doi.org/10.1097/ACM.0000000000003108

Parker, B., & Leviten-Reid, C. (2022). Pandemic precarity and everyday disparity: Gendered housing needs in North America. *Housing and Society*, *49*(1), 10-37. https://doi.org/10.1080/08882746.2021.1922044

Patterson, D. A., West, S., Harrison, T. M., & Higginbotham, L. (2016). No easy way out: One community's efforts to house families experiencing homelessness. *Families in Society*, *97*(3), 212-220. https://doi.org/10.1606/1044-3894.2016.97.22

Payne, D. A., Hickey, H., Nelson, A., Rees, K., Bollinger, H., & Hartley, S. (2016). Physically disabled women and sexual identity: A PhotoVoice study. *Disability and Society*, *31*(8), 1030-1049. https://doi.org/10.1080/09687599.2016.1230044

Phipps, E., Butt, T., Desjardins, N., Schonauer, M., Schlonies, R., & Masuda, J. R. (2021). Lessons from a rural housing crisis: Grounded insights for intersectoral action on health inequities. *Social Science and Medicine*, *270*, 113416. https://doi.org/10.1016/j.socscimed.2020.113416

Phipps, M., Dalton, L., Maxwell, H., & Cleary, M. (2019). Women and homelessness, a complex multidimensional issue: Findings from a scoping review. *Journal of Social Distress and the Homeless*, *28*(1), 1-13. https://doi.org/10.1080/10530789.2018.1534427

Pierce, S. C., Grady, B., & Holtzen, H. (2018). Daybreak in Dayton: Assessing characteristics and outcomes of previously homeless youth living in transitional housing. *Children and Youth Services Review*, *88*, 249-256. https://doi.org/10.1016/j.childyouth.2018.03.021

Pleace, N. (2016). Exclusion by definition: The under-representation of women in European homelessness statistics. *Women's homelessness in Europe*, 105-126. https://doi.org/10.1057/978-1-137-54516-9_5

QSR International Pty Ltd. (2014). NVivo qualitative data analysis software. http://www.qsrinternational.com/

Salem, B. E., Kwon, J., Ekstrand, M. L., Hall, E., Turner, S. F., Faucette, M., & Slaughter, R. (2021). Transitioning into the community: Perceptions of barriers and facilitators experienced by formerly incarcerated, homeless women during reentry—A qualitative study. *Community Mental Health Journal*, *57*, 609-621. https://doi.org/10.1007/s10597-020-00748-8

Sánchez, V., Sanchez-Youngman, S., Dickson, E., Burgess, E., Haozous, E., Trickett, E., Baker, E., & Wallerstein, N. (2021). CBPR implementation framework for community-academic partnerships. *American Journal of Community Psychology*, *67*(3-4), 284-296. https://doi.org/https://doi.org/10.1002/ajcp.12506

Schwan, K., & Ali, N. (2021). *A rights-based, GBA+ analysis of the national housing strategy*. Women's National Housing and Homelessness Network. https://womenshomelessness.ca/wp-content/uploads/EN-Rights-Based-GBA-Analysis-of-NHS-28-Sept-2021.pdf

Schwan, K., Versteegh, A., Perri, M., Caplan, R., Baig, K., Dej, E., Jenkinson, J., Brais, H., Eiboff, F., & Pahlevan-Chaleshtari, T. (2020). *The state of women's housing need and homelessness in Canada*. https://womenshomelessness.ca/wp-content/uploads/State-of-Womens-Homelessness-Literature-Review.pdf

Scotland, J. (2012). Exploring the philosophical underpinnings of research: Relating ontology and epistemology to the methodology and methods of the scientific, interpretive, and critical research paradigms. *English Language Teaching*, *5*(9), 9-16.

Scroggins, J. R., & Malley, S. (2010). Reentry and the (unmet) needs of women. *Journal of Offender Rehabilitation*, *49*(2), 146-163. https://doi.org/10.1080/10509670903546864

Shade, L. R. (2002a). The digital divide: From definitional stances to policy initiatives. *Department of Canadian Heritage P*, *3*.

Shade, L. R. (2002b). Gender and Community in the Social Construction of the Internet. NY: Peter Lang, 2002 (Digital Formation Vol. 1).

Shalaby, R. A. H., & Agyapong, V. I. (2020). Peer support in mental health: Literature review. *Journal of Medical Internet Research Mmental Health*, *7*(6), e15572. https://doi.org/10.2196/15572

Simpson, E. K., McDermott, C. P., & Hild, L. E. (2020). Needs of transitionally housed young people to promote occupational participation. *Occupational Therapy in Health Care 34*(1), 62-80. https://doi.org/10.1080/07380577.2020.1737895

Smith, D. E. (1987). *The everyday world as problematic: A feminist sociology*. Northeastern University Press.

Sprague, J. (2005). *Feminist methodologies for critical researchers: Bridging differences*. Rowman & Littlefield.

Stylianou, A. M., & Hoge, G. L. (2021). Transitioning out of an urban domestic violence emergency shelter: Voices of survivors. *Violence against women*, *27*(11), 1957-1979. https://doi.org/10.1177/1077801220954270

Styron, T. H., Janoff-Bulman, R., & Davidson, L. (2000). 'Please ask me how I am': Experiences of family homelessness in the context of single mothers' lives [Article]. *Journal of Social Distress and the Homeless*, *9*, 143-165. https://doi.org/10.1023/A:1012945602583

Suttor, G. (2016). *Still renovating: A history of Canadian social housing policy*. McGill-Queen's University Press. https://doi.org/10.1515/9780773548572

Systems Planning Collective. (2021). *A national housing strategy by and for whom? documented experiences of people with living knowledge of housing need*. https://assets.cmhc-schl.gc.ca/sites/place-to-call-home/pdfs/national-housing-council/nhs-a-national-housing-strategy-by-and-for-whom-en.pdf

Thorne, S. (2016). *Interpretive description: Qualitative research for applied practice*. Routledge.

Thurston, W., Roy, A., Clow, B., Este, D., Gordey, T., Haworth-Brockman, M., McCoy, L., Beck, R., Saulnier, C., & Carruthers, L. (2013). Pathways into and out of homelessness: Domestic violence and housing security for immigrant women. *Journal of Immigrant and Refugee Studies 11*(3), 278-298. https://doi.org/10.1080/15562948.2013.801734

Tischler, V. (2008). Resettlement and reintegration: Single mothers' reflections after homelessness. *Community, Work and Family*, *11*(3), 243-252. https://doi.org/10.1080/13668800802133628

Tong, R., & Botts, T. F. (2018). *Feminist thought: A more comprehensive introduction* (Fifth edition. ed.). Routledge. https://doi.org/10.4324/9780429493836

UN Special Rapporteur. (2020). *The right to adequate housing, Fact Sheet No. 21/Rev.1*. https://www.ohchr.org/sites/default/files/Documents/Publications/FS21_rev_1_Housing_en.pdf

Vaccaro, M.-E. (2023). Reflections on 'doing'participatory data analysis with women experiencing long-term homelessness. *Action Research*, *21*(3), 332-350. https://doi.org/10.1177/1476750320974429

Van Berkum, A., & Oudshoorn, A. (2019). 'Where to now?'Understanding the landscape of health and social services for homeless women in London, Ontario, Canada. *Journal of Social Inclusion*, *10*(1), 41-58. https://doi.org/10.36251/josi.158

Vaughn, R. E. (2018). *The complex cycle of interpersonal violence and homelessness: Perspectives of homeless women* [Dissertation in Psychology, Adler University]. US. http://search.proquest.com/dissertations-theses/complex-cycle-interpersonal-violence-homelessness/docview/1964376317/se-2?accountid=15115

Vendryes, B. (2019). *Late adolescent mothers' homelessness and pregnancy experiences while living in transitional housing* [Dissertation in Public Policy and Administration, Walden University]. US. http://search.proquest.com/dissertations-theses/late-adolescent-mothers-homelessness-pregnancy/docview/2164793008/se-2?accountid=15115

Waldbrook, N. (2013). Formerly homeless, older women's experiences with health, housing, and aging. *Journal of Women and Aging 25*(4), 337-357. https://doi.org/10.1080/08952841.2013.816213

Wallerstein, N. B., & Duran, B. (2006). Using community-based participatory research to address health disparities. *Health Promotion Practice*, *7*(3), 312-323. https://doi.org/10.1177/1524839906289376

Wang, C., & Burris, M. A. (1994). Empowerment through Photo Novella: Portraits of Participation. *Health Education Quarterly*, *21*(2), 171-186. https://doi.org/10.1177/109019819402100204

Wang, C. C., Cash, J. L., & Powers, L. S. (2000). Who knows the streets as well as the homeless? Promoting personal and community action through photovoice. *Health Promotion Practice*, *1*(1), 81-89. https://doi.org/10.1177/152483990000100113

Watson, J. (2016). Gender-based violence and young homeless women: Femininity, embodiment and vicarious physical capital. *The Sociological Review*, *64*(2), 256-273. https://doi.org/10.1111/1467-954x.12365

Watson, S. (1986). Women and housing or feminist housing analysis? *Housing Studies*, *1*(1), 1-10. https://doi.org/10.1080/02673038608720559

Wendt, S., & Baker, J. (2013). Aboriginal women's perceptions and experiences of a family violence transitional accommodation service. *Australian Social Work 66*(4), 511-527. https://doi.org/10.1080/0312407X.2012.754915

Whitzman, C., & Desroches, M.-È. (2022). Women's housing: Balancing scaling and caring in three Canadian cities. *International Journal of Housing Policy*, *22*(2), 278-298. https://doi.org/10.1080/19491247.2022.2038770

Wildman, S. L. (2010). *Barriers to computer use and internet competency among homeless women and low-income women at risk of becoming homeless* [Dissertation, Gonzaga University]. http://search.proquest.com/dissertations-theses/barriers-computer-use-internet-competency-among/docview/872066379/se-2?accountid=15115

Women's National Housing and Homelessness Network. (2022). *The crisis ends with Us: Request for a review into the systemic denial of the equal right to housing of women and gender-diverse people in Canada*. https://womenshomelessness.ca/wp-content/uploads/WNHHN-Claim-15-June-2022.pdf

Wood, L., McGiffert, M., Fusco, R. A., & Kulkarni, S. (2022). "The propellers of my life" The impact of domestic violence transitional housing on parents and children. *Child and Adolescent Social Work Journal* 1-15. https://doi.org/10.1007/s10560-021-00809-1

Yakubovich, A. R., & Maki, K. (2022). Preventing gender-based homelessness in Canada during the COVID-19 pandemic and beyond: The need to account for violence against women. *Violence Against Women*, *28*(10), 2587-2599. https://doi.org/10.1177/10778012211034

Yeo, S., Ratnam, C., Paradis, E., Oudshoorn, A., Nessa, B., Mosher, J., Macphail, S., Greene, S., Gaetz, S., & Forchuk, C. C. (2015). *A framework for ending women's and girls' homelessness*. https://www.abeoudshoorn.com/wp-content/uploads/2015/08/A-Framework-for-Ending-Womens-and-Girls-Homelessness.pdf

Zagel, H., & Van Lancker, W. (2022). Family policies' long-term effects on poverty: a comparative analysis of single and partnered mothers. *Journal of European Social Policy*, *32*(2), 166-181. https://doi.org/10.1177/09589287211035690

**Bridge from Chapters 6 to 7**

In the previous chapter, we have identified that women have specific needs, challenges, and concerns post-shelter. In line with our CBPR methodology, we sought out the perspectives of women in Montreal who have lived experience of this transition from shelter to housing. To further build on the findings, we chose to conduct a virtual World Café to gain the perspectives of the multiple parties who are interested in research, practice, and policy related to women leaving a shelter stay. This virtual World Café took place during the Covid-19 pandemic.

Building on the main findings of both of the scoping reviews and the Photovoice, our team collaboratively had four general themes of aspects that were desirable for post-shelter supports: (1) practical and material supports, including the provision of housing itself in the post-shelter period; (2) individualized, flexible supports and different forms of accompaniment; (3) peer support; and (4) community integration, in particular the presence of accessible and inclusive activities and spaces for women in post-housing transition.

The two specific objectives of the World Café were to: (1) Explore the structural, organizational and individual issues associated with post-shelter transition for Montreal women, and (2) Identify and prioritize courses of action to better support Montreal women in their post-shelter transition.

This manuscript has been submitted to *Nouvelle practiques sociales* in French and has been translated into English for this dissertation.

**Jacobsen, K.,** Roy, L., Richmond, S., (submitted, 2024) *Perspectives croisées surs les soutiens pour les femmes en transition post-hébergement au Québec.* Nouvelle pratiques sociales.

English title: Multiple Perspectives on Support for Women in Post-Shelter Transition in Quebec

# Chapter 7: Manuscript 4 – Multiple Perspectives on Support for Women in Post-Shelter Transition in Quebec

**Title:** Multiple Perspectives on Support for Women in Post-Shelter Transition in Quebec

Karla Jacobsen, PhD (c), OT [1] | Laurence Roy, PhD, OT[1] | Sally Richmond, MBA[2]

[1] School of Physical and Occupational Therapy, McGill University, Montreal, Canada

[2] Logifem, Montreal, Canada

Correspondence

laurence.roy@mcgill.ca

**Author Biographies:**

Karla Jacobsen, MScOT, is a doctoral candidate and faculty lecturer in the School of Physical and Occupational Therapy at McGill University, where she is completing her PhD. She works part-time as an occupational therapist in mental health, and her academic focus includes participatory research to co-create equitable and sustainable housing supports for women transitioning after shelter stays. karla.jacobsen@mcgill.ca

Laurence Roy, OT, PhD, is an Associate Professor at the School of Physical and Occupational Therapy at McGill University and a researcher at the Douglas Mental Health University Institute and the Montreal Research Centre on Social Inequalities, Discrimination, and Alternative Citizenship Practices (CREMIS). Her research areas include the intersection of mental health, psychosocial rehabilitation, and housing inequalities. Her work is conducted in collaboration with community, health, social, and legal sectors and uses participatory methodological

approaches to transform homelessness and housing policies and practices.

laurence.roy@mcgill.ca

Sally Richmond, MBA, is the Executive Director of Logifem, an organization located in Montreal that provides support and housing to vulnerable women and children, where they can feel at home to heal and rebuild their lives. She has worked for several non-profit organizations in the United Kingdom (where she was born) and Canada in the fields of forced migration, fair trade, and, more recently, homelessness. She is interested in developing long-term solutions that help women break the cycle of homelessness. sally@logifem.org

## CONFLICTS OF INTEREST

The authors declare no conflicts of interest related to this research.

**Abstract**

Project Lotus is a community-based participatory research partnership focused on addressing post-shelter services for women in Montreal. This article presents the results of a virtual world café investigating the structural, organizational, and individual issues associated with post-shelter transitions of women to identify action plans to support them in their post-shelter transition. Recommendations include three priority actions for Montreal resources: 1) targeting practical, material, and financial support during transition; 2) development of peer support; and 3) implementation of pivotal post-shelter intervention. The development of alternative community integration practices by and for women during post-shelter transition is a priority for practice and research.

**Keywords**: Housing, Shelter, Homelessness, Violence, Partnership

**1. Introduction**

Every year in Quebec thousands of women and children are housed in a variety of community resources: emergency shelters, first- and second-stage housing, dedicated or not to women experiencing violence, or transitional settings (Alliance MH2, 2023; Fédération des maisons d'hébergement pour femmes, 2022; Ministère de la Santé et des Services sociaux, 2023). Shelters enable women and their children to meet their basic needs in a safe living environment, and can serve as a springboard to satisfactory, long- term residential situations.

For many women, leaving a shelter represents a major transition that can weaken their situation and lead to a return to unstable or dangerous residential situations (Cone, 2006; Gaetz & Dej, 2017; Waldbrook, 2013). Studies of women leaving shelters indicate that between 23% and 46% end up in dangerous or temporary housing, placing them once again in a vulnerable situation (Cook-Craig & Koehly, 2011; McFarlane et al., 2015; Patterson et al., 2016). Between 45% and 50% of women leaving shelters return within a year of leaving (Kim & Garcia, 2019). Women living with chronic health conditions, as well as socially isolated women, are particularly likely to experience unstable residential situations following a shelter stay (Jacobsen et al., 2024). Longer shelter stays and the availability of support services during the post-shelter period are protective factors against housing instability (Jacobsen et al., 2024).

These data underline the importance of supporting women beyond the shelter period. Yet previous work on housing support, including the Housing First or Critical Time Intervention models, has often overlooked the unique challenges related to women's experiences of homelessness (Milaney et al., 2020). For instance, many women, especially when accompanied by their children, may not identify themselves as "homeless", to avoid stereotyping (Klodawsky, 2006; Partenariat pour la prévention et la lutte à l'itinérance des femmes, 2024). As a result, they may avoid accessing services associated with homelessness. Finally, although housing support models are characterized by their flexibility, several authors have pointed out the lack of consideration for women's specific needs, particularly those related to safety and social relationships (O'Campo et al., 2023).

Faced with these challenges, many organizations serving women have developed their own post-shelter support services (Gabet et al., 2020; Grenier et al., 2020). The development of such services remains in its nascent stages. In response to these gaps in both scientific knowledge and post-shelter support practices, our team, made up of researchers with experiential, practical

and empirical knowledge of women's homelessness, set up a community-based participatory research project "Project Lotus" (Chevalier & Buckles, 2013; Wallerstein & Duran, 2006) that includes collaboration with several housing and community resources in the Montreal area:

## 1.1 Context: Project Lotus

The aim of the Project Lotus is to co-develop a set of actions designed to support the post-shelter transition of Montreal women, based first and foremost on the knowledge generated by women with lived experience, while contextualizing it based on the practical knowledge of shelter managers and intervention workers. The project began in 2021 under the guidance of a Community Advisory Board (CAB) made up of 12 women with lived, practical (community resource directors and front-line workers) and academic expertise in post-shelter transitions. The CAB meets once a month to decide on project directions, discuss emerging research findings and prioritize emerging courses of action. To date, two phases, one more research-oriented and the other more action-oriented, have taken place. The first phase included three components: two literature reviews on the outcomes and experiences of women in post-housing transition, a Photovoice study with women in post-housing transition, and a virtual World Café (this article). The three phases of research were mainly carried out by the first author (KJ) and PhD candidate associated with the project, in collaboration with the CAB co-researchers.

The two specific objectives of the World Café were to: (1) Explore the structural, organizational and individual challenges associated with post-shelter transition for Montreal women, and (2) Identify and prioritize courses of action to support them in their post-housing transition.

## 2. Methods

### 2.1 Research design

Project Lotus is a community-based participatory research project (Chevalier & Buckles, 2013; Wallerstein & Duran, 2006) resulting from the collaboration of several Montreal women's housing and community resources. The project is rooted in a critical intersectional feminist perspective (Crenshaw, 2013; Flynn et al., 2017) where women's post-shelter transitions, and particularly the constraints and obstacles women experience at this key moment of leaving a

shelter stay, are understood through the view of an asymmetrical power relations, gendered-lens, and also factoring in racist, ableist, and classist social structures (Nixon, 2019).

## 2.2 Data collection

Following the initial stages of the project, the CAB co-researchers aspired to collectivize and initiate a dialogue on the emerging findings with various parties holding an interest in post-shelter transitions. The World Café method, characterized by the creation of small discussion spaces and a systematic strategy for prioritizing courses of action, was chosen by the CAB (Löhr et al., 2020). As data collection took place during the Covid-19 pandemic, data collection was conducted virtually. Thirty-five women took part in the World Café (see Table 1 for a description of participants), and individual interviews were conducted with 5 key informants who were unable to attend.

**Table 1. Participants' characteristics**

| Field of expertise (number of participants) | Years of experience with vulnerable women range (mean years) | Age range (mean years) | CAB Members |
|---|---|---|---|
| Health and social services (n=2) | 10-20 m=15 | m=41 | 0 |
| Coalition or advocacy groups (n=3) | 3-10 m=6 | 41-53 m=46 | 0 |
| Community sectors - Managers (n=7) | 1-22 m=8 | 30-58 m=45 | 3 |
| Community sector – intervention workers (n=8) | 2-11 m=6 | 26-46 m=36 | 1 |
| Women with lived experience of homelessness or post-shelter transition (n=7) | n/a | 28-64 m=51 | 3 |
| Researchers and graduate students (n=8) | 3-10 m=5 | 32-53 m=43 | 3 |

Three women who had experienced post-shelter transition did not have access to the technology they needed to participate. To provide a solution for this issue, the CAB partnered with a day center for women that provided them with computers and personal assistance.

The World Café took place in three phases: first, members of the research team presented the main findings of the literature review and Photovoice study. Preliminary analyses of these findings had identified four general themes of need for women in transition from housing: (1) practical aspects, including housing provision; (2) professional support; (3) peer support; and (4) community integration.

Participants were then directed into one of eight virtual discussion rooms (two per theme) for a first 25-minute block, then into another room for a second block, and so on for a total of four discussion blocks. The groups of participants moved together between the rooms, while the facilitators always remained in the same room. Each room was facilitated by one or two CAB co-researchers, who used a whiteboard (Miro, 2022) to record and collate information. The facilitators had received a 90-minute online training session from three CAB members. The discussion blocks were designed to build on the previous group's findings. The following questions were used to guide the discussion: (Block 1) What do you know about what is already in place for women in post-shelter transition, in relation to the theme (peer support, for example)? (Block 2) What do you think of what was said by the previous group, if anything? What other issues do you see with existing services or resources? Do you have any specific examples? (Block 3) Based on what we know about what already exists and current issues, what courses of action would you consider? (Block 4) What courses of action should be prioritized, and what are the next steps? During each round, the facilitators integrated additional information to build a complete picture. Finally, the facilitators in each room presented the main issues and courses of action, which were discussed collectively. The discussions in the virtual rooms were not recorded, but the contents were noted down by a member of the research team, in addition to being represented visually on a Miro board (Miro, 2022) (see figure 1). All participants provided written and verbal consent to participate and be recorded in the World Café (plenary sessions and individual interviews with key informants were recorded). The study was approved by the Research Ethics Committee of McGill University.

## 2.3 Data analysis

Audio recordings of the plenary sessions and key informant interviews were transcribed in full. All facilitators' notes were imported into a Word file to facilitate analysis. The dataset thus obtained was subjected to thematic content analysis using an inductive method (Braun & Clarke, 2006). The first two authors read the content several times, first coding it deductively according to the specific objectives of the study. Inductive codes were then identified through several rounds of data reading and discussions with the advisory committee. All codes were then grouped into categories forming five themes.

## 3. Findings

Five themes emerge from the data analysis: the first two relate to current challenges in the provision of post-shelter services for Montreal women, and the next three are linked to proposed courses of action.

### 3.1 Theme 1: Post-shelter services as inadequate, fragmented and poorly adapted to the specific needs of women

Participants reported that post-shelter services should be tailored to the specific needs of women in post-shelter transition. They identified a number of these support needs, linked first and foremost to the difficulty women have in adapting to their new environment (new routines, new and unfamiliar neighborhoods, lack of knowledge of resources for themselves and their children, and of their rights as tenants). Some women may mourn the loss of the ties they forged in the shelter and, once in housing, experience social isolation, loneliness, boredom and a lack of meaningful activities in which to engage on a daily basis. Not all women are equal in this respect: "We think of elderly women, with no support system, no network." Available housing can be incompatible with women's needs, in particular with regards to having sufficient space to socialize in the home and engage in family activities, being close to schools and childcare services for their children and feeling safe in their neighborhood. Women with lived experience report challenges with building trusting relationships with people, whether in their neighbourhood or in the services, partly because of the shame associated with the experience of shelter stays, and the discrimination experienced. These challenges lead some women to experience a sense of insecurity in their homes and neighborhoods, while feeling compelled to

stay in housing that does not suit them: "The apartments that are offered may not be suitable, but there's pressure to like it."

Few specific services have been funded and developed specifically to meet women's post-shelter needs. When services are available, they are appreciated, yet are often fragmented due to a lack of coordination between resources, and therefore do not provide a comprehensive response to women's needs. This gap between the needs identified and the services offered is the result of the lack of recognition of this population by decision-makers and the health and social services sector. Participants reported that women in post-shelter transitions are invisible, since they are housed and can, in theory, access the regular services offered to the general population: "It's been going on for a long time, the non-recognition of this need, the transition from accommodation to housing and the need for support." Adequate provision of services during the post-housing transition also implies the creation of partnerships between community organizations from different sectors (those linked to housing, recreation or employment, for instance); yet these partnerships can be difficult to create and maintain due to the under-funding of community organizations and staff turnover.

### 3.2 Theme 2: Limited access to "general" services

Services available to the general population are described as not very accessible for women in post-housing transition, mainly due to discrimination or exclusion linked to their status as women experiencing poverty, single mothers; to health problems or disabilities; to their limited access to technology; to their experience in shelters; to their migratory status or to their racial, ethnic, sexual or gender identity, or to their age.

Participants identified a lack of safe, affordable housing in their communities. Some affordable housing models present in the community, such as housing cooperatives, are described as generally inaccessible for women in post-shelter transition. The same is true of health services: "Current services are often too restrictive, associated with very specific problems. They don't respect women's priorities and are often paternalistic." Services are described as insensitive to the traumas experienced by women. Several participants noted the importance for women of having access to certain women-only spaces and services to reduce their sense of insecurity.

Some structural issues constraining access to services for women in post-housing transition were identified, in particular the failure to take gender-specific issues into account in housing policies, sexist social norms and the lack of recognition of the knowledge and voice of women in vulnerable situations.

### 3.3 Theme 3: Complementary, feminist and gender-specific support approaches

Three specific, individual-level approaches were identified by participants as promising: practical pre- and post-departure support, case management, and peer support.

The first approach aims to meet women's needs for physical integration into the community, by providing women with the resources they need to prepare for and successfully complete their transition. This involves a universal "departure kit" offered to all women leaving shelters: help available before leaving the shelter to prepare for the transition, including moving belongings, cleaning and installing furniture and other personal effects, childcare; financial or material assistance; support, as needed, with the steps involved; a relocation guide and directory of resources available in the new neighbourhood, based on the woman's specific needs. Depending on the situation, voluntary trust services have also been identified as relevant. Flexibility and respect for women's autonomy must be at the heart of this approach: "Giving women choices increases their sense of security."

The second approach, case management, is grounded in existing practices in social intervention, and ensures individualized support by a worker during the post-shelter transition period, for as long as this support is needed. Participants emphasize the importance of support being offered in a flexible, gender-specific and trauma-sensitive way: "Having several options that allow us to match women's desires and interests, their stage of transition, a desire (or not) for continuity." Quality of relationships with service providers and relational continuity should characterize the support offered by the case manager; above all, services should be centered on listening and recognizing expressed needs. These needs may relate to emotional support, assistance with administrative procedures, advocacy with the actors involved in the woman's life (health professionals, police, judicial actors, etc.), assessment and referral to specialized services, management of routines and finances, support with employment or parenting, or any other need identified by the woman.

The third approach, peer support, was identified as a practice to be developed, with the aim of sharing common experiences and offering more informal support. The participants

mentioned a desire to move beyond a formal model of peer support. While some formal peer support roles may be relevant, other, more informal peer support activities were also reported as relevant, such as testimonials by women with lived experience of post-shelter transition in shelters or workshops held with health professionals. As this is still an underdeveloped approach, participants noted the importance of continuing to reflect on and discuss the development of these practices, particularly regarding the status and roles of peer support workers (remuneration, employment status, training and ongoing supervision, selection process, ethical and legal issues, integration into teams, etc.).

The participants stressed the importance of developing these three approaches from community settings already offering shelter services to women, and of putting in place coordination mechanisms between shelter and post-shelter services to ensure continuity and quality of services. These approaches should be linked with each other and with external services (such as health and social services) to ensure a comprehensive response.

### 3.4 Theme 4: Opportunities to engage in meaningful activities

Participants stressed the importance of addressing women's needs outside of formal support interventions. They suggested creating opportunities for women in post-shelter transitions to engage in activities that help create social ties, give meaning to daily life, develop skills and self-confidence, and resist and transform the stereotypes associated with homelessness and shelter stays. These activities can take many forms (leisure, employment, training), including peer support activities. These activities should be offered in safe, gender-specific contexts, able to accommodate women with their children, and be a resource where women can benefit from formal support and be linked to complementary services (as described in theme 3): "We need to provide activities and places that put distance between the women and the prejudices and stigma they have experienced."

A variety of spaces and resources can be considered: existing community settings, virtual spaces, or new environments. Some participants suggest considering the development of a central location or hub where a diversity of services could be offered to women: "We need a paradigm shift: a place where it's the specialists who move towards the woman, not the other way around."

### 3.5 Theme 5: Structural action

The participants imagined several structural actions in order to collectively acquire the resources needed to improve services for women in post- shelter transition. Intersectoral action was seen as a preferred avenue: agreements between municipal housing offices and women's shelters to improve the supply of affordable and adapted housing; agreements with public transit services to make them free of charge for women in vulnerable situations; bridging the silos between the women's homelessness sector and services for women victims of violence; partnerships between organizations offering shelter and advocacy services.

Participants also stressed the urgent need to put an end to the stereotypes associated with shelter stays and homelessness. One action suggested by participants with lived experience was to include their experience and testimonials in the training of shelter and other community staff, as well as other sectors (police, health professionals, municipal staff). Raising awareness and providing training on the specific experiences and needs of women in post-shelter transition, with a vision of social inclusion and support for recovery, appears to be a priority course of action for participants.

From an organizational point of view, given the complex needs of women in post-shelter transitions, participants identified tackling the chronic underfunding of community organizations offering these services.

### 4. Discussion

The aim of this study was to explore the challenges associated with the post-shelter transition for Montreal women, and to identify courses of action to support them. The findings indicate that women continue to have significant unmet needs during the post-shelter transition, including: relational needs, engagement in meaningful activities, safety for themselves and their children, and the need for inclusive and welcoming health services. These findings are consistent with those of our recent literature reviews. Yet failure to meet women's needs during the post-shelter transition has been associated, in numerous studies, with a return to situations of violence, instability or residential precariousness (Clark et al., 2019; Gubits et al., 2016; Stylianou & Hoge, 2020).

A second salient finding relates to the issue of housing itself in the post-shelter period: participants describe housing situations that are often suboptimal, unsuited to women's needs and

preferences. These findings are not surprising, given the current housing crisis in Quebec, which was already present at the time of data collection. This crisis manifests itself not only in skyrocketing rent prices, out of reach for women leaving shelters, but also in a shortage of safe, affordable rental units, a disproportionate and growing number of people waiting for social housing and, if women do find housing, an increased possibility of eviction (Goyer, 2023; Canada Mortgage and Housing Corporation, 2024).

Participants point out that the current housing crisis is not immune to gender-based inequities. The findings point to several gender-specific factors that contribute to reinforcing gender-based inequalities in housing, such as discrimination linked to one's status as a single mother, or the need to find housing close to childcare or school services. These results show the concrete effects on women, their families and the workers who support them, of housing policies that take little or no account of gender specificities, even though the importance of location in terms of proximity to schools, day-care centers and other social facilities is recognized in international policies (UN Special Rapporteur, 2020), but also in research, as several studies have shown that women, who are much more likely than men to be a caregiver (towards their children, elderly or disabled parents or relatives), require housing that is more spacious and close to school, childcare or health services (Parker & Leviten-Reid, 2022; Power & Mee, 2020; Tischler, 2008). Finally, because of their experiences of violence and caregiving, women are more concerned about sources of insecurity in their neighborhoods, for themselves and their children, which further limits their residential options (Fogel, 1997; Lindsey, 1996, 1997; Long, 2010).

The issues of access to health services encountered by women in post-shelter transition bear a striking resemblance to those described in studies of women experiencing homelessness (Allen & Vottero, 2020; Partenariat pour la prévention et la lutte à l'itinérance des femmes, 2024). These services are described as often stigmatizing, paternalistic, insensitive to the emotional traumas experienced by women, and are not inclusive of women at the intersection of marginalized social identities. Yet recent reports and studies indicate that accessibility to healthcare services, particularly for mental health issues, remains difficult in Quebec for the general population (Champagne et al., 2018) and has deteriorated since the pandemic (INESSS, 2020). In addition, many women living with financial and housing insecurity after a shelter stay have limited access to technology or have difficulty using technology. This digital divide further

marginalizes their ability to find, access or use the services they need (Bassi et al., 2020; Bédard et al., 2022; Shade, 2002). Moreover, for some women, the post-shelter transition period represents their first experience of living alone in housing and navigating a complex system of services (Coleman, 2015; Thurston et al., 2013).

The World Café process allowed for the identification of three priority actions: practical, material and financial support during the transition; the development of peer support; and post-shelter case management. The latter is the only one of those actions that has been evaluated in the Quebec context for women leaving shelters, showing positive outcomes on residential stability (Gabet et al., 2020). Co-developing alternative community integration support practices with and for women leaving shelters thus seems to be a priority for both research and practice.

Ultimately, the World Café participants highlighted the importance of foregrounding relational safety and continuity when working with women in post-shelter transition. This is contrasting with the current paradigm which often foregrounds crisis and emergency support, where short-term responses in services (such as maximum shelter stays of a few weeks) stand in contrast with the well-documented need for lasting bonds and relational continuity in this population shown in the literature (Cook-Craig & Koehly, 2011; Hilbert et al., 1997; Patterson et al., 2016; Pierce et al., 2018). Short-term responses may also lead to fragmented support, but also to a more intimate and loss in sense of self that previous authors have conceptualized as ontological security, through disruptions in routines, loss of intimacy, instability, and lack of the sense of safety necessary to (re)build one's identity (Padgett, 2007).

The findings of this study should be considered with its limitations in mind. Participants for the World Café were recruited through a network of women's shelters. Thus, it may exclude the perspectives of and on women experiencing housing instability who may be reluctant to use shelter services, who may not be comfortable talking about their experiences, or who did not speak English or French. The results might not be transferable to non-urban contexts.

Despite these limitations, the World Café process enabled us to gather the perspectives of a variety of interested parties involved in the post-shelter trajectories of women. Collectively, the findings allow us to conclude that strengthening the supports offered to women in the post-shelter transition is necessary not only from a survival perspective, but also for them to considered equal citizens with the right to a "full" rather than "lesser" life (Bellot & Rivard, 2017; Marshall et al., 2020; Namian, 2012).

## 5. References

Allen, J., & Vottero, B. (2020). Experiences of homeless women in accessing health care in community-based settings: a qualitative systematic review. *JBI Evidence Synthesis*, *18*(9). https://journals.lww.com/jbisrir/fulltext/2020/09000/experiences_of_homeless_women_in_accessing_health.5.aspx

Alliance MH2. (2023). *Rapport annuel 2022-2023*. Disponible à: https://www.alliancemh2.org/site/assets/files/2059/rapport_annuel_2022-2023.pdf.

Bassi, A., Sylvestre, J., & Kerman, N. (2020). Finding home: Community integration experiences of formerly homeless women with problematic substance use in Housing First. *Journal of community psychology*, *48(7)*, 2375-2390. https://doi.org/10.1002/jcop.22423

Bédard, E., Ouellet, N., Cormier, C., Dugas, M., Sirois, C., & Sylvain, H. (2022). Portrait de la santé mentale des femmes qui ont recours aux organismes communautaires d'une région québécoise. *Sante Mentale Au Quebec*, *47*(1), 241-262. https://doi.org/10.7202/1094153ar

Bellot, C., & Rivard, J. (2017). Repenser l'itinérance au féminin dans le cadre d'une recherche participative. *Criminologie*, *50*(2), 95-121. https://doi.org/https://doi.org/10.7202/1041700ar

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77-101. https://doi.org/10.1191/1478088706qp063oa

Champagne, F., Contandriopoulos, A., Ste-Marie, G., & Chartrand, E. (2018). L'accessibilité aux services de santé et aux services sociaux au Québec. *École de santé publique (ESPUM) et Institut de recherche en santé publique (IRSPUM), Université de Montréal*.

Chevalier, J. M., & Buckles, D. J. (2013). *Participatory Action Research: Theory and Methods for Engaged Inquiry*. Routledge.

Clark, D. L., Wood, L., & Sullivan, C. M. (2019). Examining the Needs and Experiences of Domestic Violence Survivors in Transitional Housing. *Journal of Family Violence*, *34*(4), 275-286. https://doi.org/10.1007/s10896-018-0010-4

Coleman, M. R. (2015). *The journey from homelessness to housing: The lived experiences of married african american women with children residing in supportive housing*

[Dissertation in Health & Mental Health Treatment & Prevention, Capella University]. US.

Cone, P. M. H. (2006). *Reconnecting: a grounded theory study of formerly homeless mothers* (Publication Number Ph.D.) University of California, San Francisco]. rzh. https://proxy.library.mcgill.ca/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=109846965&site=ehost-live

Cook-Craig, P., & Koehly, L. (2011). Stability in the Social Support Networks of Homeless Families in Shelter: Findings From a Study of Families in a Faith-Based Shelter Program [Article]. *Journal of Family Social Work*, *14*(3), 191-207. https://doi.org/10.1080/10522158.2011.571553

Crenshaw, K. W. (2013). Mapping the margins: Intersectionality, identity politics, and violence against women of color. In *The public nature of private violence* (pp. 93-118). Routledge.

Fédération des maisons d'hébergement pour femmes. (2022). *Rapport d'activité 2021-2022*.

Flynn, C., Lapierre, S., Couturier, P., & Brousseau, M. (2017). Agir avec les jeunes femmes de la rue pour une praxis de l'intersectionnalité — Réflexion autour du projet PARVIS. *Reflets*, *23*(2), 109-140. https://doi.org/https://doi.org/10.7202/1043304ar

Fogel, S. J. (1997). Moving along: An exploratory study of homeless women with children using a transitional housing program [Community & Social Services 3373]. *Journal of Sociology and Social Welfare*, *24*(3), 113-133. http://ovidsp.ovid.com/ovidweb.cgi?T=JS&PAGE=reference&D=psyc3&NEWS=N&AN=1997-41281-005

Gabet, M., Grenier, G., Perrottet, D., & Fleury, M.-J. (2020). Le soutien postlogement transitoire auprès des femmes en situation d'itinérance : besoins, implantation et impact d'une étude pilote. *Sante Mentale Au Quebec*, *45*(1), 79-103. https://doi.org/https://doi.org/10.7202/1070242ar

Gaetz, S., & Dej, E. (2017). *A new direction: A framework for homelessness prevention*. Canadian Observatory on Homelessness Press.

Goyer, R. (2023). Portrait des reprises de logement au Tribunal administratif du logement en 2021: De la demande à la décision.

Grenier, J., Grenier, K., Thibault, S., Chamberland, M., Chénard, J., Bourque, M., St-Germain, L., Champagne, M., Seery, A., & Roy-Beauregard, S.-J. (2020). Accompagnement de

femmes en situation d'itinérance: pratiques en émergence d'un organisme communautaire en territoire périurbain et rural au Québec. *Sciences et actions sociales*(13).

Gubits, D., Shinn, M., Wood, M., Bell, S., Dastrup, S., Solari, C., Brown, S., McInnis, D., McCall, T., & Kattel, U. (2016). Family options study: 3-year impacts of housing and services interventions for homeless families. *Available at SSRN 3055295*.

Hilbert, J. C., Kolia, R., & VanLeeuwen, D. M. (1997). Abused Women in New Mexican Shelters: Factors That Influence Independence on Discharge. *Affilia*, *12*(4), 391-407.

INESSS. (2020). *COVID-19 et les services sociaux et de santé mentale à maintenir, à remettre en place ou à déployer auprès de la population générale lors de la phase de rétablissement de la pandémie.* https://www.inesss.qc.ca/fileadmin/doc/INESSS/COVID-19/COVID-19_retablissement.pdf.

Jacobsen, K., Roy, L., Marshall, C. A., Perreault, M., Richmond, S., Seto, V., Hoffman-Kuhnt, B., Boutemeur, I., & Rouleau, D. (2024). Outcomes for women after leaving a shelter: A scoping review of the quantitative evidence. *Women's Studies International Forum*, *105*, 102921. https://doi.org/https://doi.org/10.1016/j.wsif.2024.102921

Kim, K., & Garcia, I. (2019). Why Do Homeless Families Exit and Return the Homeless Shelter? Factors Affecting the Risk of Family Homelessness in Salt Lake County (Utah, United States) as a Case Study. *International Journal of Environmental Research and Public Health*, *16*(22). https://doi.org/10.3390/ijerph16224328

Klodawsky, F. (2006). Landscapes on the Margins: Gender and homelessness in Canada. *Gender, Place & Culture*, *13*(4), 365-381. https://doi.org/10.1080/09663690600808478

Lindsey, E. W. (1996). Mothers' perceptions of factors influencing the restabilization of homeless families [Social Structure & Organization 2910]. *Families in Society*, *77*(4), 203-215. https://doi.org/http://dx.doi.org/10.1606/1044-3894.902

Lindsey, E. W. (1997). The Process of Restabilization for Mother-Headed Homeless Families: How Social Workers Can Help. *Journal of Family Social Work*, *2*(3), 49-72.

Löhr, K., Weinhardt, M., & Sieber, S. (2020). The "World Café" as a Participatory Method for Collecting Qualitative Data. *International Journal of Qualitative Methods*, *19*, 1609406920916976. https://doi.org/10.1177/1609406920916976

Long, S. M. (2010). *Abused women's journeys from shelters to home: An examination of the coping process* [Dissertation in Psychology, University of Illinois]. US.

Marshall, C. A., Roy, L., Becker, A., Nguyen, M., Barbic, S., Tjörnstrand, C., Gewurtz, R., & Wickett, S. (2020). Boredom and homelessness: A scoping review. *Journal of Occupational Science 27*(1), 107-124. https://doi.org/10.1080/14427591.2019.1595095

McFarlane, J., Nava, A., Gilroy, H., & Maddoux, J. (2015). Risk of behaviors associated with lethal violence and functional outcomes for abused women who do and do not return to the abuser following a community-based intervention. *J Womens Health (Larchmt)*, *24*(4), 272-280. https://doi.org/10.1089/jwh.2014.5064

Milaney, K., Williams, N., Lockerbie, S. L., Dutton, D. J., & Hyshka, E. (2020). Recognizing and responding to women experiencing homelessness with gendered and trauma-informed care. *BMC Public Health*, *20*(1), 397. https://doi.org/10.1186/s12889-020-8353-1

Ministère de la Santé et des Services sociaux. (2023). *Dénombrement des personnes en situation d'itinérance visible au Québec. Rapport de l'exercice du 11 octobre 2022.*

Miro. (2022). *Miro online whiteboard (no version provided). RealTimeBoard, Inc.* www.miro.com

Namian, D. (2012). *Entre itinérance et fin de vie. Sociologie de la vie moindre. .* Presses Universitaires du Québec.

Nixon, S. A. (2019). The coin model of privilege and critical allyship: implications for health. *BMC Public Health*, *19*(1), 1637. https://doi.org/10.1186/s12889-019-7884-9

O'Campo, P., Nisenbaum, R., Crocker, A. G., Nicholls, T., Eiboff, F., & Adair, C. E. (2023). Women experiencing homelessness and mental illness in a Housing First multi-site trial: Looking beyond housing to social outcomes and well-being. *PloS One*, *18*(2), e0277074. https://doi.org/10.1371/journal.pone.0277074

Padgett, D. K. (2007). There's no place like (a) home: ontological security among persons with serious mental illness in the United States. *Social Science and Medicine*, *64*(9), 1925-1936. https://doi.org/10.1016/j.socscimed.2007.02.011

Parker, B., & Leviten-Reid, C. (2022). Pandemic precarity and everyday disparity: gendered housing needs in North America. *Housing and Society*, *49*(1), 10-37. https://doi.org/10.1080/08882746.2021.1922044

Partenariat pour la prévention et la lutte à l'itinérance des femmes. (2024). *La voix des femmes: État de la situation sur les besoins des femmes en difficulté à Montréal*. Disponible à: https://www.pplif.org/wp-content/uploads/2024/02/Etat-de-la-situation_2024.pdf.

Patterson, D. A., West, S., Harrison, T. M., & Higginbotham, L. (2016). No easy way out: One community's efforts to house families experiencing homelessness. *Families in Society*, *97*(3), 212-220. https://doi.org/10.1606/1044-3894.2016.97.22

Pierce, S. C., Grady, B., & Holtzen, H. (2018). Daybreak in Dayton: Assessing characteristics and outcomes of previously homeless youth living in transitional housing. *Children and Youth Services Review*, *88*, 249-256. https://doi.org/10.1016/j.childyouth.2018.03.021

Power, E. R., & Mee, K. J. (2020). Housing: an infrastructure of care. *Housing Studies*, *35*(3), 484-505. https://doi.org/10.1080/02673037.2019.1612038

Shade, L. R. (2002). Gender and Community in the Social Construction of the Internet NY: Peter Lang, 2002 (Digital Formation series Vol. 1).

Société canadienne d'hypothèque et de logement. (2024). *Rapport sur le marché locatif*.

Stylianou, A. M., & Hoge, G. L. (2020). Transitioning Out of an Urban Domestic Violence Emergency Shelter: Voices of Survivors. *Violence against Women*, *27*(11), 1957-1979. https://doi.org/10.1177/1077801220954270

Thurston, W., Roy, A., Clow, B., Este, D., Gordey, T., Haworth-Brockman, M., McCoy, L., Beck, R., Saulnier, C., & Carruthers, L. (2013). Pathways into and out of homelessness: Domestic violence and housing security for immigrant women. *Journal of Immigrant & Refugee Studies 11*(3), 278-298. https://doi.org/10.1080/15562948.2013.801734

Tischler, V. (2008). Resettlement and reintegration: Single mothers' reflections after homelessness. *Community, Work & Family*, *11*(3), 243-252. https://doi.org/10.1080/13668800802133628

UN Special Rapporteur. (2020). *The Right to Adequate Housing, Fact Sheet No. 21/Rev.1*. https://www.ohchr.org/sites/default/files/Documents/Publications/FS21_rev_1_Housing_en.pdf

Waldbrook, N. (2013). Formerly homeless, older women's experiences with health, housing, and aging. *Journal of Women and Aging*, *25*(4), 337-357. https://doi.org/https://dx.doi.org/10.1080/08952841.2013.816213

Wallerstein, N. B., & Duran, B. (2006). Using Community-Based Participatory Research to Address Health Disparities. *Health Promotion Practice*, *7*(3), 312-323. https://doi.org/10.1177/1524839906289376

Figure 1 : Example of a Miro Board

**Chapter 8: Discussion**

**8.1 Overview**

The purpose of this study was to use CBPR methodology in an initiative to co-design a systems change program for women and women-led families leaving sheltered living. Our CBPR partnership, Project Lotus-Hope Together, based in Montreal, Canada, was driven by the executive director of a local community resource who reached out to my supervisor and invited academia and researchers join her, and to sit as a partner at her table, to help address a resource-identified gap and need in post-shelter services for women. Collaboratively with the community working in the area of women's homelessness, we established a CBPR partnership and set overall research objectives for the first phase of the project. The objectives were to investigate 1) What should be included in a post-shelter housing supports program to best support women in their transition into permanent housing? 2) What are the support types, characteristics, and delivery modes that facilitate this transition? And 3) From the perspectives of involved parties, what are the individual-, service-, and system-level barriers and facilitators to program accessibility and delivery? Co-researchers in this project include women who have lived through this transition, and women who are working in this field of practice as front-line workers, managers, and researchers.

This dissertation describes Phase 1 of our Project, the research phase, and sets the stage for Phase 2, action phase which is currently underway, but not part of this dissertation. For Phase 1, we conducted two scoping reviews: one synthesized outcomes and the other explored process and experiences of women post-shelter. Both reviews also enabled us to identify the individual-, service-, and systems-level facilitators and barriers to safe and positive post-shelter transitions for women and women-led families.

During the COVID-19 pandemic era, we conducted in-person Photovoice interviews with seven women with lived experience of a post-shelter transition to deepen and contextualize our findings to the context of Montreal. We then held a virtual World Café and virtual key informant interviews with the broader community (n=40) to further explore what is currently working in the local ecosystem, and what areas need to change to enhance post-shelter supports for women. Our findings contribute to the literature by providing context specific examples of interventions

that have integrated community in the process of research and knowledge production and mobilization in the field of women's supports post-shelter.

Moreover, having conducted our research and project throughout the pandemic-era highlights three important considerations for methodological adaptations in research. Firstly, there is an utmost importance to consider the socio-technological restrictions, or digital divide, of those who either do not have access to or the skill set developed to use the technology. There was however, a second side to this as having met the Photovoice participants in-person, and maintaining contact via phone allowed for opportunities of relationship building, trust and rapport, and relational continuity between the myself and some of the participants. While virtual access can be both a limitation and a facilitator, meeting participants face to face and in-person also had long-standing benefits. I am still in touch with three of the Photovoice participants over four years later. For the World Café and key informant interviews, using a virtual format allowed for a large number of individuals to attend and fully participate showing that a virtual World Café is a low cost, feasible, accessible option for gaining multiple perspectives, large and small discussion spaces, facilitating dialogue and mutual learning amongst all attendees, as well as a method for collecting large amounts of data. This event formed many relationships that have also been sustained as we held an in-person fall forum to further this discussion in the fall of 2023 and many of the World Café participants attended in-person. Thus, while conducting research during the COVID-19 pandemic had many challenges, using hybrid approaches of both in-person and virtual enabled us to create long-lasting partnerships and connections.

Currently, in October 2024, our community-based partnership is approaching its fifth year, has developed into a CoP. We continue to work towards the broad goal of system change in post-shelter supports for women in Montreal, Quebec. Our long-standing and continually developing community demonstrates the success of our collaborative efforts and towards the structures, relationships, and synergy of our group to sustain and grow our partnerships.

In this chapter, I briefly summarize the contents of each manuscript presented in this thesis (Chapters 4 - 7). I then continue to develop the research findings and concepts in relation to broader concepts of women-specific needs and concepts of home and community; the importance of using gender-transformative approaches and implementing trauma-and violence-informed care strategies; and share some final reflections on the experience and process of being involved in community-based participatory research project for this doctoral work.

## 8.2 Summary of Manuscripts and Findings

The first manuscript, *Outcomes for women after leaving a shelter: A scoping review of the quantitative evidence*, builds on the introduction chapter highlighting the prevalence of homelessness and that homelessness for women and women-led is one of the fastest growing demographics making up between 26 – 39% of the counts, a percentage that is likely underreported given the hidden nature of women's homelessness (Gaetz et al., 2016; National Alliance to End Homelessness, 2022; Pleace, 2016). We underscore the importance of the various shelter services for women (emergency, transitional, domestic violence) and how a shelter stay can be a time of rest and stabilization, but that it can also be a very stressful and fragile transitional moment. Specifically, we note that after leaving a shelter, many women continue to experience housing and financial precarity and if proper supports are not available and accessible, this transition can be the beginning of a cyclical in and out of shelter stays, or precarious and even dangerous housing situations. Important contributions from this review are that quantitative outcomes that are commonly measured are 'housing and income status'. While these indicators are indeed important, the time of data collection post-shelter in the evidence is often at exit, or shortly thereafter (e.g., 0 – 6 months) and does not capture the cyclical return to precarious housing that can occur after 6 months or more. This review highlights the need for longer-term studies (over 2 years) providing data on different types of support models specifically for women and including the diverse needs of various groups of women (e.g., women with dependent children, single women, women over the age of 45 years, women leaving domestic violent situations). In addition, this review underscores the urgency to shift away from policy and practices from 'crisis management' for women leaving homelessness and shelter stays, and target interventions and supports towards sustainability of stable housing, prevention on-going precarity and trauma-informed care and services.

The second manuscript, *Processes and experiences of women after leaving a shelter: A scoping review* investigates women's perspectives and experiences of this transition. This review foregrounds women's voices in previous qualitative studies and emphasizes that post-shelter housing is not an endpoint, but a new beginning filled with mixed emotions of joy and fear to access services and resources. The finding of this review show that for women, there is a necessity to build on access and availability of interventions and supports to enhance their ontological security, specifically their concerns and needs around aspects of their own safety,

and the safety of their children, plus building on constancy, routines, control, and choice in life (Giddens, 1990; Padgett, 2007). The findings highlight that women value being able to access activities that foster connection and contribution, and these connecting activities extend beyond work and education.

Both review manuscripts begin to answer our third research objective of investigating the individual-, service-, and system-level barriers and facilitators to program accessibility and delivery, and underscore the multitude of individual, service-level, and structural factors that had either a positive or negative effect on women's trajectories post-shelter. Social disaffiliation, health challenges, poverty, lack of well-paying jobs, stigma, and discrimination, were noted as challenges, yet women also reported fostering hope, resilience, and persistence was key to enhance a positive transition. Accessing formal services, system navigation assistance, subsidized housing post-shelter, more housing options, and having longer stays in shelter were identified to facilitate post-shelter transition. Neighborhood and community safety emerged as a key important factor for rehousing for women appraisal of their sense of safety. The results from both reviews also address our second research objective of determining the support types, characteristics, and delivery modes that women find to be helpful in this transition highlighting the need for women- and family-specific research and interventions after leaving a shelter stay (e.g., 'one stop' centres with access to health and social supports, and long-term wrap-around services).

One aspect of the scoping reviews that was not investigated was a critical appraisal linked to our epistemological stance articulating the importance of representation and inclusion of women in research and throughout the research process. That is, of the fifty-three studies that were included in the two scoping reviews, we did not explore the epistemological stance of the author, the methods used that either included or did not include co-creation of results and findings, and if member checking with the participants was attempted or completed throughout the process. While it is standard practice for scoping reviews to not assess the quality of the included studies (Arksey & O'Malley, 2005), in hindsight as authors, we see the value this critical appraisal step could have brought to both highlight the importance of engaging in participatory work, and also to underscore the current dearth of research methods using inclusionary strategies in knowledge creation with women in post-shelter transition.

The third manuscript, *"I always have my key in my hand": A Photovoice exploration with women in post-shelter transition*, is novel research on women's lived experiences of a post-shelter transition using Photovoice methods investigating women's experiences post-shelter specifically in the Montreal context. Drawing on the works of Paulo Freire, the Photovoice method includes interviews centered around participant's pictures taken from everyday life to provide a medium to give voice to their experiences and depth to their stories. Our findings were that for women the shelter was perceived as a safety net that was there for them in a time of crisis, yet even after leaving the women continued to live with daily impacts of trauma. This study also addresses the third research objective of barriers and facilitators to programs as women shared their challenges to move on from survival mode due to barriers such as poverty, lack of availability of services, and difficulty accessing services. Women voiced that it was helpful to have opportunities to 'give back' through helping and contributing and they valued being able to engage in connecting activities, work, studies, and volunteering. For the mothers in our study, parenting was a more than full-time job, and at times, reported to be very stressful due to the demands as a single parent with worries of 'what if' I lose my children because of my precarious living situation. The women shared their thoughts on what makes a house a home and described challenges to settle into a new space and navigate a new community and neighborhood. Within the Montreal context, the women described their transition as a new beginning wrought with excitement and pride, but also with fear, anxiety, and the need to deal with various individual, systemic, structural, and technological barriers. Our findings from this research contributed to processes and experiences of post-shelter transitions specifically for women in the Montreal context and helps answer our first research objective of what should be included in a post-shelter support program for women by foregrounding their experiences throughout their transition. As a CAB, we chose to end the Photovoice interviews after we had obtained a large data set from a diverse sample of seven women. This decision was a combination of our collective viewpoints that we had obtained and had a preliminary analysis of several rich narratives on experience and processes of women in Montreal leaving a shelter stay. Our Photovoice study aimed to shed light on what is needed for women to address the issues and barriers, and to help guide further actions, research, and policy recommendations in this field, and as a CAB following CBPR processes, we were well positioned in terms of data and resources to transition into our next step, further research and actions.

The fourth manuscript, *Multiple Perspectives on Support for Women in Post-Shelter Transition in Quebec (Perspectives Croisées sur les soutiens pour les femmes en transition post-hébergement au Quebec)* builds on the previous findings and was oriented towards the larger community around women's post-housing supports in Montreal. Specifically, we aimed to further explore our third objective of existing individual-, service-, and system-level barriers and facilitators to program accessibility and delivery specifically in Montreal. We also explore the structural, organizational and individual issues associated with post-shelter transition for Montreal women and identify and prioritize courses of action to build on supports for Montreal women in their post-shelter transition. Several concerned parties contributed to this virtual discussion and built on four general themes that had been identified through the previous research and multiple discussions with the community advisory board of Project Lotus. The themes added depth to our first research objective of what should be included in post-shelter supports for women, and included the need for practical and material supports; individualized supports and different forms of accompaniment; peer support; and community integration supports such as inclusive activities and spaces for women and women-led families in post-housing transition. Our 'café' style virtual discussion resulted in five themes. Two were tied to current issues in the provision of post-housing services for Montreal women, that is that 1) post-shelter services are currently insufficient, fragmented and poorly adapted to the specific needs of women in post-shelter transition; 2) limited access to 'general' services for women post-shelter. The next three identified possible courses of action for the community and addressed our second research objective of support types and delivery modes to enhance this transition. This included development of 3) complementary, feminist and women-centered support approaches; 4) opportunities to engage in meaningful activities outside of formal support interventions; and 5) enhancing the women's homelessness and housing sector capacity and self-sufficiency.

Findings from this study also highlighted the importance of developing partnerships between community organizations from different sectors (e.g., those related to housing, leisure or employability), yet noted the difficulty in creating and sustaining these partnerships over time. Participants contributed that in Montreal, the current funding model for community organizations and the staff turnover underpin this difficulty of long-term partnerships. Actions to address in the future included targeting agreements between municipal housing offices and women's shelters to improve the supply of financially accessible and adapted housing; agreements with public transit

services to demand free access for women in vulnerable situations; public mobilization for low-cost universal childcare; decompartmentalization between the women's homelessness community and shelters for women victims of violence; and partnerships between organizations offering shelter and advocacy services.

### 8.3 Original contributions to literature and knowledge

The findings of our research contribute to the literature and knowledge about women's post-shelter needs by highlighting that being housed is a process and is not experienced as an ending of homeless episode, but more so, a transition to a new beginning where concerns related to perceptions and experiences of safety is paramount as expanded upon in the following section.

### 8.3.1 Ontological security as the distinct feature of gender-transformative post-shelter services

One way to understand this concern for safety and tied to the ideas of what makes a house a 'home' is to use the concept of ontological security (Dupuis & Thorns, 1998; Giddens, 1990; Shaw, 2004; Somerville, 2013). Ontological security is described as an emotional phenomenon and includes the experience of 'being-in-the-world' (Giddens, 1990, p. 92). Considering housing and the 'hard' material conditions of a dwelling together with the 'soft' and relational dimensions of what it means to be home, Dupuis & Thorns (1998) outline four conditions that need to be met to obtain ontological security. An ontologically secure home is: "1) the site of constancy in the social and material environment; 2) a spatial context in which the day-to-day routines of human existence are performed; 3) a site where people feel most in control of their lives because they feel free from the surveillance that is part of the contemporary world; 4) a secure base around which identities are constructed" (p. 27). Through decades of research with people experiencing homeless, scholars have expanded on this concept by exploring the subjective meaning of 'home' with adults experiencing homelessness or housing precarity (See for instance, Henwood et al., 2018; Padgett, 2007; Power, 2023; Stonehouse et al., 2021). Padgett highlights the importance of the aspects of safety, constancy in one's social and physical environment, routines, privacy, and having 'life' control, as ways that contribute to a secure foundation for self-actualization and development of identity (2007). We thus can better understand women's needs post-shelter if we

expand the idea from thinking about a one-dimensional exit to housing, to a multi-dimensional exit plan towards creating a home and engaging in communities of one's choice.

Our research informed us that to take this multi-dimensional step, building in safety measures, choice, and community liaisons into the exit plan and transition are key. This includes finding ways to implement the recommendations to address the various individual, service, systemic, and technological barriers that women are required to navigate post-shelter. A specific action includes advocating for more gender-transformative and gender-specific supports such as flexible, individualized, and long-term case management services, development of peer support services, and creation of liaisons with women's centers and spaces for women and children. To make this happen, our research outlines the important steps for Phase 2 of our project (see section 8.4 Methodological contributions and section 8.5 Contributions to practice and policy).

Our research also highlights, from the perspective of women in Montreal, what makes a house a home and what barriers are encountered that need to be addressed. We heard from our participants what women they need to be supported in this transition, and how they 'experience' community through connecting and contributing. We also understand from our research that lack of access to technology, or falling through the 'digital divide', can further isolate and alienate women in this fragile transitional time, and that accessing community is not always easy, nor is it always tied to a geographical space or place.

## 8.4 Methodological contributions

### 8.4.1 Project Lotus – From here to where?

Our CBPR project has been built on the foundations of developing and maintaining partnerships, empowerment, shared knowledge, and equitable participation (Minkler & Wallerstein, 2011). Specifically, our long-term broad research goal is looking to ultimately co-create a systems change program for sustainable housing for women and women-led families post-shelter stay.

### 8.4.2 Phase 1: Implementation outcomes and logic models

In order to target the implementation of such a program, and to enhance understanding of our processes, outcomes, and evaluating outcomes of Project Lotus initiatives, basic terminology and taxonomy linked to implementation outcomes proves extremely useful (Proctor et al., 2011). Proctor et al. (2011) position implementation outcomes as a precedent to both client and service-related outcomes, which they note are impacted by implementation outcomes (see diagram below of types of outcomes in implementation research).

| Implementation Outcomes | Service Outcomes* | Client Outcomes |
|---|---|---|
| Acceptability<br>Adoption<br>Appropriateness<br>Costs<br>Feasibility<br>Fidelity<br>Penetration<br>Sustainability | Efficiency<br>Safety<br>Effectiveness<br>Equity<br>Patient-centeredness<br>Timeliness | Satisfaction<br>Function<br>Symptomatology |

*IOM Standards of Care
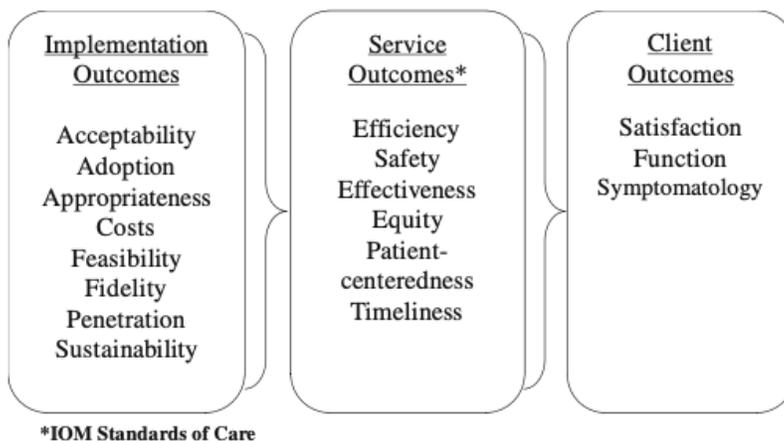
(as presented in Proctor et al., 2011, p. 66)

In terms of our project, Phase 1, the research phase of Project Lotus included the scoping reviews, the Photovoice interview research, and the World Café and key informant interview research. All the members of our CAB were involved throughout this process as consultants and co-researchers to help understand, interpret and contribute to the data analysis. After the World

Café and key informant interviews were completed, subsequent CAB meetings started to focus on transitioning from reflection/research to action/praxis (Freire et al., 2018). There was a consensus that the praxis phase needed to emerge from the CAB process and as a CAB, we agreed on the research findings and next steps for action. The agreement by the CAB members on the actions to pursue and method to proceed demonstrates the short- to mid-term implementation outcomes of acceptability, appropriateness, and adoption or uptake of the ideas (Proctor et al., 2011). Acceptability refers to the 'what' is considered acceptable in relation to a specific intervention, service, or practice and aligns with early stages of implementation outcomes (Proctor et al., 2011). Appropriateness is also linked to early stages of implementation and can be understood as the 'fit' of the innovation to the particular context, and is somewhat similar to acceptability, however appropriateness would capture the nuance if a program was not consistent with the setting or perceptions of the individuals involved in that setting (Proctor et al., 2011). Adoption is also referred to as uptake or agreement to try a certain intervention or innovation and aligns with the early to mid-stages of implementation (Proctor et al., 2011).

As we are near the end of Phase 1, our CAB chose to co-construct logic models to guide our actions post-research phase. Logic models are a tool that can be used to help structure a process or sequence of events to uncover what needs to happen, in order for another action to occur (Savaya & Waysman, 2005). Basic logic models generally include four components: inputs, activities, outputs, and outcomes (or result). Inputs are what is needed so the organization can execute its proposed activities. Activities are what the organization does with the inputs such as processes and events and are linked to program implementation. Outputs refers to the direct product of a program activity (e.g., could be the number of people reached, or number of written documents). Finally, outcomes or results refers to the benefit or change that was targeted, such as a change in knowledge, behavior, or status (Savaya & Waysman, 2005). Our CAB co-created four streams of actions for Project Lotus to focus on as steps towards building a systems change program to achieving sustainable housing for women and women-led families in the period post-shelter. Four different activities are part of the proposed program: 1) Individual supports; 2) Practical supports; 3) Peer supports; and 4) Collective activities and spaces. To illustrate our process, I provide a broad summary of Project Lotus implementation of CBPR to eventually target the four specific streams of action which are also briefly described below.

Inputs for the overall CBPR initiative include the long-standing liaison between Sally Richmond from Logifem & Laurence Roy, at McGill University. The idea and initiative for this project came from Sally Richmond, Executive Director at Logifem, who reached out to McGill in 2016 with the intention of establishing a partnership to identify the conditions and supports that enable women to achieve residential stability after a shelter stay. Another input that helped to grow the partnership was the liaisons including additional community resources (Réseau habitations femmes and La maison grise). Additionally, Laurence, provided expertise in CBPR methods and Sally provided leadership and facilitation for the project. Recruitment for the CAB was initiated through the community resources and added the input of many views and expert knowledge on topic of women leaving a shelter stay. Throughout the project, my role evolved and continues to evolve. When I began my work with Laurence, I was completing my doctoral course work, assisting set up the CAB via emails, phone calls, and was responsible for the overall administrative work of setting up the board meetings, taking minutes, co-creating agendas, and follow up calls and emails. I was involved as a researcher, conducting the scoping reviews, and starting to recruit participants for the Photovoice study, and continually collecting data on the functioning of the CAB (e.g., attendance, topics, surveys). My role on the CAB was as a member, and also as a researcher, sharing the preliminary findings, and integrating feedback. I also assisted the CAB and Sally with planning the meetings and the activities that would occur during the meetings or social events to help establish connection, partnership, and trust within our CAB. Additionally, I put together many presentations and in-services and co-presented on multiple occasions at a local and national level both in-person and virtually. I also assisted with funding ideas and co-writing funding applications. Throughout my doctoral work, our project secured funding through 3 successful grants applications awarded totaling $71,410 to support Project Lotus.

In terms of outputs from activities, of our current 12 community advisory board members who are active in Project Lotus, eight are from the original group that was recruited in 2021. Of monthly meetings, our CAB has met 36 times in 43 months, plus five social gatherings in person that were either attached to CAB meetings or were stand-alone events. The average number of CAB members at each meeting is approximately 11 individuals, or an attendance rate of 83%. Total hours of member time dedicated to Project Lotus board meetings thus far is just under 600

hours. Project Lotus has had nine guests attend our meetings as either presenters or students from occupational therapy or social work. In the 43 months since inception, Project Lotus CAB members engaged in many knowledge mobilization initiatives. We have presented at 7 conferences; 6 community or education presentations and in-services; published 3 articles (Jacobsen, Roy, Marshall, et al., 2024; Jacobsen, Roy, Seto, et al., 2024; Jacobsen & Seto, 2022), and submitted 2 others (manuscripts 3 & 4). Our CAB wanted to reconnect with the participants from our World Café to continue to develop partnerships, community, and nurture relationships. We also wanted to raise awareness of the post-shelter supports offered in Montreal both formally and informally, to gather data about the effectiveness of different models and to raise awareness of the need for long term funding for post-shelter services that specifically target women. We thus decided to host a knowledge mobilization activity in the fall of 2023 (see Appendices XXII - XXIII). We hosted over seventy participants from the Montreal community including women with lived experience, practitioners (shelters and housing for women experiencing homelessness), academics, representatives from public health and politicians. Multiple presentations and panel discussions took place, and all members of our board participated. There were also co-presentations where the women on our CAB with lived experience presented. The two peer support workers that had been guest speakers at our CAB meeting also co-facilitated discussions. Plus, two of the Photovoice participants also joined me to co-present the findings from our research findings (and since then, I have co-presented our findings two more times with one of the participants). Post-forum, our CAB produced an open letter titled " Prévenir l'itinérance des femmes, un déménagement à la fois" (Preventing Women's Homelessness, one move at a time), that was co-signed by over twenty participants from our forum, and was published on International Women's Day in La Presse (Roy & Richmond, 2024).

As a board, we also had to consider other constraints and limiting factors such as feasibility issues including lack of time, lack of funding, and human capital pressure on staff working at community resources and on the researchers in our project. Feasibility captures the extent to which an action or innovation can be successfully implemented and is aligned with early stages of adoption and implementation (Proctor et al., 2011). Except for the women with lived experience on our CAB whose funding has been provided for through the project grants, all other members of our CAB have taken on tasks and roles in addition to their already demanding and overcommitted schedules, highlighting their commitment and dedication to the mission of

Project Lotus. We also had to consider implementation costs including limited resources and funding needs, and in the long-term, we will need to consider the impact, penetration, and sustainability of each possible action (Proctor et al., 2011). Implementation costs include calculating financial and resource demand to carry out the action and align with early-, mid-, and late-stages of implementation (Proctor et al., 2011). As Project Lotus is still in early stages, consideration of fidelity (delivery of intended action), penetration (integration of the service into the setting), and sustainability (the extent to which an innovation is maintained) are not measurable outcomes as they are all aligned with mid- to late-stage implementation (Proctor et al., 2011).

In terms of outcomes, one unexpected outcome of Project Lotus has been the spontaneous development of a community of practice (CoP). A community of practice can be defined as a group of individuals that functions together as a joint enterprise with mutual engagement and with a shared repertoire of resources, and engagement in co-learning (Li et al., 2009; Wenger, 1998). To create a strong CoP, fostering mutual respect and trust is imperative (Li et al., 2009). When our project began, we asked the recruited members to commit to one-year of virtual meetings one time per month. At the end of year one, over 90% of the original members wanted to continue with the project. We thus decided to collect data through an anonymous feedback on-line survey of our CAB on the process and function of the of the committee. This was done through use of a community of practice evaluation tool (CoPeval), that was adapted for our CAB integrating member feedback, and has been administered once per year throughout our process (Hamzeh et al., 2010). This tool also collects feedback in the form of suggestions or comments to provide feedback on how well we are doing in sustaining and supporting our partnerships, and what adjustments are needed and requested by our members. Thus, our CAB had explicitly begun to self-identify as a CoP by the end of year one and is still engaged as a CoP as we enter year four. This demonstrates that we have been able to reach the early-stage short-term implementation outcomes of appropriateness, acceptability and adoption of ideas and innovation.

Other outcomes align with the four different activities or action streams that were accepted as part of the proposed program targeting supports for women post-shelter include: 1) Individual supports; 2) Practical supports; 3) Peer supports; and 4) Collective activities and spaces. Each activity is described in briefly below and has a corresponding logic model (not included in this dissertation). The co-construction of the logic models was key as a 'next step'

post-research phase to identify actions for Project Lotus to invest our time and efforts in. These models are more explicitly targeting service- and client-outcomes, through implementation of the intermediate- and longer-term program outcomes (see Proctor et al., 2011).

### 8.4.2.1 Stream of 'Individual supports'

A notable action from this identified need was the hiring of a post-shelter case worker at Logifem in May 2022. Using data gathered in the Project Lotus research, Logifem was able to put together a compelling funding application and managed to secure two years of funding for a full-time post-shelter services case worker as well as costs related to practical supports (moving service, grocery gift cards, cleaning kits, furniture donations). The hiring, selection and training processes of this new case worker (pivotal person) were aligned with the inputs and activities identified in the logic model. The new case worker also immediately integrated the CAB to ensure alignment with project Lotus principles and knowledge generated from Phase 1.

### 8.4.2.2 Stream of 'Practical supports'

A notable action item resulting from this identified need for action was linked to individual supports yet specifically addressing training of staff and offering of psychosocial supports. Our CAB began groundwork on a needs assessment and evaluation tool for a woman leaving a shelter, a tool to used collaboratively between the woman and her intervention worker or case manager. The process included gathering data on what already exists, and then we co-created drafts that could be trialed with the service providers in the community resources affiliated with our board. This has been an iterative process with multiple rounds of discussions to revise and improve the assessment tool. The final version of this tool is now systematically used by Logifem in their post-shelter services and has been made available to other Montreal based organizations working in the field of homelessness. Another project we initiated was the creation of a "global relocation guide" that would provide women transitioning into housing with information related to housing search, tenant's rights, community, health and social services resources, budgeting, food security, transportation and services for children. Whilst we were able to gather raw material for each of these themes, we did not manage to secure funding to be able to publish this guide. However, Logifem's post-shelter case manager creates a relocation guide, a shorter document, that details local resources in the participant's new neighbourhood to enhance community integration.

### 8.4.2.3 Stream of 'Peer supports'

To address this action item, our CAB has taken a number of steps forward. In April 2022, we invited two peer support workers to come and speak to us about their processes and experiences becoming and working as a peer support worker. Both women were recruited through our networks. One was working as a peer support worker for out-patient mental health teams, and one works with youth who are living on the street. Both women shared their journey into working as a peer support worker, including strengths and challenges. One of these women has since been invited to be a regular board member and has been on our CAB since April 2024. We also invited another academic researcher who has co-created and is overseeing a current pilot project in Kingston, Ontario, 'Peer to Community (P2C)' services for individuals following homelessness (Marshall et al., 2024). She also shared her processes and experiences, as well as practical advice for our CAB on next steps forward. Our board collectively decided in our June 2024 meeting, that focusing on peer support was our priority going into the fall of 2024 and 2025, demonstrating achieving the implementation outcomes of appropriateness, adoption, and feasibility of priority of next steps and currently a new project development is in process (Proctor et al., 2011).

### 8.4.2.4 Stream of 'Collective activities and spaces'

Our CAB has discussed this action item multiple times, however due to limitations such as following the COVID-19 protocols (2021 – early 2023), feasibility of limited time, lack of support staff, and implementation costs, we collaboratively had decided to table this action item in the past and are now and currently beginning a new project development in this stream.

### 8.4.2.5 Summary: From research to action

Project Lotus is the result of many hours and many individuals collaborating, developing and maintaining partnerships, sharing knowledge, and working towards a joint initiative of finding ways to help women achieve residential stability post-shelter. Sally Richmond, Executive Director at Logifem, has been the main leader spearheading this idea and initiative and she reached out to McGill in 2016 with the intention of establishing a partnership to identify which supports contribute the most towards women achieving residential stability after a shelter stay. Our project values equitable participation from all CAB members, there are challenges with

operationalizing CBPR initiatives and some of the current challenges our project is facing lie within the transition from research to action phases.

Specific challenges are linked to funding, time, resources, roles, and leadership (see figure 5 below). As an example, Sally has a triple role including Executive Director of Logifem, and initiator and one of the main actors in Project Lotus, and member of the CoP. In addition, Logifem and staff hired at Logifem (informed by Project Lotus research) have been a resource that has operationalized many innovations and actions for Project Lotus (e.g., relocation guide). While the CoP is instrumental in keeping the momentum and continuation of Project Lotus, switching from research to action requires additional inputs such as more funding and more human capital. In the words of Sally, "one of the tensions I have been reflecting on is that between research and action. The Community of Practice is motivated by the possibility of action but does not have an infrastructure to be able to carry out actions. Logifem does have infrastructure to be able to carry out actions but is not accountable to the Community of Practice. The CoP can inform the actions of Logifem but cannot direct them. Should Logifem continue to take a 'leadership' role in the CoP or simply be a member of the group, which could evolve to have a shared leadership?"

Solutions to challenges like these likely lie in finding ways to supplement implementation costs (e.g., more funding and grant applications) to support finding more human resources and human capital to assist in taking further steps towards actionable items. Thus, to continue to work towards our broad objectives of co-creating supports programs for women post-shelter and system change in Montreal, finding novel ways to sustain and nurture our CoP and the individuals and resources affiliated within our CBPR, as well as adhering to the values underpinning our CBPR project is imperative.[5]

---

[5] Phase 2 actions are ongoing and also transitioning again into reflection and research on the actions we have taken so far (Phase 3 gently enters). Another CAB member (VS) decided to pursue her PhD with Project Lotus. Her doctoral work is focused on the action phase and is also under the supervision of Laurence Roy.

Figure 5. CoP shift from research to action
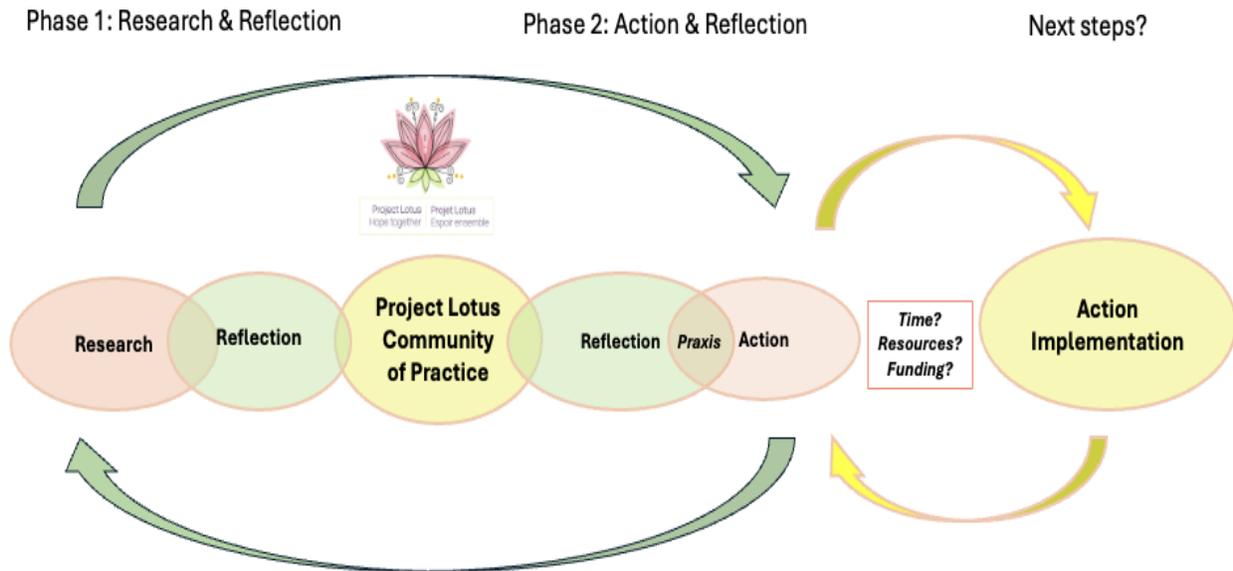


### 8.4.3 Community-based participatory research – Process and outcomes

Throughout our CBPR initiative, we have been intentional to follow the principles of: fostering strong relationships built on collaboration and cooperation; focusing on enhancing our partnerships structures by ensuring that participants are not simply passive receivers of the research agenda by involving all members in all stages of the research and knowledge mobilization process; promoting power-sharing processes in our meetings and activities such as ensuring all members have opportunities to participate at the level they feel comfortable with (e.g., co-facilitating at events, co-presenting); and also building on all of our individual and collective capacities (Sánchez et al., 2021; Wallerstein & Duran, 2010). The need to evaluate process, outcomes, and effectiveness of using CBPR methodology to better understand what makes this approach useful and successful has been underscored by scholars in the field (Blumenthal, 2011; Plumb et al., 2008; Salimi et al., 2012). In a recent scoping reviews on CBPR partnerships by Brush and colleagues (2020), they note that CBPR methodology is often used to examine health inequities, yet there is a lack of consensus on how to define and measure success of long-standing CBPR partnerships. They found that successful CBPR partnerships consist of a multidimensional construct including relationships, processes, resources, and capacity, and extends beyond solely measuring outcomes (Brush et al., 2020). Their findings are echoed in a

review by Ortiz and colleagues who highlight the importance of developing trust and reciprocity through the CBPR partnerships (Ortiz et al., 2020). Previously, I highlighted the success to date of our CBPR partnership as we move into our fifth year.

At the time of this thesis, recommendations from Phase 1 that have been taken up into our phase 2 include the continued development of partnerships as we move more into our 'action phase'. One of our main contributions to methodology includes considering epistemological stances of research and taking a social constructivist approach. In CBPR methodology, it is vital to use intentional reflexive practices to 'check in' and course correct on our methods and partnership structures and relationships. Given our context and our shift into 'action phase' we have implemented a pragmatic and practical approach. This has been the result of many CAB conversations where we have several activities, interventions, and output ideas that have emerges such as relocation guide for women, evaluation tools for women & case managers, liaisons with women's centers, peer support initiative. We have adopted the 'next steps', as a group, considering feasibility of time, energy, and capacity to 'do next', as well as considering impact and implementation costs. Our next phase will include investigating into and starting the process of developing a peer support program for women post-shelter as this was chosen by our community as a priority action. We intentionally recruited women with expertise in peer support to be part of our CAB, and also experts in the field of peer support from Ontario to present to our and share knowledge with us of their process, challenges, and outcomes so far.

### 8.4.4 Using community-based participatory research for doctoral work - reflections

In my experience, using CBPR methodology as a basis for investigating this complex topic of women's needs post-shelter, and for my doctoral work and dissertation has been innovative, effective, and challenging. Those experiences have been shared by other PhD hopefuls who have undertaken a CBPR-oriented doctorate (See for example, Khobzi & Flicker, 2010; Nadimpalli et al., 2015). As a novel and innovative approach, it has been a very rewarding journey to have been invited into a community project as a junior researcher, and to be part of a team of diverse experts to learn and share perspectives together, and to work in a process of co-creation. Key to my journey in undertaking a CBPR-based dissertation has been the academic mentorship of my supervisor Laurence, and the unending support and openness of the community resources to keep my chair at the table. Having this mentorship and support enabled me to build on my knowledge,

research skills, and contributed to building on my capacity for communication, collaboration, and understanding of complex issues from a variety of perspectives. Being involved in CBPR-oriented doctoral work also enhanced the development of my networks and the communities which I am part of, including both inside and outside of academia, an outcome for me that has proved to be valuable and extremely rewarding.

Most of the challenges I ran into through using CBPR-oriented approaches are not unique to my experience, but also align with what is in the literature from the perspective of other doctoral students' experiences. Dealing with longer timelines due to integration of multiple parties' perspectives (e.g., publishing manuscripts), lack of human capital and funding for projects, prioritizing multiple competing issues, heavy task lists for administration of the CAB (e.g., establishing agendas, writing minutes, follow up emails, creating newsletters, submitting applications for funding and presentations, attending multiple meetings), in addition to the regular workload of a PhD candidate with other work commitments (Khobzi & Flicker, 2010; Nadimpalli et al., 2015).

Moreover, what can be seen as both a challenge and an opportunity for me in this project, was my position as an anglophone with 'functional' French language skills, in a CAB and setting that is primarily Francophone. This was indeed a challenge to my participation, comprehension, integration, and my own perceptions of inclusion. It has also been an opportunity to experience what it is like to be more in the background, to feel less heard and less integrated, to experiencing being more silent, more observant, and also even more shy to speak up than usual. These experiences have helped build my capacity in understanding aspects of disaffiliation that are widely reported amongst the individuals that I work with in my research, and in my clinical setting. Nonetheless, all of the community members have embraced me as I am, tolerated my Franglais and frustration to express myself, and taught me the importance of all many different aspects of participation, connection, contribution, and being a community member. This project also helped develop my resilience and determination. In the most difficult times, when I really was not sure if I would be able to continue, I found strength and allegiance through the Project Lotus community of women to forge onward.

## 8.5 Contributions to practice and policy

Project Lotus is now well into Phase 2, an action phase in our CBPR partnerships where we are now collaboratively questioning: "Who is sitting at our table? Who should we include? And in

which tables do we hope we will one day be invited to sit?" At the onset of our project, it was a community resource who invited researchers and academia to sit at their table. In Project Lotus, as a community of practice, we are aware of the importance of continual relationship building and fostering partnership synergy to support and enhance our action phase. We are also reflexive in considering how to proceed while still maintaining our CoP and adhering to the CBPR values and principles. We are currently discussing the importance of seeking out new members to our community include policy makers and politicians, and perhaps law enforcement representatives, other health and social sector workers such as social workers and educators, and representatives from the private sector. As per the recommendations of our final study, on the agenda is pursing methods to create agreement with municipal housing policy makers and women's shelters to address the supply and demand of accessible, affordable, and adapted housing; create agreements with public transit services to address the costs for women with low-income and in vulnerable situations; to mobilize knowledge on the implications of lack of low-cost universal childcare; to create liaisons between all different types of shelters for women (crisis, domestic violence); and link shelters to advocacy services to assist on all the previously mentioned actions. As we are still in our early to mid-stage of development, implementation outcomes related to intermediate- and longer-term policy and practice changes are yet to be seen.

### 8.6 Limitations

While our research through Project Lotus was successful in identifying aspects, characteristics, and delivery modes of post-shelter housing supports that could be included to support women and women-led families in their transition after a shelter-stay, our project also had some limitations. Our scoping reviews included only English and French studies which are the main languages of the members of CAB and researchers, including myself. This means we may have missed some studies from other high-income countries published in languages other than French and English. We wanted to ensure quality and reliability and thus included peer-reviewed articles. We chose to also include dissertations as we were interested to explore the broad academic interests, results, and findings related to the topic of women and women-led families leaving a shelter stay. We decided to exclude grey literature from the reviews due to time resource constraints of our CBPR project and also aims to not overextend the already broad scope by the nature of conducing two separate scoping reviews.  Participants in our studies and

CAB were from our network of community resources and academic contacts in the Montreal region. While efforts were intentional to be diverse, equitable, and representative of the population, we were not able to capture the hidden voices of women who are not accessing community resources or post-shelter services, or those who do not have access to technology and are falling through the digital divide. However, of the many participants and members who are involved, we have heard from women with very diverse cultural and ethnic backgrounds, health concerns, ages (range 28-65), various professional, work, and academic experiences and levels, as well as various viewpoints of the community sector. Also, as housing policy in Canada falls in the federal-provincial jurisdiction, municipal institutions are governed by provincial policy, thus, the context specific actions for Montreal and women's experiences in Montreal may not be transferable to all provinces or cities. In addition, Montreal has a diverse cultural and ethnic demographic which makes it unique as compared to smaller or more rural cities and towns. Nevertheless, nationally in Canada, and throughout high-income nations, women's housing precarity is a widespread issue, and many of the key findings in terms of gender-specific and gender-transformative, and trauma-informed wrap around services for women and women-led families are therefore applicable.

### 8.7 Future Directions

Our research highlights the need for longer-term studies (over 2 years) to provide data on the different types of support models for the specific groups of and needs of diverse women (e.g., women with dependent children, single women, women over the age of 45 years, women leaving domestic violent situations). We also underscore the urgency to shift away from policy and practices from 'crisis management' for women and women-led families post-shelter highlighting the need to target interventions and supports towards sustainability of stable housing. We highlight the need for services to be gender-specific, gender-transformative, and trauma-informed.

Throughout my doctoral dissertation process, the term trauma-informed care and practice (TIC/P) arises time and time again. There is a large body of literature on TIC within mental health and substance use, but the framework is poorly defined in terms in the homeless sector and post-shelter services, even though we see a large overlap. As a researcher, an occupational therapist, a professor, and member of the Montreal local community, this area that requires

further development in relation to homelessness, post-shelter supports, and also in the clinical and hospital settings.

Truly operationalizing trauma- informed care and practice (TIC/P) in the health, social, and academic settings is and will be challenging. As an example, in a gendered analysis of women's experiences in involuntary mental health treatment, Tseris et al. (2022) note how the dominant reductionist biomedical paradigm has negative consequences for women's experiences in hospital. She builds on this further arguing that women have been betrayed by having been told the services they received are trauma-informed, when in fact they were subjected to intersecting patriarchal violence (Tseris, 2024). Within services related to homelessness, Hopper et al. (2010) argue that the evidence for TIC is 'murky' (p. 80). Hopper et al. (2010) recommend starting with a consensus-based definition and state that trauma-informed care: "is a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment" (p. 82). Offering trauma-specific services and trauma-informed care and has been a buzzword we hear on a regular basis; however, how do we really operationalize this as saying the words does not guarantee implementation of the strategies? Furthermore, there is lack of consistency of what strategies are needed. Hopper et al. (2010) link the idea of offering TIC within Homeless Services setting to Prochaska's stages of change model (Prochaska & DiClemente, 1983). The authors note that in this model of individual change, it is a process involving progressions through precontemplation, contemplation, action and maintenance (Hopper et al., 2010). Similarly, they highlight that systems change is also a multi-step process and they delineate the steps for changing systems into three phases: attitudes, implementation, and outcomes. 'Attitudes' is referring to the uptake of the idea or belief of all interested parties in the need for change and is linked to the precontemplation and contemplation stages. 'Implementation' is the action stage and requires a clear definition of 'how to' make this change. The last stage outcomes, refers to the maintenance phase and being able measure if the change has been implemented.

Building on this, the current approach that is growing in awareness is trauma- and violence-informed care (TVIC) (Wathen et al., 2021; Wathen & Varcoe, 2023). TVIC builds and expands on TIC/P consider the intersection of past and present systemic and interpersonal

violence compounded by the historical and structural inequities and violence that may affect the individual, including in their experiences and impact of trauma, social circumstances and emotional or psychological state (Ponic et al., 2016; Wathen et al., 2021).

I circle back to my experience in hospital as an OT working with 'social admissions' to the psychiatric unit and am forced to reflect on how TVIC was being implemented or not. A further challenge is that working within health, social, and academic settings and institutions that are greatly influenced by neoliberal values of pressure to produce and be efficient sets the stage for a mismatch with implementing the principles of TVIC (Mayor, 2018). I contend throughout this thesis that an epistemological shift from positivist and postpositivist to social constructivist would be beneficial for co-creating supports for women post-shelter (Mann & MacLeod, 2015; Thomas et al., 2014). In addition, a paradigm shift, or paradigm add on to current practices insofar as operationalizing and implementing TVIC is crucial. Our research underscores that, for women, trauma has impacts on health and social integration, and for women who have experienced homelessness, there is a very high prevalence of trauma, estimated at approximately 75% (Schwan et al., 2021). For women that have experienced trauma and abuse 'at home', the concept of a home may not be one of joy and peace, but may be intertwined with feelings of fear, anxiety, restrictions, and imprisonment (Wardhaugh, 1999). If shelters and post-shelter care are implementing TVIC, and hospitals and clinics are implementing TVIC, being sensitive to these types of assumptions (that home is safe), would be part of the individual and environmental approach. As TVIC also calls for actions to support long-term recovery, and not just 'crisis' care, we are at a crucial time that necessitates a shift across multiple sectors (health, social services, education, employment) and practices. This encompasses integrating four principles of TVIC including: building awareness and understanding, emphasizing safety and trust, offering authentic choices through connection and collaboration, and finding and building on people's strengths (Wathen & Varcoe, 2021).

## 8.8 Concluding statement and Summary

Reflecting on Project Lotus and our community of practice in women's post-shelter supports, it is clear our research community has moved through the 'attitudes' phase or pre-contemplation and contemplation regarding which women-specific supports are needed post-shelter, and that they should be delivered with a trauma- and violence- informed care approach. As we approach

the practical and pragmatic steps of action and implementation, many of the same barriers that we have already experienced as a CAB remain (e.g., lack of human capital, lack of funding, push back from existing services). Strengths of our partnership include the characteristics of the individuals who make up our diverse team, and our collective commitment to our project. Hopper's comparison of individual's stages of change and system's process of change resonates with me as ultimately, it is individuals within systems who make decisions and evoke change. My hope for our community of women in Montreal, and for all women, is that we will continue to envision our 'hoped for future', work together, and ultimately, contribute to a more socially just, equitable, safe, and secure society for all members.

As I reflect on my process of this PhD endeavor, while it has been a challenging, and at times a frustrating journey, it has afforded me insights, opportunities for growth, learning, and connections that I could have never imagined, and am very grateful for. My future as a researcher, occupational therapist, professor, and women are yet to be determined, and where this path will lead is unknown.

*My wish for all those who I have met on this journey is that wherever you find yourself,*

*may it always lead to a road and a place that feels like your home,*

*your community, and a place where you belong.*


*Mon souhait pour toutes celles que j'ai rencontrées sur ce chemin est que,*

*où que vous vous trouviez, cela puisse vous conduire à une route*

*et un lieu ressemblant à un chez soi, une communauté, un ancrage.*

*~ Karla*

# REFERENCES

Ahmed, S. (2013). Embodying diversity: Problems and paradoxes for Black feminists. In *Black and Postcolonial feminisms in New Times* (pp. 41-52). Routledge.

Aitken, Z., Baker, E., Badland, H., Mason, K., Bentley, R., Beer, A., & Kavanagh, A. M. (2019). Precariously placed: housing affordability, quality and satisfaction of Australians with disabilities. *Disability & Society*, *34*(1), 121-142. https://doi.org/10.1080/09687599.2018.1521333

Allen, K. R., & Baber, K. M. (1992). Ethical and epistemological tensions in applying a postmodern perspective to feminist research. *Psychology Women Quarterly*, *16*(1), 1-15. https://doi.org/10.1111/j.1471-6402.1992.tb00236.x

Amore, K., Baker, M., & Howden-Chapman, P. (2011). The ETHOS definition and classification of homelessness: an analysis. *European Journal of Homelessness*, *5*(2). https://www.feantsa.org/download/article-1-33278065727831823087.pdf

Arksey, H., & O'Malley, L. (2005). Scoping studies: towards a methodological framework. *International Journal of Social Research  Methodology 8*(1), 19-32. https://doi.org/10.1080/1364557032000119616

Arruzza, C., Bhattacharya, T., & Fraser, N. (2019). *Feminism for the 99 percent : a manifesto*. Verso.

Bailey, J. (2007). English Marital Violence in Litigation, Literature, and the Press. *J Womens Hist*, *19*(4), 144-153. https://doi.org/10.1353/jowh.2007.0065

Baptista, I., Benjaminsen, L., Pleace, N., & Busch-Geertsema, V. (2017). *Family homelessness in Europe: 7 EOH comparative studies in homeless*. https://www.feantsaresearch.org/download/feantsa-studies_07_web3386127540064828685.pdf

Bassi, A., Sylvestre, J., & Kerman, N. (2020). Finding home: Community integration experiences of formerly homeless women with problematic substance use in Housing First. *Journal of Community Psychology 48(7)*, 2375-2390. https://doi.org/10.1002/jcop.22423

Bassuk, E. L., DeCandia, C. J., Tsertsvadze, A., & Richard, M. K. (2014). The effectiveness of housing interventions and housing and service interventions on ending family

homelessness: A systematic review. *American Journal of Orthopsychiatry*, *84*(5), 457-474. https://doi.org/10.1037/ort0000020

Bauer, G. R. (2014). Incorporating intersectionality theory into population health research methodology: Challenges and the potential to advance health equity. *Social Science & Medicine 110*, 10-17. https://doi.org/10.1016/j.socscimed.2014.03.022

BC Housing. (2018). *Emergency Shelter Program: Program Framework*. Retrieved from https://www.bchousing.org/publications/Emergency-Shelter-Program-Framework.pdf

Beer, A., Baker, E., Lester, L., & Daniel, L. (2019). The Relative Risk of Homelessness among Persons with a Disability: New Methods and Policy Insights. *International Journal of Environmental Research and Public Health*, *16*(22), 4304. https://www.mdpi.com/1660-4601/16/22/4304

Biana, H. T. (2020). Extending bell hooks' feminist theory. *Journal of International Women's Studies*, *21*(1), 13-29. https://vc.bridgew.edu/jiws/vol21/iss1/3/

Blevins, K. (2018). bell hooks and Consciousness-Raising: Argument for a Fourth Wave of Feminism. In *Mediating Misogyny: Gender, Technology, and Harassment* (pp. 91-108).

Blumenthal, D. S. (2011). Is community-based participatory research possible? *American Journal of Preventative Medicine*, *40*(3), 386-389. https://doi.org/10.1016/j.amepre.2010.11.011

Bowleg, L. (2017). Towards a critical health equity research stance: Why epistemology and methodology matter more than qualitative methods. *Health Education and Behavior*, *44*(5), 677-684. https://doi.org/10.1177/1090198117728760

Bradbury, B. (2005). Colonial Comparisons: Rethinking Marriage, Civilization and Nation in Nineteenth-Century White Settler Societies. In P. Buckner, & Francis R. D., (Ed.), *Rediscovering the British World* (pp. 135-157). The University Press. https://mcgill.on.worldcat.org/oclc/166335050

Bradshaw, T. K. (2008). The Post-Place Community: Contributions to the Debate about the Definition of Community. *Community Development*, *39*(1), 5-16. https://doi.org/10.1080/15575330809489738

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77-101. https://doi.org/10.1191/1478088706qp063oa

Brown, C., Trangsrud, H. B., & Linnemeyer, R. M. (2009). Battered women's process of leaving: A 2-year follow-up. *Journal of Career Assessment*, *17*(4), 439-456. https://doi.org/10.1177/1069072709334244

Brush, B. L., Mentz, G., Jensen, M., Jacobs, B., Saylor, K. M., Rowe, Z., Israel, B. A., & Lachance, L. (2020). Success in Long-Standing Community-Based Participatory Research (CBPR) Partnerships: A Scoping Literature Review. *Health Education & Behavior*, *47*(4), 556-568. https://doi.org/10.1177/1090198119882989

Buccieri, K., & Schiff, R. (2016). *Pandemic Preparedness & Homelessness: Lessons from H1N1 in Canada*. Canadian Observatory on Homelessness. https://homelessnesslearninghub.ca/library/resources/pandemic-preparedness-and-homelessness-lessons-h1n1-canada/

Burczycka, M., & Cotter, A. (2011). Shelters for abused women in Canada, 2010. *Juristat Component of Statistics Canada catalogue no. 85-002-X,*. https://www150.statcan.gc.ca/n1/en/pub/85-002-x/2011001/article/11495-eng.pdf?st=yRh8_tBY

Burgess-Proctor, A. (2015). Methodological and ethical issues in feminist research with abused women: Reflections on participants' vulnerability and empowerment. *Women's Studies International Forum*, *48*, 124-134. https://doi.org/10.1016/j.wsif.2014.10.014

Calvo, F., Watts, B., Panadero, S., Giralt, C., Rived-Ocaña, M., & Carbonell, X. (2021). The Prevalence and Nature of Violence Against Women Experiencing Homelessness: A Quantitative Study. *Violence against women*, *28*(6-7), 1464-1482. https://doi.org/10.1177/10778012211022780

Canadian Alliance to End Homelessness. (2024). *Homelessness effectively illegal in America, Supreme Court declares. Canada is on the same path*. https://caeh.ca/homelessness-is-illegal-grants-pass/#:~:text=In%20the%20wake%20of%20today's,warning%3A%20Canada%20is%20not%20immune

Canadian Mental Health Association. (2024). *Trauma*. https://www.camh.ca/en/health-info/mental-illness-and-addiction-index/trauma

Canadian Observatory on Homelessness. (2019). People with Disabilities. *Homeless Hub: About Homelessness*. https://www.homelesshub.ca/about-homelessness/population-specific/people-disabilities

Casey, R., Goudie, R., & Reeve, K. (2007). Resistance and identity: homeless women's use of public spaces. *People, Place & Policy Online*, *1*(2), 90-97. https://doi.org/10.3351/ppp.0001.0002.0005

Chambers, C., Chiu, S., Scott, A. N., Tolomiczenko, G., Redelmeier, D. A., Levinson, W., & Hwang, S. W. (2014). Factors associated with poor mental health status among homeless women with and without dependent children. *Community Mental Health Journal*, *50*, 553-559. https://doi.org/10.1007/s10597-013-9605-7

Chan, D. V. (2020). Safe Spaces, Agency, and Connections to "Regular Stuff": What Makes Permanent Supportive Housing Feel Like "Home". *Rehabilitation Counseling Bulletin 63*(2), 102-114. https://doi.org/10.1177/0034355218814927

Cho, S., Crenshaw, K. W., & McCall, L. (2013). Toward a Field of Intersectionality Studies: Theory, Applications, and Praxis. *Signs*, *38*(4), 785-810. https://doi.org/10.1086/669608

Cleland, J. (2015). Exploring versus measuring: considering the fundamental differences between qualitative and quantitative research. In *Researching Medical Education* (pp. 1-14). https://doi.org/10.1002/9781118838983.ch1

College of Population Health. (2024). *CBPR Model*. https://hsc.unm.edu/population-health/research-centers/center-participatory-research/cbpr-community-engagement/cbpr-model.html

Collins, P. H. (1986). Learning from the outsider within: The sociological significance of Black feminist thought. *Social Problems 33*(6), s14-s32. https://doi.org/10.2307/800672

Combs, B. R. (2013). *A study of success factors and strategies that enabled women to overcome homelessness* [Dissertation in the Humanities and Social Sciences, Grand Canyon University]. US.

Corrigan, P. W., & Oppenheim, M. (2023). The power of community-based participatory research (CBPR). *Psychiatric Rehabilitation Journal* 10.1037/prj0000568

Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: a   black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. *The University of Chicago Legal Forum*, *140*, 139-167.

https://heinonline.org/HOL/Page?public=true&handle=hein.journals/uchclf1989&div=10&start_page=139&collection=journals&set_as_cursor=0&men_tab=srchresults

Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review*, *43 (6)*, 1241-1200. http://doi.org/10.2307/1229039

Cristancho, S. M., Goldszmidt, M., Lingard, L., & Watling, C. (2018). Qualitative research essentials for medical education. *Singapore Medical Journal 59*(12), 622-627. https://doi.org/10.11622/smedj.2018093

Crotty, M. (1998a). Critical Inquiry: Contemporary Critics & Contemporary Critiques. In *The foundations of social research* (pp. 139-159). Sage.

Crotty, M. (1998b). Feminism: Re-visioning the man-made world. In *The foundations of social research* (pp. 160-182). Sage.

Crotty, M. (1998c). *The foundations of social research: meaning and perspective in the research process*. Sage Publications. https://mcgill.on.worldcat.org/oclc/39076972

Daley, A., Costa, L., & Ross, L. E. (2015). Doing Critical Feminist Research: A Collaboration. In S. Wahab, B. Anderson-Nathe, & C. E. Gringeri (Eds.), *Feminisms in social work research : promise and possibilities for justice-based knowledge*. Routledge.

Dupuis, A., & Thorns, D. C. (1998). Home, Home Ownership and the Search for Ontological Security. *The Sociological Review*, *46*(1), 24-47. https://doi.org/https://doi.org/10.1111/1467-954X.00088

Eberle, M. (2013). Vancouver Homeless Count 2013. *Vancouver, BC: Eberle Planning and Research*. https://vancouver.ca/files/cov/HSG-Homeless-Count-2013-Report.pdf

Erevelles, N., & Minear, A. (2010). Unspeakable Offenses: Untangling Race and Disability in Discourses of Intersectionality. In L. J. Davis (Ed.), *The Disability Studies Reader* (Vol. 4, pp. 127-145). Routledge. https://doi.org/10.4324/9781315680668

European Federation of National Associations Working with the Homeless [FEANTSA]. (2017). ETHOS - European Typology of Homelessness and Housing Exclusion https://www.feantsa.org/download/ethos2484215748748239888.pdf

Farha, L. (2017). Report of the Special Rapporteur on adequate housing as a component of the right to an adequate standard of living, and on the right to non-discrimination in this

context. *United Nations (UN) General Assembly*.
https://digitallibrary.un.org/record/861179

Fisher, J., & Makleff, S. (2022). Advances in Gender-Transformative Approaches to Health Promotion. *Annual Review of Public Health*, *43*(Volume 43, 2022), 1-17. https://doi.org/10.1146/annurev-publhealth-121019-053834

Follett, M. P. (1919). Community is a process. *The Philosophical Review*, *28*(6), 576-588. https://www.jstor.org/stable/2178307

Fotheringham, S., Walsh, C. A., & Burrowes, A. (2014). 'A place to rest': the role of transitional housing in ending homelessness for women in Calgary, Canada. *Gender, Place & Culture: A Journal of Feminist Geography*, *21*(7), 834-853. https://doi.org/10.1080/0966369X.2013.810605

Freire, P. (1970). *Cultural action for freedom*. Harvard educational review.

Freire, P. (1996). Pedagogy of the oppressed (revised). *New York: Continuum*, *356*, 357-358.

Freire, P., Macedo, D. P., & Shor, I. (2018). *Pedagogy of the oppressed (M. B. Ramos, Trans.) (50th anniversary)*. (Bloomsbury Academic)

Gaetz, S., Barr, C., Friesen, A., Harris, B., Hill, C., Kovacs-Burns, K., Pauly, B., Pearce, B., Turner, A., & Marsolais, A. (2012). Canadian definition of homelessness https://www.homelesshub.ca/sites/default/files/COHhomelessdefinition.pdf

Gaetz, S., Dej, E., Richter, T., & Redman, M. (2016). *The State of Homelessness in Canada 2016. Canadian Observatory on Homelessness*. https://homelesshub.ca/sites/default/files/SOHC16_final_20Oct2016.pdf

Gaetz, S., Donaldson, J., Richter, T., & Gulliver, T. (2013). *The State of Homelessness in Canada 2013*. https://homelesshub.ca/resource/the-state-of-homelessness-in-canada-2013/

Garcia, I., & Kim, K. (2020). "I felt safe": The role of the rapid rehousing program in supporting the security of families experiencing homelessness in Salt Lake County, Utah. *International Journal of Environmental Research and Public Health*, *17(13)*, 1-15. https://doi.org/10.3390/ijerph17134840

Giddens, A. (1990). *The consequences of modernity*. Polity Press. https://voidnetwork.gr/wp-content/uploads/2016/10/The-Consequences-of-Modernity-by-Anthony-Giddens.pdf

Government of Canada. (2018). *Homeless Partnering Strategy Engagement: What We Heard: Report 2018*. Employment and Social Development Canada. https://publications.gc.ca/collections/collection_2018/edsc-esdc/Em12-41-2018-eng.pdf

Government of Canada. (2019). *Employment and Social Development Canada. Proposed Accessible Canada Act – Summary of the bill,* . https://www.canada.ca/en/employment-social-development/programs/accessible-people-disabilities/act-summary.html

Government of Canada. (2021). *About problematic substance use*. https://www.canada.ca/en/health-canada/services/substance-use/about-problematic-substance-use.html#s2

Government of Canada - Infrastructure Canada. (2021). Shelter Capacity Report 2020. https://housing-infrastructure.canada.ca/homelessness-sans-abri/reports-rapports/shelter-cap-hebergement-2020-eng.html

Government of Canada - Infrastructure Canada. (2023). *Everyone Counts 2020-2022: Preliminary Highlights Report* https://housing-infrastructure.canada.ca/alt-format/pdf/homelessness-sans-abri/reports-rapports/pit-counts-dp-2020-2022-highlights-en.pdf

Government of Quebec. (2024). *Definition of domestic violence*. https://www.quebec.ca/en/family-and-support-for-individuals/violence/conjugal-violence/definition#c148418

Guba, E. G., & Lincoln, Y. S. (1982). Epistemological and methodological bases of naturalistic inquiry. *Educational Communications and Technology Journal*, *30*(4), 233-252. https://doi.org/10.1007/978-94-009-6669-7_18

Guba, E. G., & Lincoln, Y. S. (1994). Competing paradigms in qualitative research. *Handbook of qualitative research*, *2*(163-194), 105.

Gubits, D., Shinn, M., Wood, M., Bell, S., Dastrup, S., Solari, C., Brown, S., McInnis, D., McCall, T., & Kattel, U. (2016). *Family options study: 3-year impacts of housing and services interventions for homeless families*. US Department of Housing and Urban Development Office of Policy Development and Research. https://www.huduser.gov/portal/sites/default/files/pdf/family-options-study-full-report.pdf

Gubits, D., Shinn, M., Wood, M., Brown, S. R., Dastrup, S. R., & Bell, S. H. (2018). What interventions work best for families who experience homelessness? Impact estimates from the family options study. *Journal of Policy Analysis and Management*, *37(4)*, 735-766. https://doi.org/10.1002/pam.22071

Guitar, N. A., & Molinaro, M. L. (2017). Vicarious trauma and secondary traumatic stress in health care professionals. *University of Western Ontario Medical Journal*, *86*(2), 42-43.

Gulliver-Garcia, T. (2016). *Putting an end to child & family homelessness in Canada*. Toronto: Raising the Roof. https://raisingtheroof.org/wp-content/uploads/2020/11/CF-Report-Final.pdf

Hamzeh, J., Johnson-Lafleur, J., Ouellet, C., Granikov, V., Pluye, P., & Nadeau, L. (2010). *The Community of Practice evaluation questionnaire (CoPeval)*. https://ssaquebec.ca/en/news/community-of-practice-evaluation/

Harding, S. (1991). *Whose science? Whose knowledge?: Thinking from women's lives*. Cornell University Press.

Hastings, C. (2020). Homelessness and critical realism: a search for richer explanations. *Housing Studies* 1-21. https://doi.org/10.1080/02673037.2020.1729960

Hastings, C. (2021). Homelessness and critical realism: a search for richer explanations. *Housing Studies*, *36*(5), 737-757. https://doi.org/10.1080/02673037.2020.1729960

Helfrich, C. A. (2011). Homeless and women's shelters. In C. Brown & V. C. Stoffel (Eds.), *Occupational therapy in mental health: A vision for participation* (pp. 610 - 624).

Henwood, B. F., Redline, B., Semborski, S., Rhoades, H., Rice, E., & Wenzel, S. L. (2018). What's next? A grounded theory of the relationship between ontological security, mental health, social relationships, and identity formation for young adults in supportive housing. *Cityscape*, *20*(3), 87-100.

Herman, D., Conover, S., Felix, A., Nakagawa, A., & Mills, D. (2007). Critical Time Intervention: an empirically supported model for preventing homelessness in high risk groups. *The Journal of Primary Prevention*, *28*, 295-312. https://doi.org/10.1007/s10935-007-0099-3

Hitch, D., & Pepin, G. (2021). Doing, being, becoming and belonging at the heart of occupational therapy: An analysis of theoretical ways of knowing. *Scandinavian Journal of Occupational Therapy 28*(1), 13-25.

hooks, b. (1991). Theory as liberatory practice. In *Teaching to trangress: education as the practice of freedom* (pp. 59-75). Routledge.

hooks, b. (1994). *Teaching to transgress: education as the practice of freedom*. Routledge.

hooks, b. (2009). *Belonging: a culture of place*. Routledge.

hooks, b. (2014). *Teaching to transgress*. Routledge.

hooks, b. (2015a). *Ain't I a woman: Black women and feminism* (Second ed.). Routledge, Taylor & Francis Group.

hooks, b. (2015b). *Feminist theory: from margin to center*. Routledge.

Hopper, E. K., Bassuk, E. L., & Olivet, J. (2010). Shelter from the storm: Trauma-informed care in homelessness services settings. *The Open Health Services and Policy Journal 3*(1). https://doi.org/10.2174/1874924001003010080]

Housing Rights Watch. (2018). *Homelessness and disabilities: the impact of recent human rights developments in policy and practice*. https://www.housingrightswatch.org/content/homelessness-and-disabilities-impact-recent-human-rights-developments-policy-and-practice%E2%80%8B

Hulchanski, J. D. (2009a). *Finding home: Policy options for addressing homelessness in Canada*. The Homeless Hub. https://www.homelesshub.ca/resource/finding-home-policy-options-addressing-homelessness-canada

Hulchanski, J. D. (2009b). Homelessness in Canada: Past, present, future. *Growing Home: Housing and Homelessness in Canada. Calgary (AB) Conference, Keynote address* Retrieved February 18, 2009, from http://tdrc.net/uploads/file/2009_hulchanski.pdf

Hulko, W. (2015). Operationalizing Intersectionality in Feminist Social Work. In S. Wahab, B. Anderson-Nathe, & C. E. Gringeri (Eds.), *Feminisms in social work research : promise and possibilities for justice-based knowledge*. Routledge.

Hunt, M. R., Chan, L. S., & Mehta, A. (2011). Transitioning from Clinical to Qualitative Research Interviewing. *International Journal of Qualitative Methods*, *10*(3), 191-201. https://doi.org/10.1177/160940691101000301

Israel, B. A., Schulz, A. J., Parker, E. A., Becker, A. B., Allen, A. J., Guzman, J. R., & Lichtenstein, R. (2017). Critical issues in developing and following CBPR principles. *Community-based participatory research for health: Advancing social and health equity*, *3*, 32-35.

Jacobsen, K., Roy, L., Marshall, C. A., Perreault, M., Richmond, S., Seto, V., Hoffman-Kuhnt, B., Boutemeur, I., & Rouleau, D. (2024). Outcomes for women after leaving a shelter: A scoping review of the quantitative evidence. *Women's Studies International Forum*, *105*. https://doi.org/10.1016/j.wsif.2024.102921

Jacobsen, K., Roy, L., Seto, V., Marshall, C. A., & Perreault, M. (2024). "I always have my key in my hand": A Photovoice exploration with women in post-shelter transition. *International Journal on Homelessness*, *4(2)*, 256-280. https://doi.org/10.5206/ijoh.2023.3.17310

Jacobsen, K., & Seto, V. (2022). From shelter to home and beyond: How occupational therapists can become more accountable to women in transition to post-shelter housing. *Occupational Therapy Now*, 30.

Jewkes, R., & Murcott, A. (1996). Meanings of community. *Social Science & Medicine 43*(4), 555-563.

Johnson, J., & Stewart, D. E. (2010). DSM-V: toward a gender sensitive approach to psychiatric diagnosis. *Archives of Women's Mental Health*, *13*(1), 17-19. https://doi.org/10.1007/s00737-009-0115-0

Jull, J., Giles, A., & Graham, I. D. (2017). Community-based participatory research and integrated knowledge translation: advancing the co-creation of knowledge. *Implementation Science 12*(1), 150. https://doi.org/10.1186/s13012-017-0696-3

Kenna, P. (2005). *Housing Rights and Human Rights*. FEANSTA (European Federation of National Organizations working with the Homeless). http://hdl.handle.net/10379/1762

Khobzi, N., & Flicker, S. (2010). Lessons learned from undertaking community-based participatory research dissertations: The trials and triumphs of two junior health scholars. *Progress in Community Health Partnerships: Research, Education, and Action*, *4*(4), 347-356.

Kinsella, E. A. (2012). Knowledge paradigms in occupational science: Pluralistic perspectives. In *Occupational science: Society, inclusion, participation* (pp. 67-85).

Kinsella, E. A., & Whiteford, G. E. (2009). Knowledge generation and utilisation in occupational therapy: Towards epistemic reflexivity. *Australian Occupational Therapy Journal 56*(4), 249-258. https://doi.org/10.1111/j.1440-1630.2007.00726.x

Kirkby, C., & Mettler, K. (2016). Women first: An analysis of a trauma-informed, women-centred, harm reduction housing model for women with complex substance use and mental health issues. In N. Nichols, & Doberstein, C. (Ed.), *Exploring effective systems responses to homelessness* (pp. 114-131). The Canadian Observatory on Homelessness Press. https://homelesshub.ca/sites/default/files/Systems_Book_-_Web.pdf

Kivunja, C., & Kuyini, A. B. (2017). Understanding and applying research paradigms in educational contexts. *International Journal of Higher Education 6*(5), 26-41.

Klodawsky, F. (2006). Landscapes on the Margins: Gender and homelessness in Canada. *Gender, Place and Culture*, *13*(4), 365-381. https://doi.org/10.1080/09663690600808478

Kolmar, W. K., & Bartkowski, F. (2010). *Feminist theory : a reader* (3rd ed.). McGraw-Hill Higher Education.

Kuhn, R., & Culhane, D. P. (1998). Applying cluster analysis to test a typology of homelessness by pattern of shelter utilization: Results from the analysis of administrative data. *American Journal of Community Psychology*, *26*(2), 207-232. http://repository.upenn.edu/spp_papers/96

Kuhn, T. S. (1977). Objectivity, value judgement, and theory choice. In T. Khun (Ed.), *The essential tension* (pp. 320-339). University of Chicago Press.

Kuhn, T. S. (2012). *The Structure of Scientific Revolutions* (Fourth ed.). University of Chicago Press.

Lako, D. A. M., Beijersbergen, M. D., Jonker, I. E., de Vet, R., Herman, D. B., van Hemert, A. M., & Wolf, J. R. L. M. (2018). The effectiveness of critical time intervention for abused women leaving women's shelters: a randomized controlled trial. *International Journal of Public Health*, *63*(4), 513-523. https://doi.org/10.1007/s00038-017-1067-1

Lang, R., Kett, M., Groce, N., & Trani, J.-F. (2011). Implementing the United Nations Convention on the rights of persons with disabilities: principles, implications, practice and limitations. *Alter*, *5*(3), 206-220. https://doi.org/10.1016/j.alter.2011.02.004

Li, L. C., Grimshaw, J. M., Nielsen, C., Judd, M., Coyte, P. C., & Graham, I. D. (2009). Evolution of Wenger's concept of community of practice. *Implementation Science 4*, 1-8. https://doi.org/10.1186/1748-5908-4-11

Long, S. M. (2010). *Abused women's journeys from shelters to home: An examination of the coping process* [Dissertation in Psychology, University of Illinois]. US.

Lorde, A. (1979). The Master's Tools Will Never Dismantle the Master's House. In W. K. Kolmar & F. Bartkowski (Eds.), *Feminist theory: a reader* (3 ed., pp. 15-16). McGraw-Hill Higher Education.

MacDonald, J. (2018). (dis)ABILITY RIGHTS: A Forgotten Claim. *Canadian Social Work Review / Revue canadienne de service social*, *35*(1), 159-168. https://doi.org/10.7202/1051109ar

MacQueen, K. M., McLellan, E., Metzger, D. S., Kegeles, S., Strauss, R. P., Scotti, R., Blanchard, L., & Robert T. Trotter, I. (2001). What Is Community? An Evidence-Based Definition for Participatory Public Health. *American Journal of Public Health 91*(12), 1929-1938. https://doi.org/10.2105/ajph.91.12.1929

Mann, K., & MacLeod, A. (2015). Constructivism: learning theories and approaches to research. In J. Cleland & S. J. Durning (Eds.), *Researching Medical Education* https://doi.org/10.1002/9781118838983.ch6

Marshall, C. A., Cooke, A., Gewurtz, R., Barbic, S., Roy, L., Ross, C., Becker, A., Lysaght, R., & Kirsh, B. (2023). Bridging the transition from homelessness: Developing an occupational therapy framework. *Scandinavian journal of occupational therapy*, *30*(7), 953-969. https://doi.org/10.1080/11038128.2021.1962970

Marshall, C. A., Davidson, L., Li, A., Gewurtz, R., Roy, L., Barbic, S., Kirsh, B., & Lysaght, R. (2019). Boredom and meaningful activity in adults experiencing homelessness: A mixed-methods study. *Canadian Journal of Occupational Therapy*, *86*(5), 357-370. https://doi.org/10.1177/0008417419833402

Marshall, C. A., Gewurtz, R., Barbic, S., Roy, L., Lysaght, R., Ross, C., Becker, A., Cooke, A., & Kirsh, B. (2020). *Bridging the Transition from Homeless to Housed: A Social Justice Framework to Guide the Practice of Occupational Therapists* https://doi.org/10.13140/RG.2.2.13931.28964

Marshall, C. A., Lysaght, R., & Krupa, T. (2018). Occupational transition in the process of becoming housed following chronic homelessness:La transition occupationnelle liée au processus d'obtention d'un logement à la suite d'une itinérance chronique. *Canadian Journal of Occupational Therapy*, *85*(1), 33-45. https://journals.sagepub.com/doi/abs/10.1177/0008417417723351

Mayberry, L. S. (2016). The hidden work of exiting homelessness: Challenges of housing service use and strategies of service recipients. *Journal of Community Psychology 44*(3), 293-310. https://doi.org/10.1002/jcop.21765

Mayock, P., Sheridan, S., & Parker, S. (2015). 'It's just like we're going around in circles and going back to the same thing…': The dynamics of women's unresolved homelessness. *Housing Studies*, *30*(6), 877-900. https://doi.org/10.1080/02673037.2014.991378

Mayor, C. (2018). Whitewashing trauma: applying neoliberalism, governmentality, and whiteness theory to trauma training for teachers. *Whiteness and Education*, *3*(2), 198-216. https://doi.org/10.1080/23793406.2019.1573643

McCarthy, L. (2013). Homelessness and identity: A critical review of the literature and theory. *People, Place and Policy Online 7*(1), 46-58. https://doi.org/10.3351/ppp.0007.0001.0004

McDonald, A. R. (2018). Fact Vs. Fiction: Uncovering the Experiences of Homeless/Street Youths' Involvement in Survival Sex. *Digital Commons @ DU*. https://digitalcommons.du.edu/etd/1472/

McDonald, L., Donahue, P., Janes, J., & Cleghorn, L. (2006). In from the streets: The health and well being of formerly homeless older adults. *Toronto: Institute for Life Course and Aging*.

Milaney, K., Lockerbie, S. L., Fang, X. Y., & Ramage, K. (2019). The role of structural violence in family homelessness. *Canadian Journal of Public Health*, *110*, 554-562. https://doi.org/10.17269/s41997-019-00219-y

Milaney, K., Williams, N., Lockerbie, S. L., Dutton, D. J., & Hyshka, E. (2020). Recognizing and responding to women experiencing homelessness with gendered and trauma-informed care. *BMC Public Health 20*(1), 1-6. https://doi.org/10.1186/s12889-020-8353-1

Miles, M., B, Huberman, A. M., & Saldana, J. (2014). Qualitative data analysis: A methods sourcebook. In: Sage Publications.

Ministère de la Santé et des Services sociaux. (2023). *Dénombrement des personnes en situation d'itinérance visible au Québec. Rapport de l'exercice du 11 octobre 2022*. Québec, ministère de la Santé et des Services sociaux.

Minkler, M., & Wallerstein, N. (2011). *Community-based participatory research for health: From process to outcomes*. John Wiley & Sons.

Miro. (2022). *Miro online whiteboard (no version provided). RealTimeBoard, Inc.*
www.miro.com

Mullinax, M., Hart, J., & Garcia, A. V. (2018). Using research for gender-transformative change:
Principles and practice. *International Development Research Center (IDRC) and
American Jewish World Service (AJWS)*.

Nadimpalli, S. B., Van Devanter, N., Kavathe, R., & Islam, N. (2015). Developing and
Conducting a Dissertation Study Through the Community-Based Participatory Research
Approach. *Pedagogy in Health Promotion*, *2*(2), 94-100.
https://doi.org/10.1177/2373379915616646

National Alliance to End Homelessness. (2022). *State of homelessness: 2023 edition*
https://endhomelessness.org/homelessness-in-america/homelessness-statistics/state-of-
homelessness/#homelessness-in-2022

Neale, J. (1997). Homelessness and theory reconsidered. *Housing Studies*, *12*(1), 47-61.
https://doi.org/10.1080/02673039708720882

Nemiroff, R. (2010). *Beyond Rehousing: Community Integration of Women Who Have
Experienced Homelessness* [Dissertation in Psychology, University of Ottawa]. Ottawa
(ON). http://hdl.handle.net/10393/19605

Newman, S. D., Andrews, J. O., Magwood, G. S., Jenkins, C., Cox, M. J., & Williamson, D. C.
(2011). Community advisory boards in community-based participatory research: a
synthesis of best processes. *Preventing Chronic Disease*, *8*(3), A70.
https://www.cdc.gov/pcd/issues/2011/may/10_0045.htm

Nixon, S. A. (2019). The coin model of privilege and critical allyship: implications for health.
*BMC Public Health*, *19*(1), 1637. https://doi.org/10.1186/s12889-019-7884-9

Ortiz, K., Nash, J., Shea, L., Oetzel, J., Garoutte, J., Sanchez-Youngman, S., & Wallerstein, N.
(2020). Partnerships, Processes, and Outcomes: A Health Equity–Focused Scoping Meta-
Review of Community-Engaged Scholarship. *Annual Review of Public Health*,
*41*(Volume 41, 2020), 177-199. https://doi.org/https://doi.org/10.1146/annurev-
publhealth-040119-094220

Osuji, J. C., & Hirst, S. P. (2013). Understanding the journey through homelessness: A
hermeneutic study of women without children. *Canadian Journal of Community Mental
Health*, *32*(2), 27-42. https://doi.org/10.7870/cjcmh-2013-017

Oudshoorn, A., Van Berkum, A., & Van Loon, C. (2018). A history of women's homelessness: the making of a crisis. *Journal of Social Inclusion*, *9*(1), 5-20.

Padgett, D., Henwood, B. F., & Tsemberis, S. J. (2016). *Housing First: Ending homelessness, transforming systems, and changing lives*. Oxford University Press, USA. https://doi.org/10.1093/acprof:oso/9780199989805.001.0001

Padgett, D. K. (2007). There's no place like (a) home: Ontological security among persons with serious mental illness in the United States. *Social Science & Medicine 64*(9), 1925-1936. https://doi.org/10.1016/j.socscimed.2007.02.011

Paillé, P., & Mucchielli, A. (2016). L'analyse qualitative en sciences humaines et sociales (4e éd.). In: Paris, France: Armand Colin.

Phipps, M., Dalton, L., Maxwell, H., & Cleary, M. (2019). Women and homelessness, a complex multidimensional issue: Findings from a scoping review. *Journal of Social Distress and the Homeless*, *28*(1), 1-13. https://doi.org/10.1080/10530789.2018.1534427

Pleace, N. (2016). Exclusion by definition: The under-representation of women in European homelessness statistics. *Women's homelessness in Europe*, 105-126. https://doi.org/10.1057/978-1-137-54516-9_5

Plumb, M., Collins, N., Cordeiro, J. N., & Kavanaugh-Lynch, M. (2008). Assessing process and outcomes: Evaluating community-based participatory research. *Progress in Community Health Partnerships: Research, Education, and Action*, *2*(2), 87-97.

Ponic, P., Varcoe, C., & Smutylo, T. (2016). Trauma-(and violence-) informed approaches to supporting victims of violence: Policy and practice considerations. *Victims of Crime Research Digest*, *9*. https://www.justice.gc.ca/eng/rp-pr/cj-jp/victim/rd9-rr9/p2.html

Power, E. R. (2023). Insecure Housing and the Ongoing Search for Ontological Security: How Low-Income Older Women Cope. *Housing, Theory and Society 40*(2), 170-191. https://doi.org/10.1080/14036096.2022.2118370

Prochaska, J. O., & DiClemente, C. C. (1983). Stages and processes of self-change of smoking: toward an integrative model of change. *Journal of Consulting and Clinical Psychology 51*(3), 390.

Proctor, E., Silmere, H., Raghavan, R., Hovmand, P., Aarons, G., Bunger, A., Griffey, R., & Hensley, M. (2011). Outcomes for Implementation Research: Conceptual Distinctions, Measurement Challenges, and Research Agenda. *Administration and Policy in Mental*

*Health and Mental Health Services Research*, *38*(2), 65-76.
https://doi.org/10.1007/s10488-010-0319-7

QSR International Pty Ltd. (2014). NVivo qualitative data analysis Software.
http://www.qsrinternational.com/

Rodrigue, S. (2016). Hidden homelessness in Canada. *Statistics Canada*.
https://www150.statcan.gc.ca/n1/pub/75-006-x/2016001/article/14678-eng.pdf

Roy, L., & Richmond, S. (2024, March 8). *Prévenir l'itinérance des femmes, un déménagement à la fois* https://www.lapresse.ca/dialogue/opinions/2024-03-08/prevenir-l-itinerance-des-femmes-un-demenagement-a-la-fois.php

Roy, L., Vallee, C., Kirsh, B. H., Marshall, C. A., Marval, R., & Low, A. (2017). Occupation-based practices and homelessness: A scoping review. *Canadian Journal of Occupational Therapy*, *Revue canadienne d'ergotherapie. 84(2)*, 98-110.
https://proxy.library.mcgill.ca/login?url=http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=emed18&AN=623604356

Salem, B. E., Kwon, J., Ekstrand, M. L., Hall, E., Turner, S. F., Faucette, M., & Slaughter, R. (2021). Transitioning into the community: Perceptions of barriers and facilitators experienced by formerly incarcerated, homeless women during reentry—A qualitative study. *Community Mental Health Journal*, *57*, 609-621. https://doi.org/10.1007/s10597-020-00748-8

Salimi, Y., Shahandeh, K., Malekafzali, H., Loori, N., Kheiltash, A., Jamshidi, E., Frouzan, A. S., & Majdzadeh, R. (2012). Is Community-based Participatory Research (CBPR) Useful? A Systematic Review on Papers in a Decade. *International Journal of Preventative Medicine*, *3*(6), 386-393.

Sánchez, V., Sanchez-Youngman, S., Dickson, E., Burgess, E., Haozous, E., Trickett, E., Baker, E., & Wallerstein, N. (2021). CBPR Implementation Framework for Community-Academic Partnerships. *American Journal of Community Psychology*, *67*(3-4), 284-296.
https://doi.org/10.1002/ajcp.12506

Savaya, R., & Waysman, M. (2005). The Logic Model. *Administration in Social Work*, *29*(2), 85-103. https://doi.org/10.1300/J147v29n02_06

Schwan, K., Vaccaro, M., Reid, L., Ali, N., & Baig, K. (2021). *The Pan-Canadian Women's Housing & Homelessness Survey*. https://womenshomelessness.ca/wp-

content/uploads/EN-Pan-Canadian-Womens-Housing-Homelessness-Survey-FINAL-28-Sept-2021.pdf

Scotland, J. (2012). Exploring the philosophical underpinnings of research: Relating ontology and epistemology to the methodology and methods of the scientific, interpretive, and critical research paradigms. *English Language Teaching 5*(9), 9-16.

Shade, L. R. (2002a). The digital divide: From definitional stances to policy initiatives. *Department of Canadian Heritage P*, *3*.

Shade, L. R. (2002b). Gender and Community in the Social Construction of the Internet NY: Peter Lang, 2002 (Digital Formation series Vol. 1).

Shaw, M. (2004). Housing and Public Health. *Annual Review of Public Health 25*(Volume 25, 2004), 397-418. https://doi.org/10.1146/annurev.publhealth.25.101802.123036

Shlay, A. B., & Rossi, P. H. (1992). Social science research and contemporary studies of homelessness. *Annual review of sociology*, *18*(1), 129-160. https://www.jstor.org/stable/2083449

Shoemaker, E. S., Kendall, C. E., Mathew, C., Crispo, S., Welch, V., Andermann, A., Mott, S., Lalonde, C., Bloch, G., & Mayhew, A. (2020). Establishing need and population priorities to improve the health of homeless and vulnerably housed women, youth, and men: a Delphi consensus study. *PloS one*, *15*(4), e0231758. https://doi.org/10.1371/journal.pone.0231758

Slesnick, N., & Erdem, G. (2013). Efficacy of ecologically-based treatment with substance-abusing homeless mothers: substance use and housing outcomes. *Journal of Substance Abuse Treatment 45*(5), 416-425. https://doi.org/10.1016/j.jsat.2013.05.008

Smith, D. E. (1987). *The everyday world as problematic : a feminist sociology*. Northeastern University Press.

Somerville, P. (2013). Understanding homelessness. *Housing, Theory and Society 30*(4), 384-415. https://doi.org/10.1080/14036096.2012.756096

Sprague, J. (2005). *Feminist methodologies for critical researchers : bridging differences*. Rowman & Littlefield.

Statistics Canada. (2019). *Classification of shelter type*. Retrieved 12 January 2024 from https://www23.statcan.gc.ca/imdb/p3VD.pl?Function=getVD&TVD=440885&CVD=440885&CLV=0&MLV=1&D=1

Stonehouse, D., Threlkeld, G., & Theobald, J. (2021). Homeless pathways and the struggle for ontological security. *Housing Studies*, *36*(7), 1047-1066. https://doi.org/10.1080/02673037.2020.1739234

Strand, V., Popescu, M., Abramovitz, R., & Richards, S. (2016). Building Agency Capacity for Trauma-Informed Evidence-Based Practice and Field Instruction. *Journal of Evidence-Informed Social Work*, *13*(2), 179-197. https://doi.org/10.1080/23761407.2015.1014124

Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. Rockville, MD Retrieved from https://scholarworks.boisestate.edu/cgi/viewcontent.cgi?article=1006&context=covid

Thomas, A., Menon, A., Boruff, J., Rodriguez, A. M., & Ahmed, S. (2014). Applications of social constructivist learning theories in knowledge translation for healthcare professionals: a scoping review. *Implementation Science 9*(1), 54. https://doi.org/10.1186/1748-5908-9-54

Thorne, S. (2016). *Interpretive description: Qualitative research for applied practice*. Routledge.

Tong, R., & Botts, T. F. (2018). *Feminist thought : a more comprehensive introduction* (Fifth edition. ed.). Routledge. https://doi.org/10.4324/9780429493836

Traganou, J. (2024). Dissent and IOC Policy Advocacy: How counter Olympic movements make change. *Revue d'histoire culturelle. XVIIIe-XXIe siècles*(8). https://doi.org/10.4000/11yco

Tseris, E. (2024). The Myth of Trauma-informed Mental Health Services. In C. Brown (Ed.), *Reframing Trauma Through Social Justice: Resisting the Politics of Mainstream Trauma Discourse*. https://doi.org/10.4324/9781003379591

Tseris, E. J., Bright Hart, E., & Franks, S. (2022). "My Voice Was Discounted the Whole Way Through": A Gendered Analysis of Women's Experiences of Involuntary Mental Health Treatment. *Affilia*, *37*(4), 645-663. https://doi.org/10.1177/08861099221108714

UNICEF. (2017). *Gender Equality*. https://www.unicef.org/rosa/media/1761/file/Genderglossarytermsandconcepts.pdf

United Nations. (2006). *Convention on the Rights of Persons with Disabilities (CRPD)*. https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html

US Department of Housing and Urban Development. (2024a). *CoC Program Components Overview*. https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-program-components/coc-program-components-overview/

US Department of Housing and Urban Development. (2024b). *Point-in-Time Count and Housing Inventory Count*. https://www.hudexchange.info/programs/hdx/pit-hic/#2024-pit-count-and-hic-guidance-and-training

Van Berkum, A., & Oudshoorn, A. (2015). *Best practice guidelines for ending women's and girls' homelessness*. http://londonhomeless.ca/wp-content/uploads/2012/12/Best-Practice-Guideline-for-Ending-Womens-and-Girls-Homelessness.pdf.

Van der Kolk, B. A., McFarlane, A. C., & Weisæth, L. (2007). *Traumatic stress : the effects of overwhelming experience on mind, body, and society*. Guilford Press. https://psycnet.apa.org/record/1996-98017-000

Varpio, L., & MacLeod, A. (2020). Philosophy of Science Series: Harnessing the Multidisciplinary Edge Effect by Exploring Paradigms, Ontologies, Epistemologies, Axiologies, and Methodologies. *Academic Medicine 95*(5), 686-689. http://doi.org/10.1097/ACM.0000000000003142

Wallerstein, N., & Duran, B. (2010). Community-based participatory research contributions to intervention research: the intersection of science and practice to improve health equity. *American Journal of Public Health 100*(S1), S40-S46. https://doi.org/10.2105/AJPH.2009.184036

Wallerstein, N., Oetzel, J. G., Sanchez-Youngman, S., Boursaw, B., Dickson, E., Kastelic, S., Koegel, P., Lucero, J. E., Magarati, M., Ortiz, K., Parker, M., Peña, J., Richmond, A., & Duran, B. (2020). Engage for Equity: A Long-Term Study of Community-Based Participatory Research and Community-Engaged Research Practices and Outcomes. *Health Education & Behavior*, *47*(3), 380-390. https://doi.org/10.1177/1090198119897075

Wallerstein, N. B., & Duran, B. (2006). Using Community-Based Participatory Research to Address Health Disparities. *Health Promotion Practice*, *7*(3), 312-323. https://doi.org/10.1177/1524839906289376

Wardhaugh, J. (1999). The Unaccommodated Woman: Home, Homelessness and Identity. *Sociol Rev*, *47*(1), 91-109. https://journals.sagepub.com/doi/abs/10.1111/1467-954X.00164

Wathen, C., & Varcoe, C. (2021). *Trauma-& violence-informed care (TVIC): A tool for health & social service organizations & providers* (London, Canada, Issue. https://equiphealthcare.ca/files/2021/05/GTV-EQUIP-Tool-TVIC-Spring2021.pdf

Wathen, C. N., Schmitt, B., & MacGregor, J. C. D. (2021). Measuring Trauma- (and Violence-) Informed Care: A Scoping Review. *Trauma, Violence, & Abuse*, *24*(1), 261-277. https://doi.org/10.1177/15248380211029399

Wathen, C. N., & Varcoe, C. (2023). *Implementing trauma- and violence-informed care : a handbook*. University of Toronto Press. https://crhesi.uwo.ca/implementing-trauma-and-violence-informed-care-a-handbook/

Watson, S. (1986). Women and housing or feminist housing analysis? *Housing Studies*, *1*(1), 1-10. https://doi.org/10.1080/02673038608720559

Wenger, E. (1998). Communities of practice: Learning as a social system. *Systems thinker*, *9*(5), 2-3.

WHO. (2010). *A conceptual framework for action on the social determinants of health*. Retrieved December 6, 2023 from https://www.who.int/publications/i/item/9789241500852

World Health Organization. (2010). *Preventing intimate partner and sexual violence against women: Taking action and generating evidence*. World Health Organization. https://iris.who.int/bitstream/handle/10665/44350/9789241564007_eng.pdf?sequence=1

Yakubovich, A. R., & Maki, K. (2022). Preventing gender-based homelessness in Canada during the COVID-19 pandemic and beyond: the need to account for violence against women. *Violence Against Women 28*(10), 2587-2599. https://doi.org/10.1177/10778012211034202

**Appendices**

Appendix I - CBPR Conceptual Model

# CBPR Conceptual Model

Adapted from Wallerstein et al, 2008 & Wallerstein and Duran, 2010, https://cpr.unm.edu/research-projects/cbpr-project/cbpr-model.html
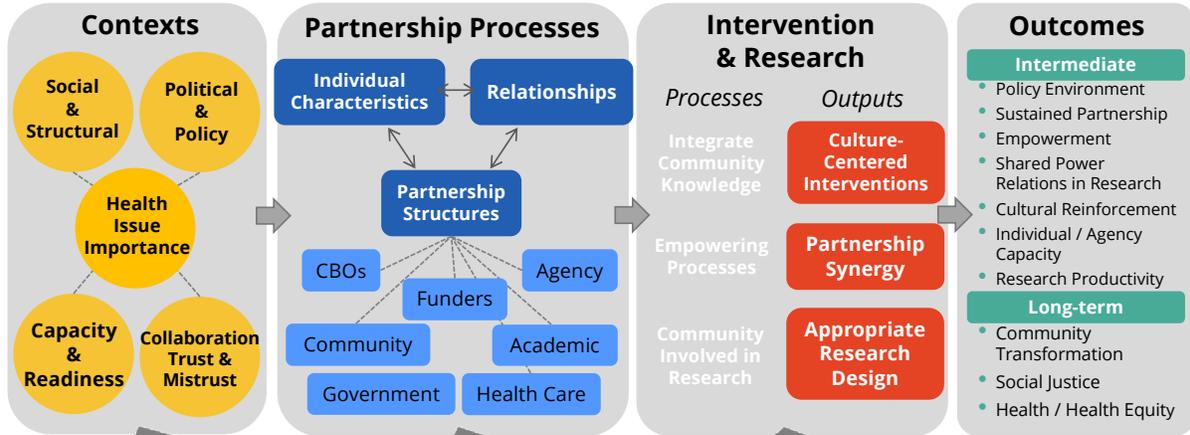


Visual from amoshealth.org 2017

| Contexts | Partnership Processes | | Intervention & Research | Outcomes |
|---|---|---|---|---|
| • Social-Structural: Social-Economic Status, Place, History, Environment, Community Safety, Institutional Racism, Culture, Role of Education and Research Institutions<br>• Political & Policy: National / Local Governance/ Stewardship Approvals of Research; Policy & Funding Trends<br>• Health Issue: Perceived Severity by Partners<br>• Collaboration: Historic Trust/Mistrust between Partners<br>• Capacity: Community History of Organizing / Academic Capacity/ Partnership Capacity | **Partnership Structures:**<br>• Diversity: Who is involved<br>• Complexity<br>• Formal Agreements<br>• Control of Resources<br>• % Dollars to Community<br>• CBPR Principles<br>• Partnership Values<br>• Bridging Social Capital<br>• Time in Partnership<br>**Individual Characteristics:**<br>• Motivation to Participate<br>• Cultural Identities/Humility<br>• Personal Beliefs/Values<br>• Spirituality<br>• Reputation of P.I. | **Relationships:**<br>• Safety / Respect / Trust<br>• Influence / Voice<br>• Flexibility<br>• Dialogue and Listening / Mutual Learning<br>• Conflict Management<br>• Leadership<br>• Self & Collective Reflection/ Reflexivity<br>• Resource Management<br>• Participatory Decision-Making<br>• Task Roles Recognized<br>**Commitment to Collective Empowerment** | • Processes that honor community and cultural knowledge & voice, fit local settings, and use both academic & community language lead to Culture-Centered Interventions<br>• Empowering Co-Learning Processes lead to Partnership Synergy<br>• Community Members Involved in Research Activities leads to Research/Evaluation Design that Reflects Community Priorities<br>• Bidirectional Translation, Implementation, Dissemination | **Intermediate System & Capacity Outcomes**<br>• Policy Environment: University & Community Changes<br>• Sustainable Partnerships and Projects<br>• Empowerment – Multi-Level<br>• Shared Power Relations in Research /. Knowledge Democracy<br>• Cultural Reinforcement / Revitalization<br>• Growth in Individual Partner & Agency Capacities<br>• Research Productivity: Research Outcomes, Papers, Grant Applications & Awards<br>**Long-Term Outcomes: Social Justice**<br>• Community / Social Transformation: Policies & Conditions<br>• Improved Health / Health Equity |

(College of Population Health, 2024)

## Appendix II - Ethics Approval

**McGill**

Faculty of Medicine and Health Sciences

Faculté de médecine et des sciences de la santé

3655 Sir William Osler #633
Montreal, Quebec H3G 1Y6

3655, Promenade Sir William Osler #633
Montréal (Québec) H3G 1Y6

Tél/Tel: (514) 398-3124

05 February 2021

Dr. Laurence Roy
School of Physical and Occupational Therapy
Davis House
3654 Promenade Sir William Osler
Montreal QC H3G 1Y5

**Info-Ed File Number:**  20-12-030      (IRB Internal Study Number: A01-B02-21A)

**Study/Protocol Title:**  *A participatory co-design of a systems change program in achieving sustainable housing for women and families leaving sheltered living*

**Principal Investigator:**  Laurence Roy
**Student Investigator:**  Karla Jacobsen

**Sponsor Name (if applicable):**

Dear Dr/Professor Roy,

At a full Board meeting on 11 January 2021, the Faculty of Medicine Institutional Review Board examined the above-referenced research project and considered the experimental procedures acceptable and in adherence to the ethical requirements for research involving human subjects.

Final ethics approval was granted on 05 February 2021. **The ethics certificate is valid until 10 January 2022.**

The following documents were reviewed and approved:

-   Amended Research Proposal, version January 26, 2021
-   English and French Participant Letter of Information - Photovoice Consent Form, version February 5, 2021.
-   English and French audio-recording consent form (photovoice), version February 5, 2021
-   English and French Participant Letter of Information – World Café Consent Form, version February 5, 2021
-   English and French audio-recording consent form (World Café), version February 5, 2021
-   English and French Participant Letter of Information – World Café Consent Form – Persons with Lived Experience, version February 5, 2021
-   English and French Recruitment Ad for Photovoice
-   English and French Interviewer Guide (Sessions 1, 2, and 3).

The Faculty of Medicine Institutional Review Board (IRB) is a registered University IRB working under the published guidelines of the Tri-Council Policy Statement 2, in compliance with the Plan d'action ministériel en éthique de la recherche et en intégrité scientifique (MSSS, 1998), and the Food and Drugs Act (17 June 2001); and acts in accordance with the U.S. Code of Federal Regulations that

govern research on human subjects (**FWA 00004545**). The IRB working procedures are consistent with internationally accepted principles of good clinical practice.

---

**The Principal Investigator is required to immediately notify the Institutional Review Board Office, via amendment or progress report, of:**

- Any significant changes to the research project and the reason for that change, including an indication of ethical implications (if any),
- Serious Adverse Effects experienced by participants and the action taken to address those effects,
- Any other unforeseen events or unanticipated developments that merit notification,
- The inability of the Principal Investigator to continue in her/his role, or any other change in research personnel involved in the project,
- A delay of more than 12 months in the commencement of the research project, and
- Termination or closure of the research project.

*The Principal Investigator is required to submit an annual progress report (continuing review application) on the anniversary of the date of the initial approval (or see the date of expiration).*

The Faculty of Medicine IRB may conduct an audit of the research project at any time.

If the research project involves multiple study sites, the Principal Investigator is required to report all IRB approvals and approved study documents to the appropriate Research Ethics Office (REO) or delegated authority for the participating study sites. Appropriate authorization from each study site must be obtained before the study recruitment and/or testing can begin at that site. Research funds linked to this research project may be withheld and/or the study data may be revoked if the Principal Investigator fails to comply with this requirement. A copy of the study site authorization should be submitted the IRB Office.

It is the Principal Investigator's responsibility to ensure that all researchers associated with this project are aware of the conditions of approval and which documents have been approved.

The McGill IRB wishes you and your colleagues every success in your research.

Roberta Palmour, PhD
Chair
Institutional Review Board

**Please quote the IRB Study Number and title in all correspondence.**

Cc:     Associate Dean, Research (Medicine)
        A01-B02-21A / 20-12-030

Appendix III - Photovoice: Recruitment Poster (English)



## Women Needed for Research*
## Housing Supports Research – What matters?

**Why?** To understand the needs and experiences of women who have left a shelter and now live on their own. Participation will help create a new housing support program.





**What?** Participants will take photographs that are representative of their experiences. Individual or group meetings will be scheduled to discuss their photographs and experiences will take place with a researcher (in-person or Zoom; either in French or English).

**Who?** Women (18yrs+) who have had a shelter stay in the last year.



**Where?** If interested, email karla.jacobsen@mail.mcgill.ca or call (514)554-5164.

**Project between McGill University and:** Logifem, Auberge Shalom, Chez Doris, La maison grise, Réseau Habitation Femmes, and YWCA Montreal

**Full Project Title:** A Participatory Co-Design of a Systems Change Program to Achieving Sustainable Housing for Women and Families Leaving Sheltered Living

**Supervisor:** Laurence Roy, School of Physical and Occupational Therapy, McGill University
*This research has been approved by McGill University's research ethics board.*

## Participantes recherchées pour une étude *

## Transition post-hébergement - Qu'est-ce qui compte?



**Pourquoi?** Comprendre les besoins et les expériences des femmes qui ont quitté une maison d'hébergement et vivent maintenant de façon autonome. L'étude aidera à créer un nouveau programme de soutien au logement.
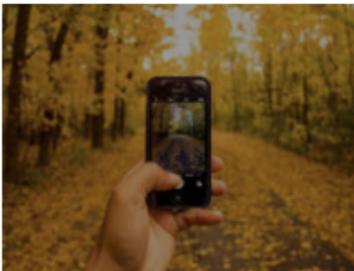


**Quoi?** Les participants prendront des photographies représentatives de leurs expériences. Des rencontres individuelles ou de groupe seront planifiées pour discuter de leurs photographies et de leurs expériences avec une chercheuse (en personne ou Zoom; soit en français ou en anglais).

**Qui?** Les femmes (18 ans et plus) qui ont séjourné dans une maison d'hébergement au cours de la dernière année.



**Où?** Contacter karla.jacobsen@mail.mcgill.ca ou (514) 554-5164.

**Un projet de partenariat entre l'Université McGill et:** Logifem, Auberge Shalom, Chez Doris, La maison grise, Réseau Habitation Femmes, et le YWCA Montreal

**Titre complet du projet:** Co-construction d'un programme durable de soutien au logement permanent pour les femmes et familles quittant une maison d'hébergement

**Superviseure:** Laurence Roy, École de physiothérapie et d'ergothérapie de l'Université McGill.
*Cette recherche a été approuvée par le comité d'éthique de la recherche de l'Université McGill.*

Appendix V - Photovoice: Participant Letter of Information (English)

**Research Team:**
Karla Jacobsen (PhD Candidate), Laurence Roy (supervisor)
McGill University
School of Physical and Occupational Therapy
Telephone: (514) 995-3037
karla.jacobsen@mail.mcgill.ca, laurence.roy@mcgill.ca

Sally Richmond, Logifem

**Title of Project:** A Participatory Co-Design of a Systems Change Program to Achieving Sustainable Housing for Women and Families Leaving Sheltered Living

**Sponsor(s):** Catherine Donnelly Foundation

**Purpose of the Study:** We are inviting you to participate in a study that aims at understanding the needs and paths of women post-shelter stay. We would like to know more about women's experiences of things that that helped and things that made life more difficult in regard to health, well-being, safety, and housing stability after staying at a shelter. Ultimately that knowledge will be used to guide discussions and ideas on how to best support women who leave a shelter.

**Study Procedures**: If you choose to participate, you will be invited to an individual introductory information meeting with the researcher that will take place either on the phone or online, and will last about 30 minutes. In this meeting, it will be explained that for the research, you will be invited to take photographs that represent your experiences, needs, and things that make it difficult to find, and maintain stable housing. We also would like your opinion on what stable housing means to you. You will be advised on the process of taking and picking ~~the~~ five of your most relevant photos. For confidentiality reasons, we ask that you do not to take any photos of yourself, or any of any other person that could be identifiable. You will be provided a disposible camera and have approximately two weeks to develop your photos. You may also use a camera phone if you have one and if you prefer that option. We will help you find a way to either develop your pictures or share them with us for the follow up interview. For the next step, you have a choice of participating in either a group or individual interview. Group interviews will be conducted online via Zoom and will be audio-recorded to ensure we gather all the important feedback you are offering. If you do not want to attend with a group, you have the option to attend an individual interview that will be either online via Zoom, or in person with a researcher following the sanitary measures for the COVID pandemic. Individual interviews can be audio-recorded, or you can choose to not have it recorded, in which case the researcher will be taking detailed notes to capture your feedback. You will have the option of doing that interview in your home if you have access to the Zoom platform, or you can do it in person at a conference room in a downtown location with a staff member to guide you. There will be different questions to guide your reflections and to better understand the meaning of your photos and experiences. The following information will also be collected in a demographic questionnaire: age, gender, country of origin, current Canadian status, education, self-reported heath issues (including

mental health/substance use/chronic conditions), number of children (if applicable), length of time staying in the shelter, number of times staying in a shelter, time in current housing situation.

**Voluntary Participation**: Participation to this study is voluntary and you may refuse to participate in parts of the study, decline to answer questions or withdraw from the study at any time, for any reason. The participation or non-participation will not result in any loss of benefit to which you are otherwise entitled (e.g. it will not affect current or future services received through shelter or community services). Data will be coded using a pseudonym (fake name) and after data collection is completed. You can withdraw from the research at any point, however, once data has been coded it can no longer be withdrawn.

**Potential Risks:** There may be some risks to you by taking part in this study. You may get upset or find it difficult to talk about your personal experiences. You do not have to share anything that you are not comfortable sharing. If issues do arise for you, the researcher will assist you to follow up with your case manager or intervention worker or provide you information on resources that may be helpful.

**Potential Benefits:** You may not directly benefit from your role in this study. The information the researchers learn from this study may benefit other women. For example, the knowledge gained might lead to more or better support programs for women who have exited shelters and moved into permanent housing situations.

**Compensation:** You will receive $20 for taking part in this study.

**Confidentiality:** The researchers will keep all information collected for this study confidential. This means that your name and other identifiable information will be replaced with a study code or pseudonym (fake name). The file that links your pseudonym with your real name will be kept secure in a password-protected file on the researcher's computer. The recordings of the interviews and group meetings will transcribe (turned to text). The recordings will be destroyed once they are transcribed. The transcripts and other study information and data will be stored online on servers approved by McGill University. All records will be kept for seven years after the study results are published. All files will be password-protected, and only the researchers will have access to these files. The researchers may be required to show the study documents and records to university officials or persons from the McGill Institutional Review Board (a research ethics board) to check our (the researchers') work and how we conduct this study. If this happens, these officials are required to keep all information and data confidential.

In the case that information being shared reveals that you are putting your life or other people's lives at risk, the researchers will be obliged to break confidentiality to protect the people at risk. We would discuss with the relevant parties in order to decide how to handle the situation. The findings and results of this research will be published in the literature, but it will not be possible to identify you in any way.

**Questions**: Please contact us if you have any questions or clarifications about the project, by email at housingstudy1@gmail.com or by phone at (514)XXX-XXXX.
If you have any ethical concerns or complaints about your participation in this study and want to speak with someone not on the research team, please contact Ms. Ilde Lepore, Ethics Officer, at 514-398-8302 or ilde.lepore@mcgill.ca.

Appendix VI - Photovoice: Participant Letter of Information (French)

**Équipe de Recherche:**
Karla Jacobsen (étudiante doctorale), Laurence Roy (superviseure)
Université McGill
École de physiothérapie et d'ergothérapie
Téléphone: (514) 995-3037
karla.jacobsen@mail.mcgill.ca, laurence.roy@mcgill.ca

Sally Richmond, Logifem

**Titre du Projet:** Co-construction d'un programme durable de soutien au logement permanent pour les femmes et familles quittant une maison d'hébergement

**Organisme subventionnaire:** Fondation Catherine Donnelly

**Le but du projet:** Nous vous invitons à participer à une étude qui vise à comprendre les besoins et sur ce que vivent les femmes après un séjour en maison d'hébergement. Nous aimerions en savoir plus sur les expériences des femmes sur ce qui a aidé ou nuit à leur santé, leur bien-être, leur sécurité et leur stabilité en logement après un séjour en maison d'hébergement. En fin de compte, les connaissances recueillies serviront à orienter les discussions et les idées sur les meilleures façons de soutenir les femmes qui quittent une maison d'hébergement.

**Procédures de recherche:** Si vous choisissez de participer, vous serez invitée à une réunion d'introduction individuelle avec le chercheur qui aura lieu soit par téléphone, soit en ligne et durera environ 30 minutes. Vous aurez l'occasion de prendre des photographies qui représentent vos expériences, vos besoins et ce qui vous nuit pour trouver et garder un logement stable. Pour des raisons de confidentialité, nous vous demandons de ne prendre aucune photo de vous-même ou de toute autre personne qui pourrait être identifiable. On vous fournira un appareil photo jetable et vous aurez environ deux semaines pour prendre vos photos. Vous pouvez aussi utiliser la fonction photo de votre téléphone si vous en avez un. Vous pouvez faire un entretien individuel ou de groupe. L'entretien de groupe aura lieu en ligne via Zoom et sera enregistré de façon audio. Des entretiens individuels seront menés soit en ligne via Zoom, soit en personne avec une chercheure suivant les mesures sanitaires de la pandémie COVID. Vous avez le choix d'être enregistrée de façon audio, ou pas. Vous aurez la possibilité de faire cet entretien chez vous si vous avez accès à la plate-forme Zoom, ou vous pouvez le faire en personne dans une salle de conférence du centre-ville avec un membre du personnel pour vous guider. Il y aura différentes questions pour guider vos réflexions et mieux comprendre le sens de vos photos et expériences. Nous recueillerons les renseignements suivants dans un questionnaire démographique: âge, sexe, pays d'origine, statut canadien actuel, scolarité, problèmes de santé (santé mentale/consommation de substances/problèmes de santé chroniques), nombre d'enfants, durée du séjour dans une maison d'hébergement, nombre de séjours dans une maison d'hébergement, temps passé dans le logement actuel.

**Participation volontaire :** Votre participation est volontaire. Vous avez le droit de refuser de participer à certaines parties du projet, refuser de répondre à certaines questions ou même vous retirer complètement de la recherche à tout moment, pour n'importe quelle raison. Votre participation ou non-participation n'entraînera aucune perte de bénéfices auxquels vous avez droit (ex : ça n'affectera pas les services actuels et futurs d'une maison d'hébergement. Les données seront codées par un pseudonyme (faux nom) une fois la collecte des données terminée. Vous avez le droit de vous retirer de la recherche à tout moment, cependant, une fois les données codées, les données ne peuvent plus être retirées.

**Risques potentiels:** Il peut y avoir des risques pour vous en participant à cette étude. Vous pouvez être contrariée ou avoir du mal à parler de vos expériences personnelles. Vous n'avez pas à partager des informations dont vous ne souhaitez pas parler. Si des problèmes surviennent pour vous, la chercheuse vous aidera à faire un suivi avec votre gestionnaire de cas ou votre intervenante, ou vous fournira des informations sur les ressources qui peuvent être utiles.

**Bénéfices potentiels :** Vous pouvez ne pas bénéficier directement de votre rôle dans cette étude. Les informations que les chercheuses tirent de cette étude peuvent profiter à d'autres femmes. Par exemple, les connaissances acquises pourraient conduire à des programmes de soutien plus nombreux ou meilleurs pour les femmes qui ont quitté les maisons d'hébergement et ont emménagé dans des logements permanents.

**Compensation :** Vous recevrez 20 $ pour participer à cette étude.

**Confidentialité:** Les chercheuses garderont confidentielles toutes les informations collectées pour cette étude. Cela signifie que votre nom et d'autres informations identifiables seront remplacés par un code d'étude ou un pseudonyme (faux nom). Le fichier qui relie votre pseudonyme à votre vrai nom sera conservé dans un fichier protégé par mot de passe sur l'ordinateur de la chercheuse. Les enregistrements des entretiens et des réunions de groupe seront transcrits (transformés en texte). Les enregistrements seront détruits une fois transcrits. Toutes les autres informations et données seront stockées en ligne sur des serveurs approuvés par l'Université McGill. Tous les dossiers seront conservés pendant sept ans après la publication des résultats de l'étude. Tous les fichiers seront protégés par mot de passe et seuls les chercheurs auront accès à ces fichiers. Les chercheurs peuvent être tenus de montrer les documents et les dossiers de l'étude aux responsables de l'université ou à des personnes du Comité d'éthique de la recherche de McGill (un comité d'éthique de la recherche) pour vérifier notre travail (celui des chercheuses) et la manière dont nous menons cette étude. Si cela se produit, ces fonctionnaires sont tenus de garder toutes les informations et données confidentielles.

Dans le cas où les informations partagées révèlent que vous mettez votre vie ou celle des autres en danger, les chercheurs seront tenus de rompre la confidentialité pour protéger les personnes à risque. Nous discuterons avec les parties concernées afin de décider la façon de gérer la situation. Les résultats de cette recherche seront publiés dans la littérature, mais il ne sera en aucun cas possible de vous identifier.

**Questions***: S'il vous plait, contactez-nous si vous avez des question ou clarifications sur le projet. Vous pouvez nous contacter par courriel à housingstudy1@gmail.com ou par téléphone au (514) XXX-XXXX.

Si vous avez des préoccupations ou des plaintes éthiques concernant votre participation à cette étude et que vous souhaitez parler à une personne ne faisant pas partie de l'équipe de recherche, veuillez communiquer avec Ms. Ilde Lepore, responsable de l'éthique à McGill, par téléphone au 514-398-8302 ou par courriel à ilde.lepore@mcgill.ca.

Appendix VII - Photovoice Participant Consent Form (English)

**Consent form - Photovoice**

**Study Title:** A Participatory Co-Design of a Systems Change Program to Achieving Sustainable Housing for Women and Families Leaving Sheltered Living

*Please state **Yes** or **No** to the following option:*

*Yes:*_____*No:*_____ I have read this consent form or had someone read the consent form to me. I am aware of the study procedures, risks and benefits, and how my information will be protected. I am aware that I can withdraw from this study at any time. I consent to take part in this study. I do not give up any of my legal rights by taking part in this study.

_____       _____       _____
Name of Participant                   Signature of Participant             Date

_____       _____       _____
Name of Researcher                   Signature of Researcher             Date

**Consent form – Audio recording, Photovoice**

**Study Title:** A Participatory Co-Design of a Systems Change Program to Achieving Sustainable Housing for Women and Families Leaving Sheltered Living

*Please state **Yes** or **No** to the following option:*

*Yes:*_____*No:*_____ I have read this consent form or had someone read the consent form to me. I am aware of the study procedures, risks and benefits, and how my information will be protected. I am aware that I can withdraw from this study at any time. I consent to take part in this study. I do not give up any of my legal rights by taking part in this study.

_____       _____       _____
Name of Participant                   Signature of Participant             Date

_____       _____       _____
Name of Researcher                   Signature of Researcher             Date

Appendix VIII -Photovoice Participant Consent Form (French)

**Formulaire de consentement - Photovoice**

Titre du Projet: Co-construction d'un programme durable de soutien au logement permanent pour les femmes et familles quittant une maison d'hébergement

*Oui:*_____ *Non:*_____ J'ai lu ce formulaire de consentement ou demandé à quelqu'un de me le lire. Je connais les procédures d'étude, les risques et les avantages, et comment mes informations seront protégées. Je suis consciente que je peux me retirer de cette étude à tout moment. Je consens à participer à cette étude. Je ne renonce à aucun de mes droits légaux en participant à cette étude.

_____          _____          _____
Nom de la participante          Signature de la participante          Date

_____          _____          _____
Nom de la chercheure          Signature de la chercheure          Date

**Formulaire de consentement à l'enregistrement, Photovoice**

Titre du Projet: Co-construction d'un programme durable de soutien au logement permanent pour les femmes et familles quittant une maison d'hébergement

*Oui:*_____ *Non:*_____ J'ai lu ce formulaire de consentement ou demandé à quelqu'un de me le lire. Je connais les procédures d'étude, les risques et les avantages, et comment mes informations seront protégées. Je suis consciente que je peux me retirer de cette étude à tout moment. Je consens à participer à cette étude et je consens à être enregistré pendant les entrevues. Je ne renonce à aucun de mes droits légaux en participant à cette étude.

_____          _____          _____
Nom de la participante          Signature de la participante          Date

_____          _____          _____
Nom de la chercheure          Signature de la chercheure          Date

Appendix IX - World Café: Participant Letter of Information – World Café (English)

**Research Team:**
Karla Jacobsen (PhD Candidate), Laurence Roy (supervisor)
McGill University
School of Physical and Occupational Therapy
Telephone: (514) 995-3037
karla.jacobsen@mail.mcgill.ca, laurence.roy@mcgill.ca

Sally Richmond, Logifem

**Title of Project:** A Participatory Co-Design of a Systems Change Program to Achieving Sustainable Housing for Women and Families Leaving Sheltered Living

**Sponsor(s):** Catherine Donnelly Foundation

**Purpose of the Study:** We are inviting you to participate in a study that aims to construct a post-shelter housing supports program by engaging in a collective discussion on the needs of women as they transition from shelters to permanent housing, and on the potential solutions to support them during and after this transition.

**Study Procedures**: If you choose to participate, you will be invited to a half-day online event via Zoom with about 30-40 other stakeholders (women with lived experience of housing instability, service providers, managers, researchers). During the event, there will be presentations of research findings as well as structured discussions where you will be able to share your perspective on a potential housing support program. The following information will also be collected in a demographic questionnaire: age, gender, professional experience with this population, professional affiliation if applicable. These discussions will be audio-recorded. If you do not want to be audio-recorded, you can still participate through an individual interview (via Zoom or in-person with a researcher and sanitary measures as per COVID-19 guidelines) and the interviewer with take detailed notes of the discussion. This interview will be conducted at a different time than the World Café.

**Voluntary Participation**: Participation to this study is voluntary and you may refuse to participate in parts of the study, decline to answer questions or withdraw from the study at any time, for any reason. Data will be coded using a pseudonym (fake name) after data collection is completed. You are entitled to withdraw from the research at any point, however, once the data has been coded, data can no longer be withdrawn.

**Potential Risks:** There may be some risks to you by taking part in this study. You may get upset or find it difficult to talk about your personal experiences. You ~~also~~ do not have to share anything that you are not comfortable sharing. If issues do arise for you, the researcher will assist you to follow up with your case manager or intervention worker or provide you information on resources that may be helpful.

**Potential Benefits:** You may not directly benefit from your role in this study. The information the researchers learn from this study may benefit other women. For example, the knowledge gained might lead to more or better support programs for women who have exited shelters and moved into permanent housing situations.

**Compensation:** There will be no compensation associated with participating in this research.

**Confidentiality:** The researchers will keep all information collected for this study confidential. This means that your name and other identifiable information will be replaced with a study code or pseudonym (fake name). The file that links your pseudonym with your real name will be kept secure in a password-protected file on the researcher's computer. The recordings of the interviews and group meetings will transcribe (turned to text). The recordings will be destroyed once they are transcribed. The transcripts and other study information and data will be stored online on servers approved by McGill University. All records will be kept for seven years after the study results are published. All files will be password-protected, and only the researchers will have access to these files. The researchers may be required to show the study documents and records to University officials or persons from the McGill Institutional Review Board (a research ethics board) to check our (the researchers') work and how we conduct this study. If this happens, these officials are required to keep all information and data confidential.

In the case that information being shared reveals that you are putting your life or other people's lives at risk, the researchers will be obliged to break confidentiality to protect the people at risk. We would discuss with the relevant parties in order to decide how to handle the situation. The findings and results of this research will be published in the literature, but it will not be possible to identify you in any way.

**Questions***:* Please contact us if you have any questions or clarifications about the project, by email at housingstudy1@gmail.com or by phone at (514) XXX-XXXX.
If you have any ethical concerns or complaints about your participation in this study and want to speak with someone not on the research team, please contact Ms. Ilde Lepore, Ethics Officer, at 514-398-8302 or ilde.lepore@mcgill.ca.

Appendix X - World Café: Participant Letter of Information – World Café (French)

**Équipe de Recherche:**
Karla Jacobsen (étudiante doctorale), Laurence Roy (superviseure)
Université McGill
École de physiothérapie et d'ergothérapie
Téléphone: (514) 995-3037
karla.jacobsen@mail.mcgill.ca, laurence.roy@mcgill.ca

Sally Richmond, Logifem

**Titre du Projet:** Co-construction d'un programme durable de soutien au logement permanent pour les femmes et familles quittant une maison d'hébergement

**Organisme subventionnaire:** Fondation Catherine Donnelly

**Le but du projet:** Nous vous invitons à participer à une étude qui vise à construire un programme de soutien au logement permanent pour les femmes qui quittent une maison d'hébergement, par une discussion collective des besoins, enjeux et possibles solutions pour soutenir les femmes lors de cette transition.

**Procédures de recherche :** Si vous choisissez de participer, vous serez invité à un événement en ligne via Zoom d'une demi-journée où seront présentés des résultats de recherche, et où vous serez invité à partager vos idées et perspectives sur un éventuel programme de soutien au logement permanent pour les femmes qui quittent une maison d'hébergement. Ces discussions seront enregistrées de façon audio. Si vous ne souhaitez pas être enregistré en audio, vous pouvez toujours participer via un entretien individuel (via Zoom ou en personne avec un chercheur et des mesures sanitaires selon les directives COVID-19) et l'intervieweur prendra des notes détaillées de la discussion. Cet entretien sera mené à une heure différente de celle du World Café.Les renseignements suivants seront également recueillis dans un questionnaire démographique : âge, genre, expérience professionnelle auprès de cette population, affiliation professionnelle.

**Participation volontaire :** Votre participation est volontaire. Vous avez le droit de refuser de participer à certaines parties du projet, refuser de répondre à certaines questions ou même vous retirer complètement de la rechercher à tout moment, pour n'importe quelle raison. Les données seront codées sous un pseudonyme une fois la collecte des données terminée. Vous avez le droit de vous retirer de la recherche à tout moment, cependant, une fois les données codées, elles ne peuvent plus être retirées.

**Risques potentiels:** Il peut y avoir des risques pour vous en participant à cette étude. Vous pouvez être contrarié ou avoir du mal à parler de vos expériences personnelles. Vous n'avez pas à partager des informations dont vous ne souhaitez pas parler. Si des problèmes surviennent pour vous, la chercheuse peut vous fournir des informations sur les ressources qui peuvent être utiles.

**Bénéfices potentiels:** Vous pouvez ne pas bénéficier directement de votre rôle dans cette étude. Les informations que les chercheuses tirent de cette étude peuvent profiter à d'autres femmes. Par exemple, les connaissances acquises pourraient conduire à des programmes de soutien plus nombreux ou meilleurs pour les femmes qui ont quitté les maisons d'hébergement et ont emménagé dans des logements permanents.

**Compensation :** Il n'y a pas de compensation associée à votre participation à cette recherche.

**Confidentialité :** Les chercheuses garderont confidentielles toutes les informations collectées pour cette étude. Cela signifie que votre nom et d'autres informations identifiables seront remplacés par un code d'étude ou un pseudonyme (faux nom). Le fichier qui relie votre pseudonyme à votre vrai nom sera conservé dans un fichier protégé par mot de passe sur l'ordinateur du chercheur. Les enregistrements des entretiens et des réunions de groupe seront transcrits (transformés en texte). Les enregistrements seront détruits une fois transcrits. Toutes les autres informations et données seront stockées en ligne sur des serveurs approuvés par l'Université McGill. Tous les dossiers seront conservés pendant sept ans après la publication des résultats de l'étude. Tous les fichiers seront protégés par mot de passe et seuls les chercheurs auront accès à ces fichiers. Les chercheurs peuvent être tenus de montrer les documents et les dossiers de l'étude aux responsables de l'université ou à des personnes du Comité d'éthique de la recherche de McGill (un comité d'éthique de la recherche) pour vérifier notre travail (celui des chercheurs) et la manière dont nous menons cette étude. Si cela se produit, ces fonctionnaires sont tenus de garder toutes les informations et données confidentielles.

Dans le cas où les informations partagées révèlent que vous mettez votre vie ou celle des autres en danger, les chercheurs seront tenus de rompre la confidentialité pour protéger les personnes à risque. Nous discuterons avec les parties concernées afin de décider la façon de gérer la situation. Les résultats de cette recherche seront publiés dans la littérature, mais il ne sera en aucun cas possible de vous identifier.

**Questions***:* S'il vous plait, contactez-nous si vous avez des question ou clarifications sur le projet. Vous pouvez nous contacter par courriel à [housingstudy1@gmail.com](mailto:housingstudy1@gmail.com) ou par téléphone au (514) XXX-XXXX.

Si vous avez des préoccupations ou des plaintes éthiques concernant votre participation à cette étude et que vous souhaitez parler à une personne ne faisant pas partie de l'équipe de recherche, veuillez communiquer avec Ms. Ilde Lepore, responsable de l'éthique à McGill, par téléphone au 514-398-8302 ou par courriel à [ilde.lepore@mcgill.ca](mailto:ilde.lepore@mcgill.ca).

Appendix XI - World Café Participant Letter of Information (Lived Experience) (English)

**Research Team:**
Karla Jacobsen (PhD Candidate), Laurence Roy (supervisor)
McGill University
School of Physical and Occupational Therapy
Telephone: (514) 995-3037
karla.jacobsen@mail.mcgill.ca, laurence.roy@mcgill.ca

Sally Richmond, Logifem

**Title of Project:** A Participatory Co-Design of a Systems Change Program to Achieving Sustainable Housing for Women and Families Leaving Sheltered Living

**Sponsor(s):** Catherine Donnelly Foundation

**Purpose of the Study:** We are inviting you to participate in a study that aims to construct a post-shelter housing supports program by engaging in a collective discussion on the needs of women as they transition from shelters to permanent housing, and on the potential solutions to support them during and after this transition.

**Study Procedures***:* If you choose to participate, you will be invited to a half-day online event via Zoom with about 30-40 other stakeholders (women with lived experience of housing instability, service providers, managers, researchers). During the event, there will be presentations of research findings as well as structured discussions where you will be able to share your perspective on a potential housing support program. The following information will also be collected in a demographic questionnaire: age, gender, professional experience with this population, professional affiliation if applicable. These discussions will be audio-recorded. If you do not want to be audio-recorded, you can still participate through an individual interview (via Zoom or in-person with a researcher and sanitary measures as per COVID-19 guidelines) and the interviewer with take detailed notes of the discussion. This interview will be conducted at a different time than the World Café.

**Voluntary Participation***:* Participation to this study is voluntary and you may refuse to participate in parts of the study, decline to answer questions or withdraw from the study at any time, for any reason. Data will be coded using a pseudonym (fake name) after data collection is completed. You are entitled to withdraw from the research at any point, however, once the data has been coded, data can no longer be withdrawn.

**Potential Risks:** There may be some risks to you by taking part in this study. You may get upset or find it difficult to talk about your personal experiences. You do not have to share anything that you are not comfortable sharing. If issues do arise for you, the researcher will assist you to follow up with your case manager or intervention worker or provide you information on resources that may be helpful.

**Potential Benefits:** You may not directly benefit from your role in this study. The information the researchers learn from this study may benefit other women. For example, the knowledge gained might lead to more or better support programs for women who have exited shelters and moved into permanent housing situations.

**Compensation:** There will be a 60$ compensation associated with participating in this research.

**Confidentiality:** The researchers will keep all information collected for this study confidential. This means that your name and other identifiable information will be replaced with a study code or pseudonym (fake name). The file that links your pseudonym with your real name will be kept secure in a password-protected file on the researcher's computer. The recordings of the interviews and group meetings will transcribe (turned to text). The recordings will be destroyed once they are transcribed. The transcripts and other study information and data will be stored online on servers approved by McGill University. All records will be kept for seven years after the study results are published. All files will be password-protected, and only the researchers will have access to these files. The researchers may be required to show the study documents and records to University officials or persons from the McGill Institutional Review Board (a research ethics board) to check our (the researchers') work and how we conduct this study. If this happens, these officials are required to keep all information and data confidential.

In the case that information being shared reveals that you are putting your life or other people's lives at risk, the researchers will be obliged to break confidentiality to protect the people at risk. We would discuss with the relevant parties in order to decide how to handle the situation. The findings and results of this research will be published in the literature, but it will not be possible to identify you in any way.

**Questions***:* Please contact us if you have any questions or clarifications about the project, by email at karla.jacobsen@mail.mcgill.ca or by phone at (514) XXX-XXXX.
If you have any ethical concerns or complaints about your participation in this study, and want to speak with someone not on the research team, please contact Ms. Ilde Lepore, Ethics Officer, at 514-398-8302 or ilde.lepore@mcgill.ca.

Appendix XII - World Café: Participant Letter of Information – (Lived Experience) (French)

**Équipe de Recherche:**
Karla Jacobsen (étudiante doctorale), Laurence Roy (superviseure)
Université McGill
École de physiothérapie et d'ergothérapie
Téléphone: (514) 995-3037
karla.jacobsen@mail.mcgill.ca, laurence.roy@mcgill.ca

Sally Richmond, Logifem

**Titre du Projet:** Co-construction d'un programme durable de soutien au logement permanent pour les femmes et familles quittant une maison d'hébergement

**Organisme subventionnaire:** Fondation Catherine Donnelly

**Le but du projet:** Nous vous invitons à participer à une étude qui vise à construire un programme de soutien au logement permanent pour les femmes qui quittent une maison d'hébergement, par une discussion collective des besoins, enjeux et possibles solutions pour soutenir les femmes lors de cette transition.

**Procédures de recherche :** Si vous choisissez de participer, vous serez invité à un événement en ligne via Zoom d'une demi-journée où seront présentés des résultats de recherche, et où vous serez invité à partager vos idées et perspectives sur un éventuel programme de soutien au logement permanent pour les femmes qui quittent une maison d'hébergement. Ces discussions seront enregistrées de façon audio. Si vous ne souhaitez pas être enregistré en audio, vous pouvez toujours participer via un entretien individuel (via Zoom ou en personne avec un chercheur et des mesures sanitaires selon les directives COVID-19) et l'intervieweur prendra des notes détaillées de la discussion. Cet entretien sera mené à une heure différente de celle du World Café.Les renseignements suivants seront également recueillis dans un questionnaire démographique: âge, genre, expérience professionnelle auprès de cette population, affiliation professionnelle.

**Participation volontaire :** Votre participation est volontaire. Vous avez le droit de refuser de participer à certaines parties du projet, refuser de répondre à certaines questions ou même vous retirer complètement de la rechercher à tout moment, pour n'importe quelle raison. Les données seront codées sous un pseudonyme une fois la collecte des données terminée. Vous avez le droit de vous retirer de la recherche à tout moment, cependant, une fois les données codées, elles ne peuvent plus être retirées.

**Risques potentiels:** Il peut y avoir des risques pour vous en participant à cette étude. Vous pouvez être contrarié ou avoir du mal à parler de vos expériences personnelles. Vous n'avez pas à partager des informations dont vous ne souhaitez pas parler. Si des problèmes surviennent pour vous, la chercheuse peut vous fournir des informations sur les ressources qui peuvent être utiles.

**Bénéfices potentiels:** Vous pouvez ne pas bénéficier directement de votre rôle dans cette étude. Les informations que les chercheuses tirent de cette étude peuvent profiter à d'autres femmes. Par exemple, les connaissances acquises pourraient conduire à des programmes de soutien plus nombreux ou meilleurs pour les femmes qui ont quitté les maisons d'hébergement et ont emménagé dans des logements permanents.

**Compensation :** Il n'y a pas de compensation associée à votre participation à cette recherche.

**Confidentialité :** Les chercheuses garderont confidentielles toutes les informations collectées pour cette étude. Cela signifie que votre nom et d'autres informations identifiables seront remplacés par un code d'étude ou un pseudonyme (faux nom). Le fichier qui relie votre pseudonyme à votre vrai nom sera conservé dans un fichier protégé par mot de passe sur l'ordinateur du chercheur. Les enregistrements des entretiens et des réunions de groupe seront transcrits (transformés en texte). Les enregistrements seront détruits une fois transcrits. Toutes les autres informations et données seront stockées en ligne sur des serveurs approuvés par l'Université McGill. Tous les dossiers seront conservés pendant sept ans après la publication des résultats de l'étude. Tous les fichiers seront protégés par mot de passe et seuls les chercheurs auront accès à ces fichiers. Les chercheurs peuvent être tenus de montrer les documents et les dossiers de l'étude aux responsables de l'université ou à des personnes du Comité d'éthique de la recherche de McGill (un comité d'éthique de la recherche) pour vérifier notre travail (celui des chercheurs) et la manière dont nous menons cette étude. Si cela se produit, ces fonctionnaires sont tenus de garder toutes les informations et données confidentielles.

Dans le cas où les informations partagées révèlent que vous mettez votre vie ou celle des autres en danger, les chercheurs seront tenus de rompre la confidentialité pour protéger les personnes à risque. Nous discuterons avec les parties concernées afin de décider la façon de gérer la situation. Les résultats de cette recherche seront publiés dans la littérature, mais il ne sera en aucun cas possible de vous identifier.

**Questions***:* S'il vous plait, contactez-nous si vous avez des question ou clarifications sur le projet. Vous pouvez nous contacter par courriel à housingstudy1@gmail.com ou par téléphone au (514)XXX-XXXX.

Si vous avez des préoccupations ou des plaintes éthiques concernant votre participation à cette étude et que vous souhaitez parler à une personne ne faisant pas partie de l'équipe de recherche, veuillez communiquer avec Ms. Ilde Lepore, responsable de l'éthique à McGill, par téléphone au 514-398-8302 ou par courriel à ilde.lepore@mcgill.ca.

# Virtual World Café - Lotus Project: Hope Together

Housing supports for women who have left a shelter stay: 27-May-2021, 13h-16h

* Indicates required question

1. Email *

   _____

2. Please confirm your email address *

   _____

3. What is your name? *

   _____

4. I will be attending via Zoom on May 27, 2021, 13h-16h *

   *Mark only one oval.*

   ⚪ Yes

   ⚪ No

   ⚪ Maybe

   ⚪ I do not have access to Zoom

5. I identify most as

*Mark only one oval.*

◯ A person with lived experience of homelessness

◯ A manager or coordinator in a resource

◯ A frontline worker

◯ A researcher

◯ A student

◯ A representative of a coalition

◯ A representative of a health and social services institution

◯ Other: _____

6. Do you have a special access need in connection with this event (e.g. visual or hearing impairment) If yes, can tell us about it below?

_____

_____

_____

_____

_____

7. Organization

_____

8. Position

_____

9. Preferred Language *

*Mark only one oval.*

◯ Je préfère être dans un groupe de discussion en français

◯ I prefer to be in an English discussion group

◯ I can be in either a French or English discussion group

◯ Other: _____

10. What lead to your interest in housing supports program for women post-shelter stay?

_____

_____

_____

_____

_____

Thank you for taking the time to complete this survey and we look forward to meeting you soon!

Appendix XIV - World Café: Letter of Informed Consent (online, French)

# Participantes: Café du monde virtuel -
# Projet Lotus: L'espoir ensemble

Soutien au logement pour les femmes qui quittent une maison d'hébergement: 27-mai-2021, 13h-16h

* Indicates required question

1. Email *

   _____

2. Veuillez confirmer votre addresse courriel *

   _____

3. Quel est votre nom? *

   _____

4. Quel âge avez-vous? *

   _____

5. À quel genre vous identifiez-vous?

   _____

6. Décrivez votre expérience professionnelle avec des femmes qui ont vécu   *
   l'itinérance?

   _____

   _____

   _____

   _____

   _____

7. Depuis combien d'années travaillez-vous avec cette population? *

   _____

8. Formulaire de Consentement- J'ai lu ce formulaire de consentement ou demandé   *
   à quelqu'un de me le lire. Je connais les procédures d'étude, les risques et les
   avantages, et comment mes informations seront protégées. Je suis conscient que
   je peux me retirer de cette étude à tout moment. Je consens à participer à cette
   étude. Je ne renonce à aucun de mes droits légaux en participant à cette étude.

   Mark only one oval.

   ⬭ Oui

   ⬭ Non

9. Formulaire de Consentement à l'enregistrement  - J'ai lu ce formulaire de   *
   consentement ou demandé à quelqu'un de me le lire. Je connais les procédures
   d'étude, les risques et les avantages, et comment mes informations seront
   protégées. Je suis conscient que je peux me retirer de cette étude à tout moment.
   Je consens à participer à cette étude. Je ne renonce à aucun de mes droits légaux
   en participant à cette étude.

   Mark only one oval.

   ⬭ Oui

   ⬭ Non

10. Je consens à partager mon courriel avec les participantes de cet évènement   *
    uniquement.

    Mark only one oval.

    ⬭ Oui

    ⬭ Non

Merci d'avoir pris le temps de répondre à ce sondage et de consentement et nous avons
hâte de vous rencontrer bientôt!

Appendix XV - World Café: Consent (hard copy, English)

**Consent form –Audio recording, World Café**

**Study Title:** A Participatory Co-Design of a Systems Change Program to Achieving Sustainable Housing for Women and Families Leaving Sheltered Living

*Please state **Yes** or **No** to the following option:*

*Yes:*_____*No:*_____ I have read this consent form or had someone read the consent form to me. I am aware of the study procedures, risks and benefits, and how my information will be protected. I am aware that I can withdraw from this study at any time. I consent to take part in this study and I consent to be audio-recorded during the Zoom session. I do not give up any of my legal rights by taking part in this study.

| | | |
|---|---|---|
| _____ | _____ | _____ |
| Name of Participant | Signature of Participant | Date |
| _____ | _____ | _____ |
| Name of Researcher | Signature of Researcher | Date |

**Consent form – World Café**

**Study Title:** A Participatory Co-Design of a Systems Change Program to Achieving Sustainable Housing for Women and Families Leaving Sheltered Living

*Please state **Yes** or **No** to the following option:*

*Yes:*_____*No:*_____ I have read this consent form or had someone read the consent form to me. I am aware of the study procedures, risks and benefits, and how my information will be protected. I am aware that I can withdraw from this study at any time. I consent to take part in this study. I do not give up any of my legal rights by taking part in this study.

| | | |
|---|---|---|
| _____ | _____ | _____ |
| Name of Participant | Signature of Participant | Date |
| _____ | _____ | _____ |
| Name of Researcher | Signature of Researcher | Date |

**Formulaire de Consentement à l'enregistrement – World Café**

Titre du Projet: Co-construction d'un programme durable de soutien au logement permanent pour les femmes et familles quittant une maison d'hébergement

*Oui:* _____ *Non:* _____ J'ai lu ce formulaire de consentement ou demandé à quelqu'un de me le lire. Je connais les procédures d'étude, les risques et les avantages, et comment mes informations seront protégées. Je suis conscient que je peux me retirer de cette étude à tout moment. Je consens à participer à cette étude. Je ne renonce à aucun de mes droits légaux en participant à cette étude.

_____     _____     _____
Nom de la participante          Signature de la participate          Date

_____     _____     _____
Nom de la chercheure            Signature de la chercheure          Date



**Formulaire de Consentement – World Café**

Titre du Projet: Co-construction d'un programme durable de soutien au logement permanent pour les femmes et familles quittant une maison d'hébergement

*Oui:* _____ *Non:* _____ J'ai lu ce formulaire de consentement ou demandé à quelqu'un de me le lire. Je connais les procédures d'étude, les risques et les avantages, et comment mes informations seront protégées. Je suis conscient que je peux me retirer de cette étude à tout moment. Je consens à participer à cette étude. Je ne renonce à aucun de mes droits légaux en participant à cette étude.

_____     _____     _____
Nom de la participante          Signature de la participate          Date

_____     _____     _____
Nom de la chercheure            Signature de la chercheure          Date

Appendix XVII - Photovoice Demographic Information Sheet

<div align="center">
Housing Supports – What matters?
Photovoice Participants Demographic Information Sheet
</div>

*Participants can fill this in on their own and email it to Karla, or it can be completed together with a researcher at the initial meeting.*

Name:_____    Date:_____

Chosen Pseudonym:_____    Interviewer: _____

*Please note: You do not have to answer any questions that you do not feel comfortable to answer. All answers are confidential.*

1. How old are you? _____

2. What gender do you identify with?_____

3. What country were you born in?_____

4. What is your ethnic background? _____

5. What is your sexual orientation? _____

6. What language do you speak most regularly? _____

7. What is your current Canadian status?_____

8. What is you highest level of education?
   __No high school diploma
   __High school diploma
   __Certificate of apprenticeship or certificate of qualification
   __College/CEGEP diploma
   __Undergraduate university studies
   __Post graduate studies
   __Other

9. Please list any current health issues (including mental health/substance use/chronic conditions):

_____
_____
_____

10. Please list the number of children you have, their ages, and if they are living with you:

_____
_____
_____
_____

11. Please let us know the number of times you have stayed at a shelter and what was the length of time you stayed at a shelter:

_____
_____
_____
_____

12. Please describe your current housing situation (e.g. alone in an apartment, in a community resource, in an apartment with family members) and the length of time you have been in this current housing situation:

_____
_____
_____
_____

13. If relevant, please describe your daily and weekly commitments in terms of volunteering, training, employment, education, etc.?

_____
_____

14. Please indicate your main source(s) of income :
__ Employment income
__ Social assistance or solidarity benefits _____
__ Employment assistance program (Emploi Quebec)
__ Family/partner support
__ Other (describe)

_____
_____

15. Please indicate your relationship status (e.g. single, in a relationship, married):

_____
_____

Appendix XVIII - Photovoice: Interview guide (English)



Interviewer guide (eng.)

**Session 1: Obtaining consent, presentation of Photovoice approach**

1. Welcome the participant, introduce yourself as well as the project background, and thank the potential participant for their interest. Let the person know that the conversation will be recorded and explain why.
2. Read the information and consent form and answer all the participant's questions.
3. Obtain the verbal consent.
4. Instructions for the taking of photographs: "As mentioned before, the objective of the project is to better your experience since you have left [shelter name], and since you live in your current place of residence. We would like to know what is going well, what is more difficult, and what your needs may be. Because we want to create of program of supports for when women leave [name of shelter], we would also like to know what your needs could have been before, during, and after you moved into this new place. In order to do that, we ask you to take a variety of pictures that represent positive or negative experiences in finding, adjusting to, and maintaining sustainable housing. You will be given a disposible camera that can take 24 pictures, and  you will asked to select 5 in total. We ask you, however, not to include a photograph or recognizable representation of yourself or other people, in order to preserve everyone's confidentiality. Do you have any question so far?
5. As I previously mentioned, on our next meeting I will ask you a set of questions on what the pictures you have selected, to better understand your experience. This meeting will preferably take place in person at a conference room downtown Montreal and will be audio recorded. If you prefer not to meet in person, we have to option of using a platform called Zoom, which allows us to be in videoconference so that we can see each other and so that you can present me your pictures. You will have the choice to either do that meeting in your own home if you have the necessary equipment (smartphone, tablet or computer, with a reliable internet connection) that you can use without support, or to do it at the shelter offices with the support of a worker for the technical aspects. Take the time to discuss it with the participant.
6. We planned a 2-week period for participants to take and develop their pictures, but let us know if you think you need less or more time.
7. Decide with the participants how they want to receive the overview of the questions for the next meeting (by email or verbally right now).
8. Ask the person if they have any question and answer all their questions. Let them know you are available in the coming days and weeks if they have questions or concerns, and decide on best modes of communication. When all the participant's questions have been answered, thank the person again and end the conversation.

**Sessions 2 and 3: Group/Individual interviews**

1. Welcome the person, catch up on how they are doing, and thank them again for their interest and participation. Remind them of the voluntary nature of the project and ask if they have questions before starting the recording. Let them know when you start the recording.
2. Ask the person to share their photos.
3. I will now ask you a few questions on your photos:
    a. What do we see here? Can you describe it to me in details?
    b. What's important for you in this photo?
        i. Can you tell me more about this situation? Can you give me a specific example or story on that?
    c. How does this relate to your life more broadly? How does this affect other women in similar situations in general?
    d. Why does this situation exist? What is at the root of this situation, from that perspective?
    e. What can we do about it? What could be done through supportive measures by shelters or other actors, such as health and social services, to change this situation?
        i. If you had [name a person or group with decision-making authority on this issue] in front of you right now, what would you say to them?
4. Is there anything else that we haven't talked about and that we should discuss, as it relates to your experience of transitioning into housing?
5. Do you have any questions for me?
6. Would you like to discuss with me in a few weeks, through either phone or zoom, about the emerging results of the research and the different topics and themes that seem important to other women who have experienced leaving a shelter stay.

Appendix XIX- Photovoice: Interview guide (French)



**Guide de l'interviewer (fr.)**

**Session 1 : Obtention du consentement et présentation de la démarche Photovoix**

1. Saluer la participante, se présenter, présenter l'origine du projet, et remercier la participante de son intérêt. Spécifier à la personne que la prochaine section sera enregistrée et expliquer pourquoi.
2. Lire le formulaire d'information et de consentement et répondre à toutes les questions.
3. S'assurer d'obtenir le consentement verbal de la personne.
4. Instructions pour la prise de photographies: «Comme mentionné précédemment, l'objectif du projet est de mieux comprendre votre expérience depuis que vous avez déménagé de [nom de la maison d'hébergement] et que vous habitez dans votre logement actuel. Nous souhaitons comprendre ce qui se passe bien et moins bien, et quels pourraient être vos besoins de soutien en ce moment. Comme nous souhaitons construire un programme de soutien pour les autres femmes qui quittent [nom de la maison d'hébergement], nous aimerions aussi savoir quels auraient été vos besoins avant, pendant et après votre déménagement dans le logement actuel. Ça peut être des besoins reliés à votre bien-être, à votre santé mentale ou physique, à votre sécurité, à votre vie quotidienne, ou tout autre besoin que vous jugez pertinent. Pour ce faire, nous vous demandons de prendre des photos qui représentent vos expériences positives et négatives, et vos besoins dans la recherche, l'ajustement et le maintien d'un logement durable. Vous recevrez un appareil photo jetable pouvant prendre 24 photos, et il vous sera demandé d'en sélectionner 5 au total. Nous vous demandons cependant de ne pas inclure de photographie ou de représentation reconnaissable de vous-même ou d'autres personnes, afin de préserver la confidentialité de chacun. Est-ce que vous avez des questions jusqu'à présent?
5. Comme je vous l'ai déjà mentionné, lors de notre prochaine rencontre, je vous poserai une série de questions sur les photos que vous avez choisies pour mieux comprendre votre expérience. Cette rencontre aura lieu de préférence en personne dans un local situé au centre-ville de Montréal et sera enregistrée (audio seulement). Si vous préférez ne pas vous rencontrer en personne, nous avons la possibilité d'utiliser une sur une application qui s'appelle Zoom, et qui permet de faire une visioconférence pour que nous puissions nous voir et que vous puissiez me présenter vos photos. Vous aurez le choix soit de faire cette réunion chez vous si vous disposez du matériel nécessaire (smartphone, tablette ou ordinateur, avec une connexion Internet fiable) que vous pouvez utiliser sans assistance, soit de le faire dans les bureaux d'une maison d'hébergement avec l'accompagnement d'une intervenante pour les aspects techniques. Prenez le temps d'en discuter avec le participant.

6. Nous avons pensé qu'une période de deux semaines serait adéquate pour réaliser vos photos, mais si vous pensez que vous avez besoin de plus ou de moins de temps, il n'y a pas de problème. De combien de temps environ pensez-vous avoir besoin?

7. Décidez avec la personne de la façon dont les questions d'entrevue de la deuxième session lui seront partagées (verbalement à ce moment-ci, ou encore par courriel).

8. Demander à la personne si elle a des questions et répondez à toutes ses questions. Dites-lui que vous êtes disponibles au cours des prochains jours et semaines si elle a des questions ou des préoccupations, et décidez ensemble des meilleures façons de communiquer. Une fois que toutes les questions ont été répondues, remercier encore une fois la personne et mettez fin à la conversation.

**Sessions 2 et 3 : Entretiens individuels ou de groupe-** Saluer la personne, prendre de ses nouvelles et la remercier à nouveau de son intérêt et de sa participation au projet. Lui réitérer la nature volontaire de sa participation et lui demander si elle a des questions relatives au projet avant de commencer l'enregistrement. L'aviser au moment de commencer l'enregistrement.

1. Demander à la personne de partager ses photos.
2. Je vais maintenant vous poser quelques questions sur vos photos:
   a. Que voit-on dans vos photos? Pouvez-vous me la décrire en détail?
   b. Qu'est-ce qui est important pour vous sur cette photo?
      i. Pouvez-vous m'en dire plus sur cette situation? Pouvez-vous me raconter un exemple ou une anecdote en particulier?
   c. Comment est-ce que cette situation est reliée à nos vies de façon plus générale? En quoi est-ce qu'elle affecte d'autres femmes en général?
      i. Pouvez-vous me raconter un exemple ou une anecdote de cela?
   d. Qu'est-ce qui fait que cette situation existe? Qu'est-ce qui est à l'origine de cette situation, selon vous?
   e. Qu'est-ce qu'on peut faire pour changer les choses? Qu'est-ce qui pourrait être fait par les maisons d'hébergement ou d'autres acteurs (du réseau de la santé et des services sociaux, par exemple) pour changer cette situation?
      i. Si vous aviez [nommer une personne ou un groupe en position de prendre des décisions ou d'exercer du pouvoir dans la situation] en face de vous, que leur diriez-vous?
3. Est-ce qu'il y a d'autre chose dont nous n'avons pas parlé et dont nous devrions discuter en en ce qui concerne votre expérience de transition vers le logement, ou de vos besoins, en ce moment et lorsque vous avez déménagé?
4. Avez-vous des questions pour moi?
5. Est-ce que vous aimeriez que nous discutions ensemble, au téléphone ou par zoom, des résultats du projet de recherche, et des différents sujets et thèmes qui semblent être importants pour plusieurs des femmes qui ont vécu un séjour en maison d'hébergement?

**Project Lotus: Creating a post-shelter support program for women:**
**A virtual World Café**
# Facilitator guide

**First, thank you for agreeing to facilitate in the World Café!** Your facilitation is essential to ensure a smooth process and optimize everyone's participation. You are invited to moderate the exchanges in four discussion small groups, and gather the information via the Miro board, to then share it with the group in the plenary.

There will be two hours of small group discussions, with a 10-min. break between the two first blocks. The participants will stay in the same small groups while the facilitators will move between groups. The people responsible for the technical aspect of the event will move the facilitators from one break-out room to the other. You will be informed 3 minutes before the group ends.

There are two objectives to the small group discussions : First, explore different perspectives on the needs to which the post-shelter support program should address, and the best strategies to address them. Be careful : the goal is not to get to a consensus, but rather to collect rich, in-depth information. The second objective is to support dialogue and relationship-building among participants.

Your role as facilitator:
- Create enthusiasm for the theme discussed.
- Make sure the discussion is a respectful one, even when people disagree. Remind participants of the importance of confidentiality (what's said in the group stays in the group).
- Leave aside your personal opinions and perspective on the topic to focus on the group process.
- Direct and sometimes reorient the discussion to make sure you address the question.
- Make sure there is an equitable time for the participants to express themselves within the allotted time – you can gently ask a more silent person about their perspective.
- Listen carefully to what participants say and take summary notes on the Miro board.
- Summarize what was said about the theme in the second plenary.

Steps for each discussion round:
1. Greet the participants, tell them your name and that you are their facilitator
2. In the first round only: Invite participants to introduce themselves by saying their name and the group or organization they are affiliated to, if they want.
3. Share your screen; your theme should already be on your Miro board – read a short description of the theme.
4. For rounds 2, 3 & 4 : Summarize in 2-3 minutes what has been said in previous rounds.
5. Ask the initial question and invite participants to share their thoughts and perspectives.
6. Note what the participants say (in a summarized way) on the Miro board.

7. Validate your understanding of what participants said regularly.

Identical questions will be asked for each theme. The questions are based on the ORID framework (Objective, Reflective, Interpretive, Decisional).

**Round 1** : What do you know of [practical supports OR individual support OR peer support OR community activities and spaces] specifically for women in the post-shelter transition phase? What already exists?

Additional questions:
- We can ask the group to define certain elements
- For the resources that already exist, we can ask, where, who is doing it, since when does this resource exist?

**Round 2** : From what we already know (what emerges from the first round), what does that make you think of? What comes to mind, such as a story our anecdote from your work or life?

Additional questions
- When you think about "X" how does that make you feel?
- Which of these elements are inspiring for you?
- Are there elements that worry you or that seem difficult?

**Round 3** : From what we already know (what emerges from the first rounds + research results), what would be possible in terms of [practical support OR individual support OU peer support OU community activities and spaces]? What are the obstacles or issues to consider?

Additional questions:
- What have you learned about "X"?
- Are the elements that need more research or exploration?

**Round 4** : From what we already know (what emerges from the first rounds + research results), what are the priorities for action and next steps to implement?

Additional questions:
- What would be relatively easy to implement? What would be more difficult to implement?
- Do you think that there are any practices in post-shelter support that should stop?
- In terms of priorities, do you see an order?

**After the four rounds**: While the participants take their final break, the facilitators will organize to present their findings to the group. There will be 2 facilitators per recommendation so in this break time, the 2 facilitators can meet in break out rooms to discuss their results, or before hand we can look at the process of how this will be handled. There will be about 2-3 minutes per theme.

Thank you again and don't hesitate to reach out to the organizing team if you have any questions!

**Projet Lotus : Création d'un programme de soutien post-hébergement pour femmes : Café du monde virtuel**

# Guide de la facilitatrice

**Tout d'abord, merci d'avoir accepté d'être facilitatrice lors du Café du monde virtuel!**
Votre rôle est essentiel pour assurer le bon déroulement de l'évènement et la participation optimale de toutes.

Vous êtes invitées à animer les échanges lors de quatre sous-groupes de discussion, et à colliger l'information au moyen du tableau de bord Miro, pour ensuite la rapporter en plénière.

Il y a deux heures d'échanges en sous-groupes, avec une pause de 10 minutes entre les deux premiers blocs. Les participantes restent dans les mêmes sous-groupes, alors que les facilitatrices se déplaceront d'un sous-groupe à l'autre. Les deux personnes responsables des aspects techniques se chargeront de déplacer les facilitatrices d'une salle virtuelle à l'autre au moment voulu. Vous serez avisée trois minutes avant la fin du bloc.

Les échanges ont deux objectifs : D'abord, explorer différentes perspectives sur les besoins auxquels devrait répondre un programme de soutiens post-hébergement, et les meilleurs moyens de mettre en œuvre une réponse adaptée à ces besoins. Attention : le but visé n'est pas d'obtenir un consensus, mais plutôt de colliger de l'information riche et de qualité. Un deuxième objectif est de favoriser le dialogue et le réseautage entre les membres du groupe.

Votre rôle comme facilitatrice :
- Susciter l'enthousiasme des membres du groupe pour le thème discuté.
- S'assurer que la discussion se déroule dans le respect, même lorsque des désaccords sont exprimés. Rappeler l'importance de la confidentialité (« ce qui est dit dans le groupe reste dans le groupe »).
- Laisser de côté vos opinions personnelles et votre perspective sur le sujet pour vous centrer sur le processus de groupe.
- Diriger et parfois réorienter la discussion pour garder le cap sur la question demandée.
- S'assurer qu'il y ait une prise de parole équitable et que toutes aient la chance de s'exprimer dans le temps imparti – solliciter directement l'avis d'une personne plus silencieuse au besoin.
- Écouter attentivement ce que disent les membres du groupe et prendre des notes résumées sur le tableau Miro.
- Rapporter une synthèse de votre thème de discussion lors de la deuxième plénière.

Déroulement de chaque bloc de discussion :
1. Saluer les participantes, annoncer que vous êtes leur facilitatrice et dire votre nom.
2. Dans le premier bloc seulement : inviter chacune des participantes à dire leur nom et le groupe ou organisme qu'elles représentent, si elles le souhaitent.

3. Faire un partage d'écran; annoncer le thème de la discussion qui sera déjà affiché sur le tableau Miro et lire une courte description du thème.
4. <u>Pour les blocs 2, 3 et 4</u> : Résumer en 2-3 minutes ce qui a été dit sur le thème lors des discussions précédentes.
5. Poser la question d'amorce et inviter toutes les participantes à s'exprimer sur ce thème.
6. Noter directement un résumé des propos rapportés sur les notes Miro.
7. Valider avec les membres du groupe que vous avez bien compris – faites de courtes synthèses à l'occasion.

Les mêmes questions seront posées pour chacun des quatre thèmes. Les questions ont été développées selon le modèle ORID (question factuelle, Objective; question de Réflexion; question Interprétative et question d'aide à la Décision) :

**Bloc 1** : Qu'est-ce que vous savez [des ressources pratiques/techniques OU du soutien individualisé OU du soutien par les pairs OU des activités et espaces de groupes dans la communauté] spécifiquement pour les femmes lors de la période post-hébergement? Qu'est-ce qui existe déjà?

Questions additionnelles :
- On peut demander que le groupe défini certains éléments
- Pour les ressources qui existe déjà, on peut demander où, qui le fait, depuis quand cette ressource existe-t-elle?

**Bloc 2** : À partir de ce qu'on sait déjà (ce qui ressort du premier tour), À quoi ça vous fait penser, par exemple une histoire ou une anecdote dans votre expérience ou votre travail?

Questions additionnelles :
- Quand vous pensez à « X » comment vous sentez-vous?
- Lesquels éléments vous inspirent?
- Est-ce qu'il y a des éléments qui vous inquiètent/qui semblent difficile?

**Bloc 3** : À partir de ce qu'on sait déjà (ce qui ressort des premiers tours et également les résultats de la démarche de recherche), qu'est-ce qui serait possible en termes de [ressources pratiques/techniques OU soutien individualisé OU soutien par les pairs OU activités et espaces de groupes dans la communauté]? Quels sont les obstacles ou enjeux à considérer?

Questions additionnelles :
- Qu'est-ce que vous avez appris concernant X?
- Est-ce qu'il y a des éléments que nous avons besoin d'étudier/d'explorer davantage?

**Bloc 4** : À partir de ce qu'on sait déjà (ce qui ressort des premiers tours), quelles seraient les priorités d'action et les prochaines étapes à mettre en place?

Questions additionnelles :
- Qu'est-ce qui serait relativement facile à implanter? Et qu'est-ce qui serait difficile à implanter?

- Croyez-vous qu'il y a actuellement des pratiques en soutien post-hébergement qu'on devrait arrêter?
- En terme de priorités d'action, voyez-vous un ordre de priorités?

Après les quatre blocs : Pendant que les participantes prennent une pause de 15 minutes, les facilitatrices produisent une courte synthèse (2-3 minutes) de ce qui émerge en lien avec chacun des thèmes. Il y aura deux facilitatrices par thème, donc il est possible de se rencontrer lors de la pause dans des salles virtuelles séparées pour en discuter.

Merci encore et n'hésitez pas à communiquer avec l'équipe d'organisation pour toute question!