

Pathways to Well-Being: Evaluating Resident Outcomes in Supportive Housing at SHOW

Deepansh Mehta, Rachelle Montreuil, Pratibha Sethi, Devan Shaw

Conestoga College: Bachelors of Community and Criminal Justice

RSCH74240: Capstone Applied Research Project II

Dr. Jennifer Robinson

March 10, 2026

A Capstone Project

Presented by Conestoga College in

fulfillment of the

Major project requirement of the Bachelor of Community and Criminal Justice (Honours)

program

Kitchener, Ontario, Canada,

© 2026

ABSTRACT

Supportive Housing of Waterloo (SHOW) provides stable housing and support services for individuals transitioning from homelessness into permanent housing. Supportive housing programs aim to improve residents' well-being by offering housing stability, access to services, and opportunities for community engagement. The focus of this research is to examine how supportive housing at SHOW contributes to improvements in residents' personal well-being, particularly in regard to independence, self-efficacy, and social connectedness. Quantitative data was collected through surveys completed by residents, while qualitative data was gathered through semi-structured interviews. These methods allowed for a deeper understanding of residents' experiences living at SHOW and the ways supportive housing influences their daily lives.

AUTHORS' DECLARATION

We hereby declare that we are the sole authors of this major research project. This is a true copy of the major research project made with contributions from Supportive Housing of Waterloo including any required final revisions, as expected by our advisor Dr. Jennifer Robinson and Supportive Housing of Waterloo.

We understand that our major research project may be made electronically available to the public.

Contents

Pathways to Well-Being: Evaluating Resident Outcomes in Supportive Housing at SHOW.....	1
ABSTRACT	2
AUTHORS' DECLARATION	3
1.0 – Defining the Focus	9
1.3 – What are the three indicators?	10
1.4 – What the Research Will Accomplish.....	11
1.5 – Layout of Chapters	12
Chapter 2 - Literature Review.....	13
2.1 - Theoretical Frameworks: Strain Theory and Social Learning Theory.....	15
2.2 - Supportive Housing Across Ontario	17
2.3 - Role of Life Skills in Supportive Housing.....	20
2.4 - Outcomes of life skills programming	22
2.6 - Mental Health and Addiction Correlation Amongst Unhoused Individuals	23
2.7 - Gaps in Programming	24
2.9 - Supportive housing programs and Social connectedness	25
2.10 - Community Support Practices and Social Participation	26
2.11 - Synthesis	26
2.12 - Conclusion	27
Chapter 3: Methods	28

3.1 Overview of Methodological Choices.....	28
3.1.1 Why one-on-one interviews with SHOW residents	29
3.1.2. Surveys with SHOW residents	30
3.2 Overview of Design	31
3.2.1 Material/Instruments	32
3.2.2 Participants	33
3.2.3 Recruitment	34
3.3 Research Design.....	34
3.3.1 One on one interviews with supportive housing of SHOW residents	34
3.3.2 Surveys with SHOW residents	36
3.4 - Research Considerations.....	37
3.4.1 Ethical Consideration	37
3.4.2 Informed Consent.....	38
3.5 Conclusion.....	38
Chapter 4: Data Analysis	40
4.1 Grounded Theory and Thematic Analysis.....	40
4.2 Grounded Theory and Coding.....	41
4.3 Data Analysis Qualitative Data	41

4.4 - Quantitative Data	42
4.5 - Data Analysis Limitations	43
4.6 - Expected Results	45
5.0 Results – Survey's	50
5.0.1 - Emotional Well Being	51
5.0.2 - Empowerment	52
5.0.3 - Self Efficacy	54
5.1 - Overall Patterns and Significance	54
Chapter 5.2 - Qualitative Results	56
5.2.1 Introduction	56
5.2.2 Data Collection	56
5.2.3 Results of Interviews: Core Indicators	57
5.2.4 Common Themes from Axial Coding	62
5.2.5 Highlighted Questions from the Interviews	63
Chapter 6: Discussion	64
6.1 Introduction	64
6.2 Independence	64
6.3 Self-Efficacy	67
6.4 Social Connectedness	69
Chapter 7: Conclusion	72

7.1 - Introduction.....	72
7.2 Responses to the Research Question.....	73
7.2.1 How does supportive housing at SHOW influence residents’ independence?.....	73
7.2.2 How does supportive housing at SHOW influence residents’ self-efficacy?.....	74
7.2.3 How does supportive housing at SHOW influence residents’ social connectedness? .	76
7.3 - Community and Social Relevance	77
7.4 - Strengths	78
7.5 - Limitations	78
7.6 - Future Directions	79
References.....	80
Consent Form for Survey – Appendix A (REB Number:631)	97
INFORMATION AND CONSENT TO PARTICIPATE IN RESEARCH	97
PURPOSE OF THE STUDY	98
PROCEDURES.....	98
POTENTIAL RISKS AND DISCOMFORTS.....	98
POTENTIAL BENEFITS TO PARTICIPANTS AND/OR TO SOCIETY.....	99
CONFIDENTIALITY.....	99
HANDLING AND SECURITY OF DATA.....	6

ANONYMITY	6
PARTICIPANTS.....	6
RESULTS OF THE STUDY.....	7
SIGNATURE OF RESEARCH PARTICIPANT/LEGAL REPRESENTATIVE	7
Resident Interview Guide – Appendix C (REB Number:631).....	9
Introduction & Transition.....	9
Indicator 1: Independence	10
Indicator 2: Self-Efficacy	10
Indicator 3: Social Connectedness	11
Closing	12
Information and Consent to Participate in Interview – Appendix B	12
SHOW Script	20
1. Survey Script.....	20
2. Interview Script	21

Chapter 1: Introduction

1.0 – Defining the Focus

In Canada, an estimated 235,000 people experience homelessness yearly, with an estimated 35,000 experiencing homelessness on any night (Tan et al., 2025, para. 1). This project will highlight how supportive housing helps in improving personal well-being of people who transition from homelessness into stable housing. Supportive housing refers to a housing model that provides individuals experiencing homelessness with stable housing while addressing their support needs. As described in the literature, “the predominant service delivery model designed to address the needs of this chronically homeless population, called the Continuum of Care, consists of several program components. It begins with outreach, includes treatment and transitional housing, and ends with permanent supportive housing” (Tsemberis, Gulcur, & Nakae, 2004, p. 651). In the context of this research, supportive housing facilitates long-term stability, improves health outcomes, and enables successful reintegration into society (Tan et al., 2025, p .40). In this research we will examine personal well-being through three key indicators : Independence, Self-efficacy and social connectedness. Independence refers to how an individual completes their daily tasks by themselves and Self -efficacy is defined by a person’s belief in themselves to overcome challenges. Lastly, social connectedness is how a person maintains relationship with others within their community.

1.2 – What is SHOW?

Supportive Housing of Waterloo (SHOW) is an organization that provides stable and permanent housing to individuals who have faced homelessness. Some of their residents deal with issues such as mental illness and substance use, which can be barriers to them participating fully in society. Due to their life experiences, they may be dealing with trauma and might struggle with trusting or accepting help from others. SHOW offers 24/7 wrap-around support, which is the best way to ensure that their tenants get the assistance they need when they need it. Their compassionate, empathetic response lets those who are in need know that someone cares.

SHOW's tenants find stability and a sense of purpose by getting involved in the community, learning different life skills, and achieving their personal goals (SHOW, 2025).

1.3 – What are the three indicators?

Before being housed, residents described themselves as 'on guard all the time'. As a result, it becomes difficult for these individuals to follow routines and maintain a stable life. In this study, resident well-being is examined through three key indicators: independence, self-efficacy, and social connectedness. **Independence** refers to an individual's ability to manage daily tasks, maintain routines, and live with reduced reliance on others (Aubry et al., 2020). **Self-efficacy** refers to an individual's confidence in their ability to manage challenges and accomplish daily responsibilities (Kretchmar, 2024). **Social connectedness** refers to the development of supportive relationships and a sense of belonging within a community (Diduck et al., 2022). . After moving in, residents were able to worry less and to focus on other things like building a routine, pursuing their own goals and needs, working, or managing health conditions (Kirk & Potter, 2023, p. 312).

1.3.1 – Measuring Resident Well-being

Stable housing gives residents a platform to be able to start rebuilding their independence and daily functioning skills. They are more likely to create routines, manage daily household tasks, and when paired with a coach or volunteer, maintain tenancy and build on other practical life skills. Evaluations done on permanent supportive housing show a higher rate of housing stability and an improvement in meeting obligations in tenancy, both of which are measurable gains for independence that are supported by skills training and case management (Stergiopoulos et al., 2015; O'Campo et al., 2016). Self-efficacy refers to an individual's confidence in their ability to manage challenges and complete everyday tasks. Examining competence in managing life tasks, residents have shown an increase in control and confidence when handling daily challenges if they are supported while still being independent. Social connectedness improvements are evident but more dependent on things like supportive housing that provides communal spaces, peer support, and social groups to show measurable isolation and social support metrics. Social connectedness does not always occur with housing stability; research suggests multiple outcomes on social integration unless programs actively promote resident-led connection and address stigma and trauma-related barriers (Aubry et al., 2020; Stergiopoulos et al., 2015).

1.4 – What the Research Will Accomplish

The purpose of this research is to explore residents experiences of personal well-being after their transition into supportive housing at SHOW. Focus is specifically on the indicators of independence, self-efficacy, and social connectedness. This research aims to better understand

how SHOW helps in improving residents overall stability and life. It is very important for SHOW to understand these results, as it would help them get insight into how supportive housing programs support residents in rebuilding their life and personal well being within the community and what improvement can be made. The research question guiding this study is:

1. What measurable changes in personal well-being, defined through the indicators of independence, self-efficacy, and social connectedness, occur among the residents at SHOW in their transition to supportive housing?

1.5 – Layout of Chapters

This research paper is organized into seven chapters. This includes a literature review, methods, data analysis, quantitative and qualitative data results, discussion and conclusion. Chapter 1 introduces the focus of the study. It also provides what supportive housing is and what SHOW as a organization is. It also examines personal well-being of residents while focusing on the three key indicators: independence, self-efficacy, and social connectedness. This chapter concludes with the research question guiding the study. Chapter 2 presents a literature review that examines previous research on homelessness, supportive housing, and the indicators of independence, self-efficacy, and social connectedness. This chapter provides the theoretical and academic framework for the study. Chapter 3 outlines the research design and methods used in this project, including the data collection process, recruitment of participants, surveys and interviews used, data storage and the overview of mixed method design. Chapter 4 presents the data analysis in which we examine grounded theory, coding process, qualitative analysis, quantitative analysis (Likert scale), limitations and expected results. results and discussion of the findings, focusing

on how supportive housing contributes to changes in residents' personal well-being. Chapter 5 and 6 will talk about our findings and discussion from both qualitative and quantitative data. Finally, Chapter 7 concludes the research by outlining community and social relevance of work, connecting to introduction, discussing overall strengths and limitations and implications for community and future work.

Chapter 2 - Literature Review

In Canada, Supportive Housing has become an essential response to homelessness, especially for those dealing with mental health issues, substance abuse, and long term housing instability (Diduck et al., 2022; Palimaru et al., 2023). Focusing on three key areas, mental health and addiction outcomes, life skills development and self-efficacy, and social connectedness, this literature review explores if supportive housing results in significant and measurable increases in well being. This literature review will also examine how structural pressures like poverty and trauma lead to homelessness and how supportive housing environments promote skill development and behavioral change (Palimaru et al., 2023; Aubry et al., 2020). It does this by drawing on Strain Theory and Social Learning Theory. The results suggest that emphasize stable housing is crucial, long term results also heavily depend on the integration of support services, life skills, and community involvement (Agnew, 2006; Kretchmar, 2024). The review places supportive housing in the context of the larger housing crisis in Ontario, emphasizing its efficacy as well as current programming shortages and long term effects (Agnew, 2006; Kretchmar, 2024; Aubry et al., 2020).

Homelessness remains a large and ongoing issue across Canada, driven by factors such as poverty, trauma, mental illness, and limited access to affordable housing. As a result, supportive housing has become an important tool meant to deal with both the short-term need for shelter and the long-term issues created by unstable housing (Sanford et al., 2022). Supportive housing uses the approach that combines long term reasonably priced accommodation with personalized support services like case management, mental health treatment, and life skills development (Region of Waterloo, 2022). Supportive housing focuses more on community integration, stability, and autonomy than typical emergency housing options (Diduck et al., 2023).

Supportive housing is very similar to the Housing First policy in Canada, which focuses on access to housing without requirements like treatment compliance or sobriety (Government of Canada, 2020). This concept acknowledges that resolving more general social, psychological, and health related issues requires safe housing. Supportive housing programs have been put in place around Ontario to help those who are homeless for an extended period of time, especially those who have complicated requirements related to mental health and substance abuse (Aubry et al., 2020; McPherson et al., 2018)..

This review intends to compare whether supportive housing improves well being in a significant and measurable way. Specifically focusing on three important outcome areas such as mental health and addiction, the development of life skills and self efficacy, and social connectedness. These areas offer a methodical framework for assessing the success of supportive housing programs and explaining how people move from unstable housing to increased independence (Aubry et al., 2020; McPherson et al., 2018; Palimaru et al., 2023).

This review uses Social Learning Theory and Strain Theory as a guide to support this approach. While Social Learning Theory provides an understanding of how people acquire new behaviours and coping strategies through observation, interaction, and reinforcement in supportive environments (Kretchmar, 2024; Kirk et al., 2023). Strain Theory explains how structural pressures and limited access to resources contribute to homelessness and social instability (Agnew, 2006; Meehan et al., 2024). When combined, these frameworks provide a thorough perspective for understanding the reasons behind homelessness as well as the ways supportive housing can encourage constructive transformation (Agnew, 2006; Kretchmar, 2024; Aubry et al., 2020).

2.1 - Theoretical Frameworks: Strain Theory and Social Learning Theory

Understanding measurable changes in residents' well being while living in supportive housing requires a framework that shows both the reduction of harmful pressures, and the development of new skills. Using Strain Theory and Social Learning Theory can give us a new perspective on how and why residents living at SHOW have experienced improvements in their independence, self efficacy, and social connectedness. Strain Theory, which was originally developed by Robert Merton, and later expanded by Robert Agnew through general strain theory, focused more on psychological stress and how negative emotions were caused by harmful social conditions (Agnew, 2006; Meehan et al., 2024)). These chronic stressors often limit an individual's ability to maintain independence, which can lead to their ability to form stable social

relationships unbalanced. Supportive housing severely reduces these stressors by providing safe, affordable, and stable housing along with access to other resources (Aubry et al., 2020; Diduck et al., 2022).

When these basic needs are met, the strain on the individual's daily survival decreases, allowing them to focus on their own personal growth and regain autonomy. This is shown with evidence from supportive housing programs across Ontario, that reducing environmental strain directly relates to improved coping skills, increased social functioning, and stability (Palimaru et al., 2023; aubry et al., 2020). Through a Strain Theory lens, improvements in independence, self-efficacy, and social connectedness at SHOW can be understood as outcomes from reduced environmental strain (Agnew, 2006).

Social Learning Theory, developed by Albert Bandura, focuses on how behavior is learned through observations, imitation, and reinforcement of social environments. Often leading to behaviors and coping strategies being learned by observing those around them and repeating those behaviors or strategies that are rewarded or normalized (McLeod, 2025). Social Learning theory been able to conclude that chronic stressors of being unhoused have led to an increase in criminal behavior among youth as well, who may use crime as an outlet for expression or a means of survival (McCarthy and Hagan, 2024) this behavior is learned through living unhoused for an extended period of time and lacking the ability to form positive social connections. Social learning theory is able to demonstrate how SHOW can combat the previously learned social skills with positive life skill incorporations (Kretchmar, 2024).

Research has been able to demonstrate that unhoused individuals paired with a housed peer were able to develop skill building behaviors and experienced a decrease in criminal justice system involvement (McCarthy, 2024; Kirk et al., 2023). With SHOW having onsite support staff, a positive correlation can be shown to support development of life skills and self efficacy, again reaffirming the use of Social Learning Theory to explain the positive impact SHOW has on its residents (Dickard and Townley, 2025; Lindvig et al., 2021).

The use of Strain Theory and Social Learning Theory provides a deeper understanding and point of view in understanding the pressures that cause homelessness and the way through which positive or negative behavioral change can occur. Strain Theory is used to explain how if we reduce environmental stressors, such as unstable housing or financial burdens, will improve an individual's well being (Agnew, 2006; Aubry et al., 2020). Social Learning Theory adds to this perspective on how supportive housing programs allow their residents to observe and develop better behaviors, skills, and connections with others (Kretchmar, 2024; Kirk et al., 2023). Using both these frameworks provides us with an understanding of improvements in independence, self efficacy, and social connectedness for residents at SHOW.

2.2 - Supportive Housing Across Ontario

Supportive housing is a model of housing that combines affordable and stable accommodation with on-site support services designed to help individuals maintain housing and improve overall well being. These services could include opportunities for social engagement, life skills training, mental health and substance use support, and case management (Centre for

Addiction and Mental Health, 2013; Aubry et al., 2020). This approach is based on the knowledge that fixing more general social, psychological, and health related issues requires stable housing (Aubry et al., 2020; Diduck et al., 2022).

As an example, Homes First Society in Toronto is a permanent supportive housing program for individuals experiencing mental health and/or substance use challenges. They offer 24 hour support services that help their residents maintain housing stability and build independent life skills (Homes First Society, 2025). Research done on these programs shows that the residents who participated in support services experienced greater stability and improved daily functioning (Centre for Addiction and Mental Health, 2013).

These findings directly align with SHOW's goals, reinforcing that accessible supportive housing and programs that drive residents to create increased independence. Another similar program WoodGreenCommunity Services, which also offers supportive housing units along with legal assistance, personal care supports, and social programming for diverse populations, including seniors, adults with mental-health needs, and individuals experiencing chronic homelessness (WoodGreen Community Services, n.a.). WoodGreen's supportive housing program has shown improvements for residents' self efficacy because of skill building activities and use of community resources that increased engagement (Patterson et al., 2013). This demonstrates how programs similar to what SHOW offers can increase resident confidence in completing daily tasks and long termgoals.

The John Howard Society is another program that offers transitional and supportive housing across Ontario for those looking for reintegration from correctional facilities (JHS, n.a.). Research done on community reintegration shows that when supportive housing is combined with individualized case planning measurable increases in residents perceived competence and social stability are shown (Department of Justice Canada, 2025). While the John Howard Society programs tend to target those who are struggling to find housing after being incarcerated, their programs similarly align to those of SHOW such as consistent support, skill development, and connection building.

Residents of supportive housing in Ontario that are similar to SHOW, experience many measurable improvement indicators once moved into stable housing (Aubry et al., 2020; McPherson et al., 2018; Palimaru et al., 2023). But the outcome of these improvements all depends on the support and reliability of the program. Examining permanent supportive housing models in Ontario have shown patterns of independence, self efficacy, and social connectedness. Stable housing gives residents a platform to be able to start rebuilding their independence and daily functioning skills. They are more likely to create routines, manage daily household tasks, and when paired with a coach or volunteer, maintain tenancy and build on other practical life skills. Evaluations done on permanent supportive housing show a higher rate of housing stability and an improvement in meeting obligations in tenancy, both of which are measurable gains for independence that are supported by skills training and case management (Stergiopoulos et al., 2015; O'Campo et al., 2016).

Examining competence in managing life tasks, residents have shown an increase in control and confidence when handling daily challenges if they are supported while still being independent. Measuring follow ups to permanent support housing have shown improvements in problem solving, confidence, and overall self rating proves self-efficacy can be a measurable outcome of SHOW and other supportive housing across Ontario that target skill acquisition and empowerment (Aubry et al., 2020; Stergiopoulos et al., 2015).

Social connectedness improvements are evident but more dependent on things like supportive housing that provides communal spaces, peer support, and social groups to show measurable isolation and social support metrics. Social connectedness does not always occur with housing stability; research suggests multiple outcomes on social integration unless programs actively promote resident-led connection and address stigma and trauma-related barriers (Aubry et al., 2020; Stergiopoulos et al., 2015).

All across Ontario there are many different supportive housing programs that all have similar consistent patterns such as supportive housing that gives residents secure, low cost housing with on site resources that links to increases in residents' independence, self efficacy, and social connectivity (Aubry et al., 2020; Dufou 2024; McPherson et al., 2018). Which mirrors SHOW's design and their program's purpose.

2.3 - Role of Life Skills in Supportive Housing

Homelessness arises from individuals past histories, things such as poverty, trauma, and other barriers that hinder their ability to achieve goals. This connects to Merton's Strain Theory

which explains that individuals experiencing structural strain often lack life skills to achieve their goals and get distant from the societal structures that build their individual behavior (Meehan et al., 2024, para. 3). In Ontario and Canada, homelessness leaves people without learning basic life skills. Research shows that homelessness in early adulthood has long-term effects, as the person faces gaps in learning life skills to live independently. This further increases their risk for chronic homelessness (Palimaru et al., 2023, p. 2). That's when learning life skills can fill that void for individuals housed in supportive housing models. Bandura's social learning theory explains that people learn by observing others, especially those who live with them (Kretchmar, 2024, para 1). Tenants learn life skills, like living together through peer support, attending social workshops, and seeing how others go by their life with the help of on-site workers' support that builds self-efficacy, and independence (Sanford et al., 2022, p. 25).

Supportive housing programs in Ontario offer life skills training within their housing model. These supports are aimed at not only providing shelter for tenants but to promote self-efficacy and build independence among tenants by teaching them practical life skills which they have missed when being unhoused. Research shows that just getting housed will not cure addiction, poverty, or psychiatric disability (McPherson et al., 2018, p. 10). Learning life skills comes in handy as it provides additional support to counter the needs of housed individuals. Housing based supports with additional life skills supports like providing flexible mental health care to the tenants at a supportive housing has resulted in improved life skills and social functioning among housed individuals. This not only promotes recovery but also develops self-

efficacy and independence among the tenants (McPherson et al., 2018, p. 2). Additional life skills are delivered by case managers and tenant support workers on site that assist tenants with a range of skills like involving them to navigate their social and health services systems, medication management, and care coordination with external community organizations. On-site staff also conduct house meetings where social conflicts are mediated, and tenants are taught with expectations to live in a supportive housing environment. In a supportive housing environment, tenants which are housed possess different skill sets and are provided with support and supervision based on their need levels (Sosnowski et al., 2025, pp.5-6).

Tenants in supportive housing facilitate social learning theory by observing how others manage daily tasks or resolve conflicts using life skills learned by daily interaction with on-site staff (Kretchmar, 2024, para 1). Programs at supportive housing teach life skills through available supports like substance use and behavioral supports which can help tenants gain self-efficacy (Sosnowski et al., 2025, p. 6). The use of life skills training within supportive housing is important because stable housing alone does not fully address the problems individuals face after experiencing homelessness. These programs provide residents with the tools and support needed to rebuild independence and manage daily responsibilities.

2.4 - Outcomes of life skills programming

Studies confirm that supportive housing enhances housing stability and tenant well-being. One Canadian Housing First trial found that residents spent 74.3% more time in stable housing than those in treatment for over two years (Sosnowski et al., 2025, p. 6). These figures show that supportive housing does end homelessness as tenants feel secure. One Ontario case study

showed that 80% of 50 residents surveyed in a supportive housing were satisfied, as they linked participation in life skill programs, supports from on-site staffing, and opportunities for redeveloping social relationships to be meeting their needs (Sosnowski et al., 2025, p. 6). Evidence suggests that the use of life skills programs is effective, as it produces enhanced psychological outcomes for individuals receiving it (McPherson et al., 2018, p.11).

2.6 - Mental Health and Addiction Correlation Amongst Unhoused Individuals

Unhoused life due to mental health and addictions struggles is a growing concern within Canada, as substance use and mental illness have a significant impact on one's daily life and ability to complete day to day tasks. Within Canada these topics are considered correlating because of the additional challenges faced, and individuals experiencing mental health concerns and addictions are more likely to experience repeated and longer periods of homelessness than the average Canadian (Diduck, 2022). Individuals who struggle with substance use disorders, being more likely to face homelessness has been described as both a cause and effect of homelessness as well as more than two thirds of these individuals indicating substance use being a major cause in being unhoused(Coombs, 2024). This increases the probability of chronic homelessness and being chronically unable to house, due to landlords not wanting to have these individuals in their units, not being able to make the basic requirements to care for oneself due to their mental state, or provide financially to support their lifestyle. These factors cause strain on individuals living in these circumstances without the necessary supports to live a successful life, a

problem which SHOW is able to combat through their supportive housing programs and trauma informed approaches (SHOW, 2025)

2.7 - Gaps in Programming

With unhoused individuals often lacking address, cellphone, or other alternative means of communication, there is an overall lack of health care supports provided to them, decreasing life expectancy based on how long they have been unhoused, especially with up to forty five percent of these individuals having a disability (Diduck, 2025). SHOW allows these individuals to have a home, a mailing address, and access to phones, web browsers, and internet to be able to bridge these gaps and connect people with the healthcare they may require due to preexisting conditions or conditions developed due to being unhoused. Being unhoused contributes to individuals' sense of safety and stability, affecting their levels of self efficacy and autonomy, with their experiences of homelessness being focused on survival, rather than their mental and physical health needs (Diduck, 2025). These individuals reflected feeling unsafe, potentially heightened by mental health conditions, even when in a community centre or in a public environment, the implementation of SHOW can have a significant effect on individuals' confidence and security levels based on having a place to call home. Amongst unhoused individuals, those who are able to receive healthcare, may also not have the ability to complete home mental health programming, store medications and aids, or have a secure place to connect with online or virtual support. These are barriers faced by unhoused individuals resulting in non equitable care, with a call for policy and procedure reform for these individuals (Warren et al., 2025).

The reflected literature is able to display and demonstrate how mental health struggles, and addictions are a prominent struggle among individuals who are unhouse, affecting their basic needs, self efficacy, and ability to pursue and continue through life (Warren et al. 2025) A program such as SHOW is able to support in bridging the gaps to access healthcare to promote positive healthy lifestyles, supporting strain theory and social learning theory, when surrounded by their peers in an inclusive and trauma informed environment (Dickard and Townley, 2025; Lapierre et al., 2024;Forchuk et al.,2024; Weldrick et al., 2025).

2.9 - Supportive housing programs and Social connectedness

Supporting housing across Ontario provides stable housing, support services, and community involvement. One of the key outcomes is social connectedness as these programs help residents experience reduced feelings of isolation and also create a shared routine with other residents living together. Participation from people in on-site activities and programs builds mutual trust and empowers their relationship with each other. Studies on programs like the Community Homes for Opportunity (CHO) in Ontario also depict that when housing includes staff support, community engagement, residents experience stronger social connections and improved well-being (Forchuk et al., 2024). This relates directly to SHOW's goal of rebuilding confidence, daily structure, and making stronger social bonds within their community. Staff involvement is one of the strongest indicators of reducing loneliness among supportive- housing residents. Staff interactions create a sense of emotional safety within the residents, resulting in increased social participation with confidence. When staff lead or show positive social activities, it affects residents with low self-esteem, which also relates to Social Learning Theory of how

people model behaviors by observing others. Over time, it helps in increasing self-determination and their belief in their own abilities. This shows that social connectedness requires people and relationships, not just housing (Dickard and Townley, 2025).

2.10 - Community Support Practices and Social Participation

Community support practices play an important role in increasing social participation and reducing isolation among supportive housing residents. This includes tenant committees, group activities, social events, etc. Support workers build “bonding, bridging and linking” connections which create social capital and improve residents' connections with their community. (Lapierre et al., 2024). These practices focus on empowerment, self-determination, and strength-based engagement which helps in preventing social and mental health crises. From a strain theory perspective they also reduce the “strain” described in Strain Theory, since well planned activities meet residents’ social and emotional needs after being in housing crisis and instability for so long. This further helps in stabilizing their housing and helps residents develop confidence (Lapierre et al., 2024). These findings align with SHOW’s model where staffed involvement directly contributes to visible improvements in residents’ social connectedness and overall well-being.

2.11 - Synthesis

The literature talks about how social connectedness improves when supportive housing includes programs that have regular staff support with daily activities (Lapierre et al., 2024; Dickard and Townley, 2025). Residents need emotional connection and opportunities to help rebuild their lives for their own well-being. Stable housing is not the only factor to create

connection; people need program involvement and community support as well (Forchuk et al., 2024). All articles talk about how supportive housing must combine relationship support, skill building and inclusive spaces for all. This relates to how at SHOW community programs, peer support and staff engagement will ultimately result in improved social well-being for their peers. (Dickard and Townley, 2025; Lapierre et al., 2024; Forchuk et al., 2024; Weldrick et al., 2025). These findings strongly support Social Learning Theory, because regular staff communication with the residents depicts the behaviors that residents can mirror in their own social interactions.

2.12 - Conclusion

Homelessness is a pressing issue in Canada, rooted with strains such as poverty, trauma, and lack of accessible services. Strain theory explains these deprivations, as individuals housed in a supportive housing lack life skills and blocked opportunities create pressures before and after the individuals enter supportive housing (Meehan et al., 2024, para. 3). In Ontario, supportive housing models have emerged to pair housing with supports like individualized supports, including case management, mental health services and necessary life skills. These programs are offered by organizations like Homes First Society that aim to help in the areas of budgeting, social communication, and household skills. All of these contribute to building independence and self-efficacy in the long-term for housed individuals under supportive housing (Homes First Society, 2025; Sanford et al., 2022).

This literature demonstrates that supportive housing improves personal wellbeing of individuals housed in the areas of self-efficacy, independence, and social connectedness

(McPherson et al., 2018, p. 2). Studies have shown that when stable housing is paired with consistent support, residents gain confidence and achieve a better quality of life. Social learning theory explains the same how this gain occurs: as tenants learn to develop daily routines, coping strategies, modelling peer activities, and support provided by on-site staff (Kretchmar, 2024, para 1).

Overall, the literature shows that Ontario's supportive housing initiatives integrated with life skills play a vital role in reducing strain and promotes wellbeing of individuals transitioning from homeless to housed life under supportive housing (Sanford et al., 2022, p. 25)

Chapter 3: Methods

3.1 Overview of Methodological Choices

To fully understand the transition and its outcome, our methodological choices are embedded within a Community-Based Research (CBR) approach. CBR centers the voices of people with lived experiences, ensuring that the research is collaborative, inclusive, and validates the realities of marginalized populations (Grande, 2024, p. 62). Identifying and evaluating approaches aimed at providing safe and stable housing to individuals in need has been the focus

of literature around homelessness. Less attention has been given to psychosocial well-being of individuals after securing a tenancy (Marshall et al., 2024, p. 2). We aimed to bridge the gap and explore the personal well-being of the tenants at SHOW by exploring their independence, self-efficacy, and social connectedness in their daily routines.

This brings us to our research question, “What measurable changes in personal wellbeing—defined through independence, self-efficacy, and social connectedness—occur among residents as they transition into supportive housing at SHOW?”. Independence focuses on the autonomy to carry out daily tasks and manage personal responsibilities (Palimaru et al., 2023, p. 2). Self-efficacy defines a person's belief in their own ability to overcome challenges and achieve their goals (Kretchmar, 2024, para. 1). Lastly, social connectedness describes how well an individual is able to establish and sustain meaningful relationships within their community (Lapierre et al., 2024, p. 14). By exploring these three indicators, this mixed-methods study captured both statistically measurable data and deeper personal narratives from the qualitative interviews and quantitative surveys to reflect the lived experiences of the residents (Lorenzini et al., 2024, p. 2).

3.1.1 Why one-on-one interviews with SHOW residents

Why did we use the mixed methods of design, and why qualitative interviews? A mixed-methods design is essential to determine a person's identity, social connectedness and self-efficacy in a supportive housing setting (Lorenzini et al., 2024, p. 2). Research notes that individuals who transition to supportive housing often encounter new psychosocial stressors and

vivid emotions (Marshall et al., 2024, p. 3). Therefore, qualitative interviews when employed help in capturing the personal experiences of residents in supportive housing. Qualitative methods like interviews help allow the research to adopt a trauma-informed, front-hand approach that creates a space for tenants to explain the “how” and “why” behind their changing levels of personal wellbeing (Grande, 2024, p. 63). By integrating qualitative semi structured interviews, the research benefits from the lived experiences of individuals and provides statistical data that reveals day-to-day efficacy of residents within SHOW.

3.1.2. Surveys with SHOW residents

Why quantitative surveys? Why is this needed? Within a Community-Based Research (CBR) framework, it is essential to offer alternative forms of participation to vulnerable individuals who may experience barriers, such as cognitive fatigue or emotional distress, during long-form qualitative interviews (Grande, 2024, p. 62).

Quantitative surveys are used to measure the broader, structural efficacy of SHOW housing models across its resident population. While qualitative interviews help with in-depth personal narratives, quantitative surveys provide the essential broader stats to identify patterns in well-being and social connectedness over time. We realized that when working with a limited number of respondents, adding a 1-to-5 Likert scale provided an accessible, highly structured tool for residents to clearly express their perceptions of their own well-being and social connectedness (Lorenzini et al., 2024, p. 2). Furthermore, when combined with qualitative interviews, the integration of these survey findings is not intended to dictate specific future community interventions; rather, this mixed-methods strategy is better aligned with an

exploratory approach to comprehensively document the holistic benefits of supportive housing (La Motte-Kerr et al., 2023, p. 3).

3.2 Overview of Design

The purpose of the method section was to provide a transparent, clear, and detailed documentation of the processes, techniques, and procedures that were used during the study. It also involves a detailed explanation of the population used, how the sampling took place, and which measurement tools were used for data collection and its analysis (Zogmaister et al., 2024, p. 1). All of these steps are necessary to be applied as it allows other researchers to replicate the study from scratch, as the audience would know how the original study was conducted. By following all the steps mentioned, the research replication is also possible (Lorenzini et al., 2024, p. 6). In the context of this specific project, titled "Pathways to Well-Being: Evaluating Resident Outcomes in Supportive Housing at SHOW", the method section delineates how the research team explored changes in personal well-being among individuals transitioning out of homelessness. There was limited measurable data documenting how residents' well-being evolves after entering supportive housing in the Waterloo Region. This project addresses that gap by examining three key outcomes: independence, self-efficacy, and social connectedness. Tracking these indicators over time helped SHOW understand how its programs contribute to residents' personal growth and stability, and where additional support was needed. The central research question guiding this proposal was: "What measurable changes in personal wellbeing—defined through independence, self-efficacy, and social connectedness—occur among residents

as they transition into supportive housing at SHOW?” By combining quantitative surveys with qualitative interviews, this mixed methods study captured both statistically measurable changes and deeper personal narratives.

3.2.1 Material/Instruments

This study used two primary data collection methods to collect data from residents at Supportive Housing of Waterloo (SHOW): a structured survey and a semi-structured interview guide. The survey was paper based and consisted of nine questions using Likert scale to answer- 1 (Strongly Disagree) to 5 (Strongly Agree). The survey used a Likert-type scale which is commonly used to measure people’s opinions and experiences (Sullivan & Artino, 2013) These questions helped us measure what residents think about independence, self-efficacy and social connectedness while they are living at SHOW. To ensure that surveys are accessible to all, we also requested SHOW staff and student researchers to accompany the participants if they required any support reading or writing answers. The semi-structured interview guide consisted of 12 open-ended questions. These questions asked them about their transition to housing, changes in their feeling of independence, and their sense of belonging. Interviews were conducted with a SHOW staff present and were nonjudgmental. With the participant’s consent, interviews were audio recorded and then transcribed. All the identifying information were removed to protect residents’ privacy. The Likert scale was used because it is a simplified tool for residents to use, while being able to accurately determine a mean, median and mode during analysis of data. We used the same questions for all participants to ensure that the results were consistent. Talking about the semi structured interview format, this was chosen because it helped the participants in sharing their personal experiences in a more of a comfortable, to their

discretion, conversational type of way, which helps in extracting meaningful data (Demirci, 2024).

3.2.2 Participants

The participants involved in this study, included adult residents currently living at SHOW. Participants were recruited by voluntary participation along with the help of SHOW staff. The selection criteria also included participants to be 18 years of age or older, with a minimum of 1 year lived at SHOW at the time of data collection, ensuring enough time for measurable indicators of wellbeing to emerge. A full year of tenancy ensured participants had sufficient time to establish routines, allowing for the emergence of measurable, reflective data regarding their long-term independence, self-efficacy, and social connectedness (Aubry et al., 2020, p. 345). Participants were from vulnerable populations, as many have experienced homelessness, poverty, chronic stress, and barriers for stable housing and employment. No specific health information will be collected, but participants may have contributed stories that are related to mental health challenges or substance use. However, only residents that are currently housed and stable were involved in the study to minimize potential risk. All data collected was focused on indicators of independence, self-efficacy, and social connectedness. To minimize potential risk, only residents who were currently housed and considered stable by SHOW staff were invited to participate, aligning with ethical considerations for conducting research with vulnerable populations (CIOMS, 2016).

3.2.3 Recruitment

The student research team visited the SHOW facility to directly distribute information letters and consent forms to residents and staff. Along with a formal consent form, a simplified script was prepared by student researchers to summarize key points in the consent form. By having the student researchers lead this process, researchers ensured that participation was requested directly by the study team. However, SHOW staff were available to facilitate this process when needed, such as helping to introduce the researchers or assisting residents who required clarification on the materials. Interested participants acted on their own volition to agree to meet at a designated time at the SHOW facility and were given advanced notice of student researchers' arrival and intent. The capacity to consent was verified to ensure that all participants are adults capable of understanding the study's purpose and procedures.

3.3 Research Design

3.3.1 One on one interviews with supportive housing of SHOW residents

We invited the residents from SHOW who were interested in sitting down for a one-on-one interview. These interviews were "semi-structured," meaning we had a list of topics to cover, but it felt more like a natural, relaxed conversation. This setup allowed residents to share their personal stories—the "narrative arc" of their transition—at their own pace and comfort level. The main goal of these discussions was to learn about their unique journeys, focusing on the roadblocks they have faced, the support they have received since moving to SHOW, and why their feelings of confidence and community connection have changed.

3.3.1.2 Data Collection

For this part of the project, we interviewed nine residents. Each interview took about 20 minutes to complete. We used 12 open-ended questions—these are questions that cannot be answered with a simple "yes" or "no," which encouraged the residents to give rich, detailed answers. Before asking any questions, we made sure to get their "informed consent." This means we clearly explained what the project was about and made sure they understood that they were completely in control. They were reminded that they could skip questions, take a break, or stop the interview at any time without getting into any trouble.

3.3.1.3 Data Storage

Keeping the residents shared information safe and private is a top priority. All the data collected from these interviews will be securely stored for the next 7 years. Because the participants own their stories, we made it explicitly clear that they have the right to change their minds. If a resident decides they no longer want their interview used in the study, they can ask to withdraw their information at any point during those 7 years, and it will be removed with absolutely zero negative consequences. To ensure strict security, digital files (including transcribed audio and digitized survey results) are stored on a secure, password-protected OneDrive managed by Dr. Jennifer Robinson in the Community Services Office. Physical copies of the completed paper surveys and signed consent forms are kept in locked storage cabinets within Dr. Robinson's office at Conestoga College, located at 299 Doon Valley Drive.

Participants were explicitly informed that they hold the right to withdraw their information at any point during these 7 years without consequence.

3.3.2 Surveys with SHOW residents

3.3.2.1 Data Collection

We asked current SHOW residents to fill out a paper survey. To make sure everyone could participate easily, regardless of any reading or physical challenges, we used an "assisted" format. This means that if a resident wanted help, student researchers or SHOW staff were right there to read the questions out loud or write down their answers for them.

Instead of asking simple "yes" or "no" questions, the survey used a rating scale from 1 to 5. For example, to measure how confident they feel (self-efficacy), a resident could rate how happy they are with their daily routine from 1 (Not happy at all) to 5 (Very happy). This 1-to-5 rating system is a great tool because it allows us to take a resident's personal feelings about their independence and community connection and translate them into clear, measurable data.

3.3.2.2 Data Storage

Just like with the interviews, protecting the residents' privacy is incredibly important. All completed paper surveys are kept completely confidential and stored in a locked, secure location. The information collected from these surveys will be safely stored for 7 years. Furthermore, the surveys are kept anonymous, meaning a resident's name will not be directly attached to their specific answers in the final report.

3.3.2.3 Recruitment Process

Our student research team conducted 13 surveys, depending on who was available and comfortable participating in the span of two weeks. We wanted to make sure that taking the survey felt like a safe and positive experience. To achieve this, we used a "trauma-informed" approach to write questions. This simply means we were very careful to use a supportive, uplifting tone. Instead of asking residents to focus on past negative experiences or struggles, the survey questions were designed to highlight their current daily routines, what they are satisfied with today, and their present well-being. 3.4

3.4 - Research Considerations

3.4.1 Ethical Consideration

Some residents of SHOW were previously unhoused individuals; there is a low probability that minimal psychological harm could have occurred when speaking about the residents' previous experiences. To address this, the research group worked in a team to conduct surveys and interviews. Redirection was used if risk was encountered at any time. The right to withdraw at any point was available and all participation was voluntary, along with Here 24/7 information contact for external supports was provided. As mentioned above, research questions were also positively framed to focus on current positive experiences in their daily life rather than previous negative experiences. Alternatives could not be used due to the quality and authenticity of research provided from residents' firsthand experiences.

3.4.2 Informed Consent

Before anyone took a survey or sat down for an interview, we made sure they knew exactly what they were signing up for. This process is called getting "informed consent." To do this, we put together an information letter and a consent form that clearly explained the research project and what the next steps would be.

We wanted to make absolutely sure that everyone could easily understand what they were reading, regardless of their reading level. To fix this, we wrote a short, simple script that summarized the formal consent forms into every day, conversational language. Taking this extra step was incredibly important because it guaranteed that all participants fully understood what the study was about and knew exactly what their rights were before they agreed to join (Grande, 2024, p. 62).

3.5 Conclusion

The data collection strategy for this study used a mixed-methods approach, combining qualitative interviews and quantitative surveys. As mentioned in the Section 10 (Methodology) of the REB, this research allowed researchers to “capture both statistically measurable changes and deeper personal narratives”. Mixed methods of research combine the qualitative and quantitative methods in a single study or research project (Demkowicz et al., 2024, p. 1). The approaches differ in the study as both methods do not integrate, instead they provide an holistic approach. Mixed methods are often used in research areas for fields like mental health, and program delivery in complex environments (Demkowicz et al., 2025, p. 1). By combining quantitative surveys with qualitative interviews, the study achieved integration as it had

information from different methods making sure all the indicators of the research question: independence, self-efficacy, and social connectedness are worked from different methods (Lorenzini et al., 2024, p. 2).

Chapter 4: Data Analysis

4.1 Grounded Theory and Thematic Analysis

For the purpose of this project, the research team used Traditional Grounded Theory in relation to qualitative data analysis. This approach has been used within research since it was developed in 1967 by Barry Glaser and Anselm Strauss. Traditional Grounded Theory focuses on patterns within behaviors in research to identify a trend and explain encountered data using a distinct theory (Tie, Birks, et al. 2019). Glaser and Strauss were able to develop Grounded Theory as a whole by focusing on patterns in behaviors leading to generating data inductively based on trends and theories rather than deductively, to validate qualitative research as unbiased and constant (Tie, Birks, et al. 2019).

For the purpose of the research, the question at hand is *What measurable changes in personal well-being, defined through the indicators of independence, self-efficacy, and social connectedness, occur among the residents of SHOW in their transition to supportive housing?*, the key frameworks being examined with SHOW are Independence, self efficacy, and social connectedness. These concepts being examined were the main interest of SHOW to reflect effectiveness of their programs for residents. To understand these frameworks using a Grounded Theory approach allows us to establish a baseline within Grounded Theory through an inductive lens. These frameworks will be kept in the forefront of our research to focus on the needs of SHOW and their benefits in the research.

4.2 Grounded Theory and Coding

Within Traditional Grounded Theory the use of Coding is able to reflect theory construction and validate findings, “grounded theory is based on a concept-indicator model of constant comparisons of incidents to incidents and, once a conceptual code is generated, of incidents to the emerging concept.” (Holton, 2007), coding is used within Traditional Grounded Theory by segregating ideas from transcriptions into categories and hypotheses allowing new categories to emerge as the researchers see fit. For the purpose of this assignment, researchers used an open coding method, allowing a line-by-line analysis to occur and a full analysis of all collected data.

4.3 Data Analysis Qualitative Data

Due to the complex nature of the individuals who were being interviewed and surveyed it was an asset to disperse our team into smaller groups in an effort to not overwhelm the individuals we were in contact with. With this being said, when analyzing data, it was essential for the entirety of the team to be familiar with collected data and comfortable in their understanding. the Analysis process began with Contact summary forms; these forms would allow for initial understandings of the collected data to be outlined and documented. After transcribing the qualitative interviews, the team familiarized themselves with the material to develop a strong understanding of what had been collected, to allow for a unified understanding, as we understood, “the initial phase of the thematic analysis process. It involves the transcription

of data and familiarizing oneself with it. Researchers dive deep into the content to discern initial themes and important sections.” (Naeem, Ozuem, et al., 2023)

Afterwards, an open coding process was used by assigning words and phrases to collected data. During this process, highlighting key words and phrases from transcribed interviews were outlined. These key words and phrases were then grouped into sections of relevance. To keep track of the words and phrases of significance a data analysis chart was created to reflect on and connect similar idea groupings together. These charts contained the research question and the frameworks highlighted above as a point of reference. All members of the research team were active participant in this process, understanding open coding, the material being analyzed and the common themes to identify.

Using a combination of these processes within coding allowed the research team to have a complete understanding of the data being observed and collected. First-hand analysis by each of the researchers allowed for a joint effort to take place, and understanding amongst the team, while also gathering initial thoughts and responses from the team. Open coding with data analysis charts reflected the statistical organized data from the qualitative data to be able to group the data and find similarities.

4.4 - Quantitative Data

Within the research project, a survey was conducted amongst residents of SHOW, to measure the indicators of success as mentioned above in a scale format, with residents being given the opportunity to answer questions on a scale of 1-5 using a likert scale to indicate a range from strongly disagree to strongly agree. The likert scale was originally established by social

scientist Rensis Likert. The Likert scale has been found to be useful in situations where a neutral answer is provided, not requiring participants to make a definitive choice, as well as when there is a balance on both ends of the scale (Bishop, 2015), this research project was able to demonstrate these traits making it a productive research method. These answers were input into an Excel platform in order to calculate measures of central tendency, including data frequency, median and mode. Displayed the range of answers as well as which ones fell in the middle and opposing sides. Data frequency allowed for percentages to be developed based on participants answers. Using these techniques, the research team was able to pinpoint where the data fell in different range formats, as well as be provided an overview of all the answers, also getting an idea of how many were outside of these ranges to display a trend. Allowing there to be several measures of central tendency allowed for a display of range. Mean is typically used when the answers are relative to each other, and median is preferred if there are varying extremes of responses (Manikandan S, 2011), with the expectation of varying responses, being able to reflect on both modes of central tendency is expected to assist in providing the full range of answers and determine if the values are an appropriate reflection.

4.5 - Data Analysis Limitations

Due to the population of individuals interviewed and surveyed, there were limitations brought forth during data analysis, such as lack of participant involvement, motivation of involvement, and population of individuals involved. With the majority of individuals who are unhoused being between the ages of 50-60, and a rapid increase within this age group, many of

the individuals who participated in the research had correlating struggles to being unhoused such as systemic challenges in housing and economy, accessing health care, and educational setbacks (Pope, Latimer, et al., 2023). With this being the case a primary focus for these individuals was outside factors rather than the successes of the SHOW program. Many of the respondents had been previously housed, employed and displayed “traditional indicators of success”, such as financial stability, healthy relationships, etc., and were often comparing their previous life experiences to their current position rather than the comparison between unhoused and living within SHOW. This led to discrepancies in goals amongst individuals, and their own personal identifiers of success varying from the ones set out within this research project. With this challenge being recognized using both the qualitative and quantitative measures of information allowed for general answers from individual and room for expansion.

Another limitation in data analysis was recruitment and willingness to participate. For many of the individuals, those who were having a “good day” were often times more likely to want to participate, reflecting in positive answers rather than their honest daily opinions. A state that coincides with this is also the presence of mental illness and capacity to want to participate for a longer duration of time such as an interview. It has been found that recruitment and retention of individuals who have been previously unhoused and are potentially struggling with their mental health has proven to be difficult, however it is possible with flexibility and the use of person centered strategies (Strehlau, 2017), for the purpose of this research project the extended portion, took roughly 15-20 minutes depending on the detail given in participant answers. For both of these limitations, willingness to participate and recruitment due to outside factors, the research team remained flexible, providing participants with multiple dates, data options such as

quantitative or qualitative information gathering, and spent longer periods of time with the individuals, rather than scheduling them to a specific time slot. The questions asked at both the beginning of the data pieces were used to gauge how the day had been for participants, such as the survey's beginning with "I am having a good day today", and the likert scale options to provide a frame of reference during the data analysis process to understand what mindset the individuals may have been in.

4.6 - Expected Results

Due to the nature of the research the research team had chosen to analyze the data from when individuals entered SHOW to the time of the surveys/interviews. The expected results based on levels of self-efficacy, social connectedness, and independence are expected to reflect an improvement since being unhoused. There is expected to be outliers in survey results, depending on the type of day an individual may have and an overall satisfaction of life, which have been described in limitations on how this has been combatted. However, it has been found that individuals who have been chronically unhoused typically experience higher success rates when living in a supportive housing environment due to direct access to case management services, health care opportunities, financial support, and other life skill guidance, services that they may have been lacking since being unhoused, compared to their counterparts who were independently housed directly after living in an unhoused environment, as they are used to surviving rather than progressing. (Quinn, Gomez, et al., 2017). These are the results the research team expects to receive after analyzing the data, it is predicted that the majority of

individuals living within SHOW will find it to be beneficial in meeting the outlined indicators of success. Research Results

4.7 - Introduction

The purpose of this chapter is to present a thematic analysis of key informant interviews and surveys that were conducted and connect data to theory. A total of 11 surveys and 8 interviews were conducted for this project, over a 15-week period. The data analysis for this project focused on examining and identifying key patterns within the data that were directly related to the research question. This projects' research question examined personal well-being through three key indicators of independence, self-efficacy, and social connectedness. The data analysis stage of this research project focused on examining collected data and identifying key themes that were related to the central research question and examining how the responses were distributed across categories (Strongly Disagree to Strongly Agree) and locating trends in participants responses. An individual's amount of autonomy in daily life is reflected in their independence, which is defined as their ability to carry out daily tasks and manage responsibilities on their own. Self efficacy, which shows confidence and autonomy, is defined as a person's belief in their ability to overcome obstacles and achieve desired outcomes. Finally, social connectedness explains the value of social support and belonging by describing how well a person is able to establish and sustain meaningful relationships within their community.

Given the small data sample size, analyzing frequency distributions rather than relying on measures such as a "mean", which would disproportionately influence outlier

responses. Once the data analysis process was finished, a number of patterns were visible. These include low levels of disagreement, a stronger trend toward agreement, balance in response patterns across most questions, and occasional fluctuation in specific questions. This section will go further in detail about these patterns. The results showed that the majority of replies fell into the “Agree” and “Strongly Agree” categories, with between 70% and 82% of participants choosing these choices for most questions. This shows that participants' reactions were consistently and clearly positive. The strength and consistency of this pattern were further supported by the fact that the median and mode for eight of the nine questions were both “Agree”. Additionally, the analysis found areas where the data varied. Question 3 “I am happy with my current daily routine”, showed a more equally distributed collection of responses, with a higher percentage of neutral and disagreeing answers, indicating a lack of agreement among participants. Another question showed lower levels of variation, with more neutral replies implying to a greater range of viewpoints. The data analysis identifies some areas where participants' responses tended to be different while also highlighting a common pattern of agreement throughout the surveys. These results, which will be further discussed in more detail, give clarity on the consistency and complexity of participants' perspectives.

4.8 - Data Collection

Surveys and semi-structured interviews with SHOW residents were used to gather data for this study. Together, the student research team went to the residence and gave participants paper surveys. The survey, which used Likert scale questions designed to assess important

elements of individuals' well being, such as independence, self efficacy, and social connectedness, was offered to residents voluntarily. Some of the participants offered to take part in semi-structured interviews in addition to the surveys. Eight residents in total took part in these interviews, allowing for a greater understanding of their viewpoints and experiences. Because of the flexible nature of the interviews, participants were able to give more elaborate details on their answers about the issues affecting their well being. This combined approach to data collection provided both quantitative and qualitative insights, supporting a more comprehensive understanding of resident experiences at SHOW.

4.9 - Survey Design

Being able to accurately capture and measure residents' well-being across elements of independence, self efficacy, and social connectedness ended with the choice to use both surveys and interviews in this study. A single approach when collecting data would not have been enough to give a complete understanding of the complex and difficult idea of well being. In order to provide both quantifiable patterns and more indepth contextual understanding, a mix methods approach was used. Because surveys allowed the collection of consistent, quantitative data from multiple participants, they were selected as one of our methods. It was able to find patterns in the resident's perceptions of their well being by using Likert scale questions, especially by looking at the response distribution. Given the study's focus on finding broad trends, such as agreement levels, rather than depending on averages that can be distorted by a small sample size, this strategy proved particularly effective. Surveys are useful for spotting broad patterns, but they can't fully reflect the complexity of individual experiences. Because of

this, the research design included semi structured interviews. Participants were able to expand their answers during interviews, which gave a more detailed understanding of their lived experiences at SHOW and revealed the reasons for their perceptions. This was especially important when examining ideas like social connectedness and self efficacy, which are frequently influenced by social context and individuals' experiences. The research was able to find a balance between scope and depth by mixing surveys and interviews. While the interview data gave such patterns of context and meaning, the survey data gave a clear picture of resident response patterns. This method improved the overall study and made it possible to look more closely at how residents well being is impacted by supportive housing at SHOW.

4.9.1 - Sample and Setting (SHOW Residents)

Residents currently living at SHOW, a supportive housing setting intended to support people in achieving stability and greater well being made up the study's sample. Participants came in directly from this environment because the study was carried out in partnership with SHOW, ensuring that the information gathered was based on the actual experiences of those who are currently residents at SHOW. Because participants selected themselves based on availability and willingness to participate during the student's research team visit, a convenience sampling strategy was employed. At the end of data collection, 11 residents took part in the surveys, although the original target was to collect between 25 and 30 responses. Eight individuals offered to participate in interviews. Even though the final sample size was less than planned, it still gave useful data about residents' experiences in the SHOW environment. The research was

able to stay in line with the projects goals by focusing on SHOW residents, especially when it came to examining social connectedness, independence, and self efficacy as indicators of well being. Participants were given the opportunity to think about how elements of well being are experienced in their day to day lives because they were actively living in a supportive housing unit. Also, the SHOW setting allowed it to be possible for participants to respond in a comfortable and familiar environment, which possibly resulted in more honest and accurate answers. This was important for the interview part, where participants were invited to consider their own well being related experiences. Overall, the study had a useful and relevant foundation thanks to the chosen sample and environment. Although the reduced sample size was a drawback, the information gathered is still related to the goals of this study and includes helpful perspectives from people who have lived in supportive housing.

5.0 Results – Survey's

The survey's findings offer a thorough analysis of how SHOW residents view their own personal well being, with a focus on three key areas of self efficacy, independence, and social connectedness. Given the small sample size (n=11) and the ordered structure of Likert scale data, the analysis prioritized frequency distributions, as well as median and mode values rather than mean scores. The literature supports this strategy since using means with ordered data can be deceptive and too sensitive to outliers (Hurley et al., 2023). Overall, the results show that most survey questions had useful responses, with the majority of replies falling into the “Agree” or “Strongly Agree” sections. Approximately 70% to 82% of SHOW residents chose these positive responses for most questions, and “Agree” was the median and mode for eight out of nine survey

questions. This suggests a consistent and uniform trend in participant perceptions since agreement is the most frequent and representative response throughout the sample.

5.0.1 - Emotional Well Being

Residents' emotional and mental health, including their present emotional state, reported changes in stress levels, attitude on the future, and general well being since joining SHOW, were all examined in questions 1 through 4. Although there is considerable variation, the results showed that individuals generally feel improvements in their emotional well being. With 45% of participants choosing "Agree" and 27% choosing "Strongly Agree" for question 1 "I am having a good day today", totaling 73% positive answers. Interestingly, no individuals chose "Disagree" or "Strongly Disagree", suggesting that there was no negative emotional reporting throughout the study. Both the median and mode were "Agree", suggesting that this response best reflects the group's central tendency.

The second questions, "I have support if needed to complete daily tasks" showed an even higher trend of agreement, with 82% of residents choosing "Agree" and 18% choosing "Strongly Agree". Showing that the majority of residents believe they have access to the help they need to handle their everyday tasks, as shown by how only 18% of them chose a form of disagreement and with none picking "Neutral". This pattern suggests residents know about and have access to support services within the supportive housing environment at SHOW.

Question 3, “I am happy with my current daily routine” on the other hand showed the most variation among the emotional well being category. “Neutral” was the most popular response with 36%, followed by “Agree” with 27% and “Disagree” with 27%. Both the median and mode were “Neutral”, which suggests that participants were unable to reach a solid consensus. This distribution shows that residents experiences are more diverse with some feeling content with their routines while others are unsure or unhappy. The larger percentage of neutral answers might mean that individuals are still developing regular habits or adjusting to their living conditions. This finding is significant since independence, emotional stability, and general well being are all closely linked with having consistent and fulfilling daily routine. The range of answers show that although supportive housing can offer structure, some residents may need more time and assistance to establish meaningful and regular routines.

With 73% of the participants choosing “Agree” and 27% choosing “Strongly Agree” in question 4 “I have been able to easily access medical care while living at SHOW” changed to a stronger pattern of agreement. Only 9% picking “Strongly Disagree”, while 18% choosing “Neutral”. Both the median and mode were “Agree”, supporting the belief that most participants believe they have accessible and improved access to medical care within the SHOW environment.

5.0.2 - Empowerment

Questions 5 through 8 looked at the residents’ sense of voice, autonomy, control, and respect in the SHOW environment with a focus on empowerment. With high levels of agreement for all three questions, the results in this area were consistently strong. 82% of participant gave positive answers to Question 5 “I feel that my opinions are respected at SHOW”, with 55% selecting

“Agree” and 27% selecting “Strongly Agree”. Just 9% of respondents chose “Strongly Disagree”, with none choosing “Neutral” or “Disagree”. Both the median and mode were “Agree” suggesting a strong belief that SHOW values the opinions of the residents.

In the same way, Question 6 “I feel a positive sense of belonging at SHOW”, had 82% positive responses with 64% agreement and 18% strong agreement. Only 9% of respondents chose “Neutral”, while 9% chose “Strongly Disagree”. This suggests that the majority of participants feel more in control of their lives, which is important for both independence and empowerment. In response to Question 7 “I believe I can reach the goals I set for myself”, 55% agreed and 27% strongly agreed. There was no disagreement, and only 18% of participants chose “Neutral”. The lack of disagreement is important to note since it suggests that residents view the setting as encouraging independence rather than restricting or controlling.

Question 8 “I am proud of the skills I have learned with SHOW support” provided the best results, with 90% of responses being in agreement. 60% choosing “Agree” and 30% choosing “Strongly Agree”. Given that respect and dignity are key for both empowerment and social connectedness, the high level of agreement on this question is very important. Increased participation, trust, and overall, well being can result from feeling valued in a supportive housing environment. The median and mode values of “Agree” as well as the consistency of answers to these questions, suggest that residents at SHOW typically feel very empowered. Research has shown that environments that foster respect, autonomy, and voice are linked to better well being outcomes (Perkins and Zimmerman, 1995).

5.0.3 - Self Efficacy

The results for Question 9 “I feel confident handling daily challenges” showed an overall positive result of 63% positive responses. 36% of participants chose “Agree” and 27% chose “Strongly Agree”. There was a slight dip towards “Neutral” with 27% but only 9% selecting “Disagree”. Although “Agree” was the mode, the higher percentage of neutral answers raises the possibility that confidence levels are less reliable than in other areas. This difference is important since self efficacy is often affected by both present support systems and prior experiences. While many residents show confidence in their capacity to overcome obstacles, others might still be working on gaining this confidence. Linking this with Bandura’s research, mastery experiences, social support, and positive reinforcement, all of which happen in a supportive housing setting, contribute to the gradual development of self efficacy. Compared to emotional well being and empowerment, this area has a lower level of agreement, which suggests that self efficacy may require ongoing development and support. Nonetheless, the general trend is still positive, suggesting that many residents are becoming more confident in themselves.

5.1 - Overall Patterns and Significance

A number of significant trends show up in every survey question. First, the majority of participants choose “Agree” or “Strongly Agree” for most questions showing a consistent trend toward agreement. Second, for most questions, the median and mode are “Agree” suggesting a central tendency that is not affected by outliers but rather represents the larger sample. Third, disagreement levels are constantly low, usually falling between 0% and 9% showing that participants' negative opinions of their well being are quite rare. These results are significant

since they are consistent and have effects on understanding SHOW residents' experiences. The high pattern of agreement between emotional well being and empowerment suggests that residents' daily experiences, sense of control, and social surroundings are all positively impacted by the supportive housing environment. When combined with the study's focus on independence, self efficacy, and social connectedness, all of which are represented in the survey results, these findings become highly relevant. Additionally, Question 3 and Question 9 show important areas where resident experiences are less reliable. The results show that even while residents could feel supported right now, some might still be skeptical about long term results or their own abilities. Finding these areas is important because it allows a broader perspective of well being and recognizes possible areas for further support or program development. Overall, the findings show that SHOW residents usually have a positive view of their well being, with high levels of agreement across several categories. This study acknowledges the depth and variation associated with views on well being while providing a clear and trustworthy representation of participant perspectives by focusing on frequency distributions and key response patterns.

Chapter 5.2 - Qualitative Results

5.2.1 Introduction

This section represents the qualitative findings established from the semi-structured interviews which were conducted with the residents of supportive housing of Waterloo (SHOW) by student researchers. The primary objective of this data collection was to capture the lived experiences and personal narratives of individuals who have transitioned from homelessness or unstable housing, into stable, supportive housing. As outlined in the methodology section of this research paper, the results presented are completely objective, focusing on the direct responses of the tenants. Furthermore, patterns were developed and raw thematic data was generated from the participants' voices word for word, and the data was analyzed using traditional grounded theory. The findings were overall organized around our central research question, that categorizes data into three predefined indicators of personal well-being as mentioned in our research question that is independence, self-efficacy, and social connectedness.

5.2.2 Data Collection

The data was collected through one-on-one, semi-structured interviews with eight current show residents identified hereafter as Participant 1, Participant 2, Participant 3, Participant 7, and so on to ensure anonymity. The interviews ranged from 20 to 30 minutes in length and were

guided by a 12-question, trauma informed interview script designed to have an all-around information about tenants lived experiences and see their levels of independence, self-efficacy, and social connectedness here at SHOW.

All participants provided informed consent prior to the commencement of the interviews. The audio recordings were transcribed by the student research team for word using thematic analysis. Following the transcription, the data was analyzed using traditional grounded theory. The research team engaged in open coding, highlighting the key phrases line by line, followed by axial coding, which is grouping similar phrases into broader operational categories, and finally selective coding which connected these categories directly to the project's core indicators of well-being.

5.2.3 Results of Interviews: Core Indicators

The transcribed data and survey data showed significant, observable patterns regarding how residents perceive their daily lives since securing tenancy at show. The responses have been categorized into 3 foundational frameworks of the study, which is independence, self-efficacy, and social connectedness.

5.2.3.1 Independence

When discussing questions around independence, participants consistently defined the concept which is not total isolation, but they more so displayed autonomy and a managed and a

predictable daily routine which ensures that they are capable of self performing their tasks as this was something absent during their periods of homelessness.

What was found That all the eight participants who were involved in the interview had a certain routine. All eight participants noted that securing a permanent physical space has allowed them to shift from survival mode to day-to-day tasks. For example, participant 2 stated, *“For the first time, I have a door that locks, which means I can actually plan my tomorrow instead of just surviving today.”*

The interview data indicates an increase in self-reported ability to manage their daily household chores. Participant 4 highlighted the transition of learning to cook and clean in their own space, noting that having access to a private kitchen was a primary factor in feeling independent and having a sense of autonomy.

The tenants at show also reflected the ability to manage their personal health. Three of the four participants expressed that having a permanent mailing address and a safe space to store their medications has improved their ability to navigate the healthcare systems more independently.

Additional responses from the remaining participants also supported the theme of independence. Residents showed improvements in their ability to manage daily tasks after moving into supportive housing. For example, Participant 1 explained that living at SHOW has allowed them to become more capable of handling daily responsibilities, stating that *“it’s better now, I can do more things now, before I couldn’t do much.”* The same participant also mentioned

that they were able to develop a consistent routine, and their mornings usually involve “*getting up every morning, having something to eat, having a shower.*”

Financial responsibility was also discussed in the interviews connecting to participants' independence. Participant 3 talked about saving money and managing personal finances by stating that “*my goal was to put 500 a month aside and now I have 13,000 in my account.*” Similarly, the pattern was visible in other participants answers as well, as Participant 4 as they gradually purchased things for their apartment and spend their money wisely, stating that “*I slowly bought things, I saved my money.*”

Another participant also highlighted everyday life skills such as cooking and keeping their personal space clean. Participant 5 described themselves as “*I am very self-sufficient and often cook for myself*”.

5.2.3.2 Self-Efficacy

Self-efficacy was measured from the data as an ability to manage challenges, and set goals emerged as a prominent theme throughout the Transcripts.

During the interview, questions were asked about how they addressed problems; participants frequently cited the presence of shows 24/7 staff as a main catalyst for their own confidence. The data shows that residents feel more capable of tackling the administrative problems because they know a safety net exists. For example, participants 7

remarked, *“I used to give up when paperwork got too hard. Now, I try it myself first, because I know if I get stuck, the staff downstairs will help me figure it out without making me feel stupid.”*

The responses to goal setting questions also had a shift from short term survival needs to long term personal development goals. The data highlighted the goals of participants such as reconnecting with estranged family members, securing part-time employment, and maintaining sobriety.

Additional responses from the remaining participants also reflected gradual building of self-efficacy in them. Several participants described that they would set personal goals and work towards positive changes in their lives. For example, Participant 1 shared that one of their goals was *“to stop doing hard drugs and just do the right thing.”*

Participants spoke about learning new skills and making new hobbies or even pursuing old ones. Participant 2 explained that they *“want to learn how to cook better,”* and mentioned that they were *“working towards getting better at guitar.”* *Self-efficacy was further shown by participants in their willingness to seek support when needed.* Participant 1 stated that *“when problems arise, they ask staff for help,”* while Participant 4 explained that they *“get on the phone and talk to the girls in the office”* when help is needed. Participant 3 also described taking initiative in understanding situations themselves by stating that they *“made sure they understood what was going on.”*

When asked if they learned any skills, most tenants had a similar data point which indicated a sense of pride. Participants reported feeling of proudness of maintaining their tenancy, managing their finances, and learning conflict resolution skills through SHOW's programming.

5.2.3.3 Social Connectedness

The interview data shows a distinct transition from feelings of severe isolation when being unhoused or being in the not so stable housing, to a larger degree of community integration and show.

The most frequent coded phrase showing social connection involved show staff. Participants reported feeling respected and heard by the support workers. Participant 1 noted, *"They treat me like a human being first. They know my name. They ask how my day is going, and that makes a difference when you are used to being ignored."* Participant 2 noted that they *"get along with staff,"* while Participant 3 explained that they can access staff support whenever needed, stating that they *"can go down anytime and talk to them."*

When asked about their relationships with the other peers living at show, it showed mixed results. But generally, there was an incline towards positive data. While some participants preferred to keep it to themselves to protect their peace, others actively utilized communal spaces and opportunities to help each other out. Participant 4 described forming supportive relationships within the building, explaining that *"I've had friends here who help me."*

Participation in building activities and workshops was frequently mentioned as a positive factor in reducing loneliness. The data indicates that structured, low pressure social environments provided by SHOW are heavily utilized by the participants to foster a sense of belonging. For example, every Tuesday - bingo days is resident's favourite time of the day. For example, Participant 3 stated that they "*feel like a part of the community here,*" while Participant 1 described enjoying community activities such as "*joining activities like bingo and brunch.*"

5.2.4 Common Themes from Axial Coding

Beyond the three predefined indicators, the axial coding process revealed two themes that explain the residence experience at SHOW.

Theme 1: Physical safety as a necessity for mental well-being.

Across all the eight interviews, the concept of "safety" was something frequent. Participants explicitly linked their current well-being to the physical security of the show facility. The data demonstrated the elimination of environmental stressors such as theft, weather exposure, and physical threats. This directly correlates with the residents' reported ability to focus on their self-care. Words such as safe, secure, and peaceful appeared a combined 28 times across the four transcripts.

Theme 2: The non-judgmental wrap-around support

The data indicated that stable housing alone is not the only sole driver of improved well-being of these participants. The continuous trauma informed support provided by SHOW staff

was consistently identified as a crucial mechanism for positive change. Participants highlighted that the nonjudgmental approach of the organization and its workers, and reporting that the staff's willingness to assist with daily functioning, crisis de-escalation, and emotional support has been very helpful for their successful transition.

5.2.5 Highlighted Questions from the Interviews

Question: "Thinking back to the time when you first moved here, what was the highlight of moving into SHOW?" - The response to this specific question was very overwhelming. All eight participants identified the act of "closing their own door" or "receiving their own keys" as a highlight of their transition. This specific act was repeatedly described in transcripts as a symbol of restored dignity, ownership, and putting an end to their unhoused or unstable housing experience.

Chapter 6: Discussion

6.1 Introduction

The purpose of this study was to explore how supportive housing at SHOW helps residents in improving personal well-being of people who transition from homelessness into stable housing. Through qualitative interviews with residents, we were able to identify some key patterns regarding their experiences living at SHOW. The findings suggest that residents experienced improvements in independence, self-efficacy, and social connectedness, which are the most common outcomes mentioned in previous studies (Aubry et al., 2020). They reported following a daily routine, working towards their personal goals, managing their finances, feeling a part of community, and building relationships. These findings were discussed in relation to existing research on supportive housing outcomes and are interpreted using Strain Theory and Social Learning Theory. These explained to us how stable housing and supportive environments help residents towards their personal development and well-being (Agnew, 2006; Kretchmar, 2024).

6.2 Independence

After transcribing the eight interviews, findings have shown that residents experienced independence after moving into SHOW. Multiple participants have described that they were able to form a daily routine, handle personal responsibilities, and develop necessary life skills to

support living independently. Participant 1 explained that living at SHOW helped them to be more independent, stating that *“it’s better now, I can do more things now, before I couldn’t do much.”* They also described having a daily routine, such as *“getting up every morning, having something to eat, having a shower.”* Similar patterns were observed in other interviews.

Participant 3 described themselves as *“very self-sufficient”* and said that they regularly cook for themselves. Participant 4 also highlighted understanding financial responsibility by stating that they *“slowly bought things”* and *“saved my money.”* These responses show that stable housing allows residents to work towards personal goals as well as rebuild their daily routines. Within the surveys independence is displayed through answers to questions such as *“I am proud of the skills I have learned with SHOW support”*, this question had the majority of individuals (63%) agreeing with this statement, indicating an increase of skills learned because of SHOW. Another question highlighting independence revolves around support needed at SHOW. The question states *“I feel I am receiving the support I need living at SHOW”*, 90% of respondents of this question were agreeable, indicating they agreed or strongly agreed with this statement

These findings strongly resonate with existing research done on supportive housing outcomes. Previous studies have shown that stable housing gives residents a platform to be able to start rebuilding their independence and daily functioning skills (Stergiopoulos et al., 2015; O’Campo et al., 2016). Research further indicates that residents in supportive housing *“are more likely to create routines, manage daily household tasks, and when paired with a coach or*

volunteer, maintain tenancy and build on other practical life skills” (Aubry et al., 2020; McPherson et al., 2018). As highlighted in the literature review, “*stable housing gives residents a platform to be able to start rebuilding their independence and daily functioning skills.*”

Improvements in daily routines, understanding financial responsibility, and working towards personal goals after entering supportive housing can also be understood through Strain Theory. The literature explains that “individuals experiencing structural strain often lack life skills to achieve their goals and get distant from the societal structures that build their individual behavior” (Meehan et al., 2024, para. 3). When programs like SHOW provide residents with access to resources and give them stable housing, they basically reduce stress and create conditions in which residents can gain independence gradually. These findings align with previous research showing that “housing-based supports with additional life skills supports like providing flexible mental health care to the tenants at a supportive housing has resulted in improved life skills and social functioning among housed individuals. This not only promotes recovery but also develops self-efficacy and independence among the tenants” (McPherson et al., 2018, p. 2).

Overall, the qualitative results highlighted that for the residents, independence was truly linked to physical safety and the establishment of a daily routine. These findings strongly indicate the application of true supportive housing. Recent literature confirms that homelessness affects individuals in a knee to develop essential life skills (Meehan et al., 2024, para. 3).

By providing safe and stable housing, SHOW minimizes the stressors for the residence. Moving into the supportive housing removes the immediate threat as the staff at SHOW provide services and programs for the residents to make them independent (O'Donnell et al., 2022, p. 18). SHOW provides a stable environment, for example, where staff "give you lots of notice" regarding building operations, residents can finally plan ahead. Participant 2 demonstrated regarding a scheduled maintenance shutoff: *"Tomorrow morning, no hot water. So, I had a big shower today to make up for missing tomorrow."* This simple, proactive ability to plan a daily routine proves that once basic needs are met and environmental strain decreases, residents possess the mental bandwidth to manage their own lives, ultimately resolving broad systemic issues stemming from their unhoused experiences (Palimaru et al., 2023, p. 2).

6.3 Self-Efficacy

From the eight interviews transcribed another indicator identified was Self-efficacy. Several participants described that they were able to set personal goals, learn new skills, and also manage challenges with confidence. Participant 1 explained that their goal was *"to stop doing hard drugs and just do the right thing."* Similarly, Participant 2 described they were working towards developing personal skills by stating that they *"want to learn how to cook better"* and were also *"working towards getting better at guitar."* Other participants showed self-efficacy through problem-solving habits and seeking support when needed. For example, Participant 1 stated that *"when problems arise, they ask staff for help"*, while Participant 4 explained that they *"get on the phone and talk to the girls in the office."* Participant 3 also

showed initiative by stating that they “*made sure they understood what was going on.*” These responses help us understand that residents living at SHOW were gradually developing confidence, problem-solving skills and set personal goals for themselves. Survey results also showed an increase in levels of self efficacy since residents arrival to SHOW. When asked whether or not participants agreed with the following statement “I feel that my opinions are respected at SHOW”, 82% of participants agreed or strongly agreed, which is an important contributor to Self efficacy and confidence, to have a sense of belonging and respect. Belonging plays a major role in an individuals self efficacy levels, and when asked if participants felt a sense of belonging at SHOW 82% of respondents agreed that this was the case for them, demonstrating the impact SHOW has on community building and individuals to positively impact self efficacy levels.

These results align with previous research on life skills development and supportive housing outcomes. The literature explains that “people learn by observing others, especially those who live with them” (Kretchmar, 2024, para 1). In supportive housing programs like SHOW, residents regularly interact with the staff and peers around them. This helps in creating an environment where new behaviors are learnt and applied to their daily lives. The literature also states that “tenants learn life skills, like living together through peer support, attending social workshops, and seeing how others go by their life with the help of on-site workers' support that builds self-efficacy, and independence” (Sanford et al., 2022, p. 25). Additionally, research has shown that “housing based supports with additional life skills supports like providing flexible mental health care to the tenants at a supportive housing has resulted in improved life

skills and social functioning among housed individuals. This not only promotes recovery but also develops self-efficacy and independence among the tenants” (McPherson et al., 2018, p. 2).

Studies emphasize that "psychological capital"—comprising hope, self-efficacy, resilience, and optimism—is highly applicable within supportive housing environments that utilize intensive case management and staff modelling to develop an effective supportive housing program (Tan et al., 2024, p. 42). At SHOW, residents were actively observed as they model the healthy behaviours of the supportive staff. This modelling and pride in skill acquisition are explicitly evident in Participant 7's experience of joining staff in the communal kitchen: *"I will come down and have a conversation with one of the staff members that are cooking... And if she needs any help, I will help her. Oh, it feels great."* Furthermore, staff actively teach problem-solving and navigation skills, ensuring residents are not left to struggle alone. As Participant 1 highlighted regarding another resident learning the neighborhood: *"We taught him that when you come out of Walmart, you see Fiddleheads... When you get to the building, you know where you are. And so we taught him that, and it became very successful."* This positive reinforcement combats previously learned survival behaviours, replacing them with proactive life skills and fostering a sustained belief in their own capabilities (Sanford et al., 2022, p. 25).

6.4 Social Connectedness

The third and final indicator is social connectedness which was found amongst residents living at SHOW. Participants described that they were able to develop relationships with the staff and other residents. The other highlight for the residents was to participate in community

activities within the building. For example, Participant 1 explained that they enjoy “*joining activities like bingo and brunch.*” Similarly, Participant 2 stated that they “*participate in activities held in the building*” and mentioned that they “*get along with staff.*” Participant 3 also described feeling connected to the community by stating that they “*do feel like a part of the community here.*” In addition, Participant 4 highlighted supportive relationships with their peers, explaining that they have “*friends here who help me.*” Social Connectedness was demonstrated positively through multiple sections throughout the surveys. The first example of this is when asked if participants felt a sense of belonging at SHOW 82% of respondents agreed or strongly agreed with this statement, displaying the sense of community and social connection SHOW has for individuals. It is also displayed within the surveys when respondents were asked if they were having a good day. Although a simple question, it was intended to gauge participants moods for the day, on the day the survey was conducted, there were no respondents who disagreed with this statement, indicating all participants were either neutral or felt their day was going really well, demonstrating the impact of social connections within SHOW. These responses suggest that supportive housing environments like SHOW can create safe spaces where residents build their social circle and experience a sense of belonging.

These findings also align with previous research that highlights the importance of community engagement and staff support within supportive housing programs. The literature explains that “studies on programs like the Community Homes for Opportunity (CHO) in Ontario also depict that when housing includes staff support, community engagement, residents experience stronger social connections and improved well-being” (Forchuk et al., 2024). Staff

involvement also plays an important role in strengthening social connectedness among residents. The literature explains that “staff interactions create a sense of emotional safety within the residents, resulting in increased social participation with confidence” (Dickard and Townley, 2025). Programs like SHOW also promote community time that encourages residents to interact and connect with each other. Research shows that “community support practices play an important role in increasing social participation and reducing isolation among supportive housing residents” (Lapierre et al., 2024). Overall, the interview findings suggest that supportive housing environments such as SHOW increase residents' sense of belonging by creating opportunities and programs that help make them feel a part of the community and build positive relationships with the staff.

All in all, the most striking quality finding was that participants frequently cited show staff and structured programming as their strengths in society. A recent scoping review of Social Isolation and Loneliness highlighted that SIL affects up to 90% of individuals that have lived experiences of homelessness, any forms of oppression and stigma, even if they are housed (Kerman et al., 2024). For residents facing physical barriers to socialization, staff at SHOW actively bridge the gap to prevent isolation. Participant 2 noted this exceptional level of care during community meals: *“Maureen goes up and brings things down and she sets things up for us very nicely... So I, at least I am lucky enough to participate.”* Additionally, the unconditional, harm-reduction nature of this support builds profound trust within the resident population. Participant 7 observed that the staff's dedication extends beyond basic job requirements, noting:

"They help people besides the ones that live here... They'd give her a ride somewhere if she really wanted it." As Marshall et al. (2024) discovered in their multi-site study, mitigating isolation requires community support practices that emphasize exactly this type of strength-based engagement. SHOW effectively bridges the gap between isolation and community integration, confirming that true social connectedness requires dedicated, trauma-informed relationship-building (Lapierre et al., 2024, p. 1

Chapter 7: Conclusion

7.1 - Introduction

This research project examines how supportive housing impacts the personal well-being of people who have transitioned from homelessness to living at Supportive Housing of Waterloo (SHOW). The study focuses on three key indicators of well-being: **independence, self-efficacy, and social connectedness**. These indicators were selected because they help in understanding the stability and personal evolution of these residents after getting supportive housing.

Supportive housing programs provide individuals not only with stable housing but also with community support, access to healthcare, mental health support, and life skills development programs. Residents also appreciate both practical help and having someone to be with and talk to about difficulties (Lindvig et al., 2020). By examining these indicators, this research aims to understand how supportive housing programs like SHOW contribute to improving residents' daily life and overall well-being.

7.2 Responses to the Research Question

This research examined the question: What measurable changes in personal well-being—defined through independence, self-efficacy, and social connectedness—occur among residents as they transition into supportive housing at SHOW? The results from both surveys and interviews have shown a positive incline towards SHOW’s contribution to resident’s well-being in terms of these three indicators. The data collected have shown patterns of improvement in residents daily lives, confidence in managing life challenges and building positive relationships with the staff and the residents. These findings have also aligned with what we learnt in the existing literature thus explaining that stable housing combined with supportive resources contributes to improved well-being among residents.

7.2.1 How does supportive housing at SHOW influence residents’ independence?

Findings from surveys and interviews supported the claim that residents at SHOW experienced gradual improvements in Independence after they transitioned into supportive housing. To begin with, Survey results inclined towards a strong agreement to questions which asked about daily functioning and if they can achieve or do daily lives tasks independently. Approximately 70% to 82% of responses were within the “Agree” or “Strongly Agree” categories. The median and mode for most questions were also “Agree,” which suggests that participants are able to generally see improvement in their ability to manage and independently work towards their daily life.

Interview results also showcased a similar pattern. When asked, participants described they were able to set up a daily routine, manage their finances, cook for themselves as well as their fellow residents and complete everyday tasks more independently. Several residents explained that moving stable housing allowed them to focus on daily responsibilities rather than just trying to survive each day. For example, one participant stated that living at SHOW helped them become more capable of managing their daily activities, explaining that “it’s better now, I can do more things now, before I couldn’t do much.” Other residents described “creating regular routines, managing their personal space, and gradually building financial responsibility”.

These findings are consistent with the literature on supportive housing outcomes. Research indicates that “stable housing gives residents a platform to be able to start rebuilding their independence and daily functioning skills.” (Stergiopoulos et al., 2015). Studies further explain that residents in supportive housing are more likely to create routines, manage daily household tasks, and maintain tenancy when stable housing is paired with supportive services (O’Campo et al., 2016). The findings from SHOW depict similar results, showcasing that stable housing help residents rebuild their lives and gain independence.

7.2.2 How does supportive housing at SHOW influence residents’ self-efficacy?

Findings from surveys and interviews supported the claim that residents at SHOW experienced improvements in Self-efficacy after they transitioned into supportive housing. Survey results showcased that a majority of participants expressed higher confidence in managing challenges and follow their personal goals. For example, responses to the question that asked about weather they felt confident in handling daily challenges showed that 63% of

participants selected “Agree” or “Strongly Agree.” Although some participants selected neutral responses, the overall results showed a positive trend, suggesting that many residents feel capable of managing challenges in their daily lives.

Interview findings also had similar patterns. Several participants described setting personal goals and working towards developing new skills or even pursue their hobbies. For example, Participant 1 explained that one of their goals was “to stop doing hard drugs and just do the right thing.” Other residents also described learning new skills and pursuing their hobbies. Participant 2 explained that they “want to learn how to cook better” and mentioned that they were “working towards getting better at guitar.” Self-efficacy was also shown through their ability to ask help when needed and take steps to understand the challenges they were facing. For example, Participant 1 stated that “when I have a problem, I ask staff for help,” while Participant 4 explained that they “get on the phone and talk to the girls in the office.” In addition, Participant 3 described taking initiative to understand situations independently, stating that they “made sure I understood what was going on.” These responses helped us understand that residents felt confident in their ability manage challenges and seek support when needed.

These findings align with existing research on life skills and supportive housing environments. The literature explains that “housing based supports with additional life skills supports like providing flexible mental health care to the tenants at a supportive housing has resulted in improved life skills and social functioning among housed individuals. This not only promotes recovery but also develops self-efficacy and independence among the tenants.”

(McPherson et al., 2018, p. 2). The findings from SHOW reflect this literature as residents reported building confidence through goal setting, access to support and development of new skills.

7.2.3 How does supportive housing at SHOW influence residents' social connectedness?

Findings from surveys and interviews supported the claim that residents at SHOW experienced improvements in Social- connectedness after they transitioned into supportive housing. Survey results showed majority of participants agreed to questions related to feeling a sense of belonging, if they feel a part of the community here at SHOW and if they have a positive relationship with the staff and other fellow residents. For example, 82% of participants reported feeling a positive sense of belonging at SHOW, while similar levels of agreement were reported regarding feeling a part of the community and having positive relationship with the staff and residents.

Interview findings further highlighted the importance of relationships within supportive housing. For example, Participant 1 described that they “love joining activities like bingo and brunch.” Several residents also explained that they feel comfortable speaking with staff whenever support is needed. Participant 3 noted that they “can go down anytime and talk to them,” and described staff as “so good that way.” Participants also described supportive relationships with other residents. For instance, Participant 4 explained that they have “friends here who help me,” while Participant 3 shared that they try to “carry on a sense of community” and stated that they “feel like a part of the community here.” These experiences suggest that supportive housing

environments help residents not feel isolated and give them opportunities where in they can build their social circle amongst other residents.

These findings are supported by existing research on supportive housing and community engagement. The literature explains that “supporting housing across Ontario provides stable housing, support services, and community involvement” (Government of Ontario, 2023). In addition, research notes that “community support practices play an important role in increasing social participation and reducing isolation among supportive housing residents” (Kneebone & Wilkins, 2016, p. 4). The experiences reported by SHOW residents reflect these findings, showcasing how supportive housing creates opportunities for social connectedness and community participation.

7.3 - Community and Social Relevance

In Canada, an estimated 235,000 people experience homelessness yearly, with an estimated 35,000 experiencing homelessness on any night (Tan et al., 2025, para. 1). Supportive housing programs link homeless or at-risk individuals to critical services that address both individual and structural level causes of homelessness (Owczarzak et al., 2013, p. 254). These services help people rebuild their life and address the social and health challenges they face. Research also highlights the important role of case managers and support networks in helping residents rebuild stability. They often help with the three indicators mentioned in our study independence, selfefficacy and social connectedness. It is also depicted in the study that the "support" in supportive housing programs is people (i.e., staff members who facilitate access,

maintain relationships with clients and other agencies, assist residents in basic house repairs, help residents apply for welfare benefits) rather than a set of services and programs (Owczarzak et al., 2013).

7.4 - Strengths

One strength of this study is that we used both qualitative and quantitative methods to examine residents' well-being. We combined interviews and survey data together which gave us an opportunity to gain measurable results. It also helped us gain deeper insight into what residents experience in their day-to-day life living at SHOW. Another strength of this research is the partnership with Supportive Housing of Waterloo (SHOW).

Additionally, this study focused on three clearly defined indicators of well-being: independence, self-efficacy, and social connectedness. These indicators helped us examine how living at SHOW impacted residents personal development and stability, which would have been difficult to interpret without clearly defined indicators.

7.5 - Limitations

Limitations and potential bias were acknowledged for this study. The first limitation being the small sample size limits, because participants are only from Supportive Housing of Waterloo, the end results had the potential not to be representative of individuals in other supportive housing programs or world locations. Another limitation was that the study relies on self-reported data which can be influenced by participants' self perceptions. They may have been inclined to tell their experiences in a more positive or negative manner because of expectations

or concerns about how their responses would be interpreted. To fix this risk, participants were assured that responses will not impact on their housing or access to services and emphasized confidentiality. Selection bias is another limitation as participation was voluntary. Those who choose to participate might differ systematically from those who don't, specifically residents who are experiencing higher levels of dissatisfaction or distress might have refused. This limitation was addressed by making participation accessible and a larger emphasis on voluntariness, with both student researchers and SHOW staff creating a supportive, nonjudgmental environment in data collection. A final limitation could have been research bias, due to the interpretation of data. Personal assumptions or expectations could shape how participants responses are analyzed. To minimize this, all data was reviewed systematically and interpretations grounded in direct language wherever possible.

7.6 - Future Directions

Future research could expand its database by including participants from different supportive housing programs and not just collect data from a single place. This will help in getting diverse sample of residents. Collecting data from multiple housing programs will help researchers to better understand how other models work and whether similar outcomes are seen throughout different communities. Another direction that researchers could follow is examine long term outcomes for these individuals. Instead of collecting data and analyzing it within few months, they should conduct longitudinal research that would help determine how indicators such as independence, self-efficacy, and social connectedness develop over time. Researchers

could also explore additional indicators of well-being such as employment opportunities, long term housing stability etc. which will help in understanding how supportive housing helps residents in the overall quality of their life.

References

Agnew, R. (2006). *Pressured into crime: An overview of general strain theory*. Oxford

University Press. <https://philpapers.org/rec/AGNPIC>

Aubry, T., Bloch, G., Brcic, V., Saad, A., Magwood, O., Abdalla, T., Alkhateeb, Q., Xie, E.,

Mathew, C., Hannigan, T., Costello, C., Thavorn, K., Stergiopoulos, V., Tugwell, P., & Pottie, K. (2020). Effectiveness of permanent supportive housing and income assistance interventions for homeless individuals in high-income countries: a systematic review.

The Lancet. Public Health, 5(6), e342–e360. <https://doi.org/10.1016/S2468->

[2667\(20\)30055-4](https://doi.org/10.1016/S2468-2667(20)30055-4)

Bishop, P. A., & Herron, R. L. (2015). Use and Misuse of the Likert Item Responses and Other Ordinal Measures. *International journal of exercise science*, 8(3), 297–302. [h](https://doi.org/10.70252/LANZ1453)

<https://doi.org/10.70252/LANZ1453>

Centre for Addiction and Mental Health. (2013). Housing First community of interest. Evidence Exchange Network. <https://kmb.camh.ca/eenet/communities/housingfirst-community-interest>

Chun Tie, Y., Birks, M., & Francis, K. (2019). Grounded theory research: A design framework for novice researchers. *SAGE open medicine*, 7, 2050312118822927.

<https://doi.org/10.1177/2050312118822927>

CIOMS. (2016). International ethical guidelines for health-related research involving humans.

Council for International Organizations of Medical Sciences.

<https://cioms.ch/wpcontent/uploads/2017/01/WEB-CIOMS-EthicalGuidelines.pdf>

Coombs, T., Walker, R., & Hemphill, S. A. (2024). Understanding drug use patterns among the homeless population: A systematic review of quantitative studies. *Emerging Trends in Drugs, Addictions, and Health*, 4, Article 100010.

<https://doi.org/10.1016/j.etdah.2023.100010>

Demkowicz, O., Chatburn, E., Archer, C., Thompson, R., & Plackett, R. (2024). Advancing mixed methods in Mental Health Research. *BMJ Mental Health*, 28(1).

<https://doi.org/10.1136/bmjment-2024-301401>

Demirci, J. R. (2024). Conducting better qualitative interviews. *Journal of Human Lactation*,

40(1), 21–24. <https://doi.org/10.1177/08903344231213651>

Department of Justice Canada. (2025). *Re-entry and reintegration*. Government of Canada.

<https://canada.justice.gc.ca/eng/cj-jp/cbjs-scjn/scbjs-rscjn/p7.html>

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 metaethnography.

Health & Social Care in the Community, 30(6), e3579–e3592.

<https://doi.org/10.1111/hsc.13996>

Dickard, K. E., & Townley, G. (2025). Who puts the “support” in supportive housing? The relationship between housing staff support and resident experiences, and the potential moderating role of self-determination. *American Journal of*

Community Psychology. <https://doi.org/10.1002/ajcp.70023>

Dufou, L. (2024). The Systematic Integrative Narrative Review on Community Support

Practices and Outcomes in Social and Community Housing. *Canadian Journal of*

Nonprofit and Social Economy Research, 15(S1). <https://doi.org/10.29173/cjnser684>

Forchuk, C., Gyamfi, S., Hassan, H., Lucyk, B., & Booth, R. (2024). Home Staff Perspectives on Implementation of the Community Homes for Opportunity (CHO) Program in Southwestern Ontario. *Mental Illness*, 2024(1). <https://doi.org/10.1155/2024/5935692>

Goering, P. N., Veldhuizen, S., Watson, A., Adair, C., Kopp, B., Latimer, E., Nelson, G., MacNaughton, E., Streiner, D., & Aubry, T. (2014). *National At Home/Chez Soi final report*. Mental Health Commission of Canada. https://www.mentalhealthcommission.ca/wp-content/uploads/drupal/mhcc_at_home_report_national_cross-site_eng_2_0.pdf

Grande, S. W. (2024). Observations and recommendations for conducting research in partnership with people with lived experience of homelessness. *South African Journal of Public Health*, 7(3), e2358. <https://samajournals.co.za/index.php/sajph/article/view/2358/1194>

Holton, J. (2007). The coding process and its challenges. In A. Bryant, K. Charmaz (Eds.) *The coding process and its challenges* (pp. 265-289). SAGE Publications Ltd, <https://doi.org/10.4135/9781848607941.n13>

Homes First Society. (2025). About us. <https://homesfirst.on.ca/about-us/>

Kiger, M. E., & Varpio, L. (2020). Thematic analysis of qualitative data: AMEE Guide No. 131. *Medical Teacher*, 42(8), 846–854. <https://doi.org/10.1080/0142159X.2020.1755030>

Kirk, M. R., Potter, A. J., & Wilking, J. (2023). “Well, that’s like night and day, being homeless, having nothing.” A qualitative exploration of the experiences of residents and service providers of permanent supportive housing. *Housing and Society*, 50(3), 306– 322.

<https://doi.org/10.1080/08882746.2022.2114259>

Kretchmar, J. (2024). *Social Learning Theory: Research Starters: EBSCO research*. EBSCO.

<https://www.ebsco.com/research-starters/education/social-learningtheory>

Lapierre, J., Bourque, L., Leblanc, N., Roch, G., Provencher, V., Jetté, C., Caillouette, J.,

Vissandjée, B., Guillaumie, L., Robichaud, F., Philibert, L., Ngangue, P.,

Myette, E.-M., Picard, S., Martins Ruthes, V., De Azevedo Mazza, V., & Fournier-

Lindvig, G. R., Topor, A., Bøe, T. D., & Larsen, I. B. (2021). “I will never forget him”. A qualitative exploration of staff descriptions of helpful relationships in supportive housing.

Journal of Psychiatric and Mental Health Nursing, 28(3), 326–334.

<https://doi.org/10.1111/jpm.12673>

Lorenzini, E., Osorio-Galeano, S. P., Schmidt, C. R., & Cañon-Montañez, W. (2024). Practical guide to achieve rigor and data integration in mixed methods research. *Investigación y Educación En Enfermería*, 42(3). <https://doi.org/10.17533/udea.iee.v42n3e02>

Marshall, C. A., Cooke, A., Holmes, J., Bengall, J., Aryobi, S., Phillips, B., Lysaght, R., & Gewurtz, R. (2024, May 23). “it’s like your days are empty and yet there’s Life all around”: A mixed methods, multi-site study exploring boredom during and following homelessness. PloS one. <https://pmc.ncbi.nlm.nih.gov/articles/PMC11115236/>

McPherson, P., Krotofil, J., & Killaspy, H. (2018, May 15). *Mental health supported accommodation services: A systematic review of mental health and Psychosocial Outcomes - BMC Psychiatry*. BioMed Central.
<https://bmcp psychiatry.biomedcentral.com/articles/10.1186/s12888-018-1725-8#ref-CR82#:~:text=Housing,2%5D.%20Mental%20health>

McCarthy, B., & Hagan, J. (2024). Homelessness, offending, victimization, and criminal legal system contact. *Annual Review of Criminology*, 7, 257–281.
<https://doi.org/10.1146/annurev-criminol-022422-020934>

Meehan, T., Forrester, L., & Haaja, J. A. (2024, March 15). *Sociological theories of crime: Strain theories*. Introduction to Criminology and Criminal Justice.
<https://oercollective.caul.edu.au/criminology-criminal>
<https://oercollective.caul.edu.au/criminology-criminal-justice/chapter/sociological-theories-strain-theoriesjustice/chapter/sociologicaltheoriesstrain-theories>

O'Campo P, Stergiopoulos V, Nir P, Levy M, Misir V, Chum A, Arbach B, Nisenbaum R, To MJ, Hwang SW. How did a Housing First intervention improve health and social outcomes among homeless adults with mental illness in Toronto
<https://pmc.ncbi.nlm.nih.gov/articles/PMC5030577/#ref-list1>

Owczarzak, J., Dickson-Gomez, J., Convey, M., & Weeks, M. (2013). What is "Support" in Supportive Housing: Client and Service Providers' Perspectives. *Human Organization*, 72(3), 254-262. <https://doi.org/10.17730/humo.72.3.x13112p2u238m8mw>

Palimaru, A. I., McDonald, K., Garvey, R., D'Amico, E., & Tucker, J. (2023, September 14). *The association between housing stability and perceived quality of life among emerging adults with a history of homelessness*. *Health & social care in the community*.
<https://pmc.ncbi.nlm.nih.gov/articles/PMC10501741/#:~:text=evidence%20shows%20that%20experiencing%20homelessness,help%20resolve%20these%20broader%20issues>

Patterson, M., Moniruzzaman, A., Palepu, A., Zabkiewicz, D., Frankish, C. J., Krausz, M., & Somers, J. M. (2013). Housing First improves subjective quality of life among homeless adults with mental illness: 12-month findings from a randomized controlled trial in Vancouver, British Columbia. *Social Psychiatry and Psychiatric Epidemiology*, 48(8), 1245–1259. <https://doi.org/10.1007/s00127-0130719-6>

Pope, N., Latimer, A., Moser, D., Sasdi, O., & Okeyo, H. (2023). CHALLENGES AND C

CONSIDERATIONS IN RESEARCH WITH OLDER ADULTS

EXPERIENCING HOMELESSNESS. *Innovation in Aging*, 7(Suppl 1), 1001.

<https://doi.org/10.1093/geroni/igad104.3216>

Quinn, K., Dickson-Gomez, J., Nowicki, K., Johnson, A. K., & Bendixen, A. V. (2018).

supportive housing for chronically homeless individuals: Challenges and opportunities for providers in Chicago, USA. *Health & social care in the community*, 26(1), e31–e38.

<https://doi.org/10.1111/hsc.12467>

Sanford, S., Roche, B., Molina, I., Weston, N. A., & Sirotych, F. (2022, March). *Toronto*

supportive housing growth plan: Needs assessment Sarah Sanford. Wellesley Institute.

<https://www.wellesleyinstitute.com/wpcontent/uploads/2022/02/NeedsAssessment-Report-final.pdf>

Self, T., Miles, H., & Harding, B. (2025). *The relationships between youth homelessness and*

offending: A systematic review of the UK literature. *Children and Youth*

Services Review, 168, 108032. <https://doi.org/10.1016/j.childyouth.2024.108032>

Sosnowski, A., Martins, M. R., Latimer, E. A., Sirotych, F., Woodhall-Melnik, J., Kerman, N., &

Stergiopoulos, V. (2025, June 23). *High support housing for people with serious mental illness in*

Canada: A scoping review. *Frontiers*.

<https://www.frontiersin.org/journals/psychiatry/articles/10.3389/fpsy.2025.1612516>

[/full](#)

Stergiopoulos V, Gozdzik A, Misir V, Skosireva A, Connelly J, Sarang A, et al. (2015)

Effectiveness of Housing First with Intensive Case Management in an Ethnically Diverse

Sample of Homeless Adults with Mental Illness: A Randomized Controlled Trial. *PLoS*

ONE 10(7): e0130281. <https://doi.org/10.1371/journal.pone.0130281>

Strehlau, V., Torchalla, I., Patterson, M., Moniruzzaman, A., Laing, A., Addorisio, S., Frankish,

J., Krausz, M., & Somers, J. (2017). Recruitment and retention of homeless individuals

with mental illness in a housing first intervention study. *Contemporary Clinical Trials*

Communications, 7, 48–56. <https://doi.org/10.1016/j.conctc.2017.05.001>

Sullivan, G. M., & Artino, A. R., Jr. (2013). Analyzing and interpreting data from Likert-type

scales. *Journal of Graduate Medical Education*, 5(4), 541–542.

<https://doi.org/10.4300/JGME-5-4-18>

Tan, Y., Revell, Z., Wilson, V., Guan, T. H., Lambert, J., & Saeed, S. (2025). Isolation to

stabilization: A Housing First approach to address homelessness in Kingston, Ontario.

Canadian Journal of Public Health, 116(1), 39–46. <https://doi.org/10.17269/s41997-024-00936-z>

Warren, G. C., Kennedy, C. J., Gavas, N., Schmidt, J., Woodin, E., Breese Biagioni, J., & GarciaBarrera, M. A. (2025). Barriers and facilitators to housing and healthcare services for people experiencing homelessness with concurrent brain injury, mental health and substance use disorders: A qualitative study. *Frontiers in Public Health*, 13, Article 1643689.

Weldrick, R., Canham, S. L., Mahmood, A., Patille, R., & Gurung, S. (2025).

Mechanisms to Promote Social Integration in a Temporary Housing Program for

Older Persons Experiencing and At-Risk of Homelessness. *The Gerontologist*, 65(6), 1.

<https://doi.org/10.1093/geront/gnaf086>

Wenzel, S., Rhoades, H., Moore, H., Lahey, J., Henwood, B., & Motte-Kerr, W. L. (2018, June).

Life goals over time among homeless adults in permanent supportive housing. American journal of community psychology.

<https://pubmed.ncbi.nlm.nih.gov/29537648/#:~:text=respondents%20completed%20all%20four%20interviews,thriving%20among%20formerly%20homeless%20adults>

Wenzel, S. L., & La Motte-Kerr, W. (2023, January). *Life meaning in a social context among formerly homeless residents of permanent supportive housing*. Journal of social distress and the homeless. <https://pmc.ncbi.nlm.nih.gov/articles/PMC10281692/>

Owczarzak, J., Dickson-Gomez, J., Convey, M., & Weeks, M. (2013). What is "Support" in 72(3), 254-262. <https://doi.org/10.17730/humo.72.3.x13112p2u238m8mw>

Zogmaister, C., Vezzoli, M., Facchin, A., Conte, F. P., Rizzi, E., Giaquinto, F., Cavicchiolo, E., Fusco, G., Pegoraro, S., & Simioni, M. (2024). Assessing the transparency of methods in scientific reporting. *Collabra: Psychology*, 10(1). <https://doi.org/10.1525/collabra.121243>

Supportive Housing of Waterloo (SHOW) Survey

Instructions: On a scale of 1 to 5, how likely are you to agree or disagree with the following statements with the following range. Please circle the answer you feel is best suited.

Strongly Disagree Disagree Neutral Agree Strongly Agree

Disagree Agree

1 2 3 4 5

I am having a good day today.

1 2 3 4 5

I have support if needed to complete daily tasks.

1 2 3 4 5

I am happy with my current daily routine.

1 2 3 4 5

I have been able to easily access medical care while living at SHOW.

1 2 3 4 5

I feel that my opinions are respected at SHOW.

1 2 3 4 5

I feel a positive sense of belonging at SHOW.

1

2

3

4

5

I believe I can reach the goals I set for myself.

1

2

3

4

5

I feel I am receiving the support I need living at SHOW.

1

2

3

4

5

I am proud of the skills I have learned with SHOW support.

1

2

3

4

5

Consent Form for Survey – Appendix A (REB Number:631)

RESEARCH ETHICS OFFICE

Research Ethics Board

96 Grand Avenue South

Cambridge , Ontario N1S 2L9

Tel: (519) 748 – 5220 x 7108

Consent Form for Survey – Appendix A

**(MINIMAL RISK RESEARCH WITH STUDENTS USING SURVEYS TO
COLLECT DATA)**

INFORMATION AND CONSENT TO PARTICIPATE IN RESEARCH

Title: Pathways to Well-Being: Evaluating Resident Outcomes in Supportive Housing
at SHOW

You are being asked to participate in a research study conducted by Bachelor of
Community and Criminal Justice Students, from Conestoga College Institute of
Technology and Advanced Learning. If you have any questions or concerns about the
research, please feel free to contact Dr. Jennifer Robinson at

Jrobinson@conestogac.on.ca.

PURPOSE OF THE STUDY

This study is designed to examine the experiences of residents at SHOW and the impact of the program. There is currently limited measurable data documenting how 4 residents' well-being evolves after entering supportive housing in the Waterloo Region. This project addresses that gap by examining three key outcomes: independence, self-efficacy, and social connectedness. Tracking these indicators over time will help SHOW understand how its programs contribute to residents' personal growth and stability, and where additional support may be needed.

PROCEDURES

If you volunteer to participate in this study, approximately 20-30 participants will be invited to complete a survey that will take approximately 15-20 minutes. During this time, you will be asked to: Complete a written survey, with the help of SHOW support staff and BCCJ Students if needed. This survey will include approximately 10 scale range questions (Strongly Disagree – Strongly Agree)

POTENTIAL RISKS AND DISCOMFORTS

Thinking about daily living and experiences could cause you to feel upset but this is not an unusual response, If any part of your participation in this research makes you feel upset and you would like to talk about this with someone after the survey, please feel free to reach out to any of the available SHOW support staff, or connect with free counselling services such as HERE 24/7 Contact Information: Phone: 1-844-437-

3247Website: www.here247.ca

POTENTIAL BENEFITS TO PARTICIPANTS AND/OR TO SOCIETY

By participating in this study: • You are offered the opportunity to show your personal experiences as a SHOW Resident.

- You will increase the knowledge held by researchers, and SHOW staff to best support yourself and your peers

CONFIDENTIALITY

Every effort will be made to ensure confidentiality of any identifying information collected in this study:

- Student Researchers will collect only your name, for the purpose of this consent form
 - At no time will any specific answers be attributed to any participant.
- All survey-related data is made confidential when stored in an online format.
- Only the student researchers and, Dr. Jennifer Robinson, will have access to survey data

Every effort will be made to ensure confidentiality of any identifying information collected in this study.

HANDLING AND SECURITY OF DATA

Data collection can never be guaranteed to be completely secure. However every effort will be made to ensure that your privacy and confidentiality is protected throughout the study. Data will be kept for 7. Years and then destroyed by Conestoga College

ANONYMITY

All data presented in reports, presentations or other final summaries in a summarized format so that no one will be able to identify you from your comments or data.

PARTICIPATION, WITHDRAWAL and RIGHTS OF RESEARCH

PARTICIPANTS

You can choose whether to be in this study or not. • You may withdraw consent at any time without consequences of any kind.

• You may exercise the option of removing your data from the study. However once all identifying information has been removed, all survey responses will become anonymous and it will not be possible for participants to ask for their data to be removed from the study.

• You may also refuse to answer any questions you don't want to answer and still remain in the study.

- The investigator may withdraw you from this research if circumstances arise that warrant doing so.
- You are not waiving any legal claims, rights or remedies because of your participation in this research study.

RESULTS OF THE STUDY

The results of the study will be shared in reports, conferences, presentations and may be published in the following formats: in electronic newsletters, other promotional materials, reports and in published journals.

The results of the study will be available to you through Dr. Jennifer Robinson at Conestoga College (jrobinson@conestogac.on.ca.)

This study has been reviewed and received ethics clearance through the CCITAL Research Ethics Board.

If you have questions regarding your rights as a research participant, contact: Research Ethics

Coordinator Conestoga College Institute of Technology and Advanced Learning 96
Grand Avenue South,

Cambridge, Ontario, N1S 2L9 rebcoordinator@conestogac.on.ca

SIGNATURE OF RESEARCH PARTICIPANT/LEGAL REPRESENTATIVE

- I have read and understood the information provided for the study “Pathways to

Well-Being:

- Evaluating Resident Outcomes in Supportive Housing at SHOW” as described herein. ▪ I understand the potential risks and discomforts involved.
 - My questions have been answered to my satisfaction.
 - I have been given a copy of this form or have printed off a copy of this form.
 - I agree to participate in the research study.
 - I have provided my verbal consent to participate in this study or I have clicked on the Yes I want to ▪ participate box on this form.
- Yes No I agree to participate in this study

Name of Participant (please print) Signature of Participant Date

SIGNATURE OF WITNESS

_____ Name of Witness (please print) Signature of Witness Date

Acknowledgements – This form has been adopted from the University of Guelph with their permission, Conestoga

College gratefully acknowledges the contribution of the University of Guelph in this regard

Resident Interview Guide – Appendix C (REB Number:631)

Target Audience: Tenants living at SHOW.

Tone: Conversational, trauma-informed, and non-judgmental.

Objective: To capture personal narratives about adjusting to housing and perceived changes in the three key indicators.

Introduction & Transition

1. Can you tell me a little bit about your journey to getting an apartment here at SHOW?

a. Purpose: To build rapport and understand their transition story.

2. Thinking back to the time when you first moved here, what was the highlight of moving into SHOW?

a. Purpose: Focuses on positive narrative construction rather than recalling trauma or stress immediately.

3. What does "well-being" mean to you?

a. Probe: How does that compare to before living at SHOW?

b. Purpose: To get a broad definition of their personal wellness improvements.

Indicator 1: Independence

Focus: Managing daily tasks, life skills, and autonomy.

4. Since moving to SHOW, can you tell me what your daily routine looks like?

a. Purpose: Measures perceived ability to manage daily tasks without judging previous states.

5. "Can you walk me through what a typical day looks like for you here?"

a. Probe: Has this changed or shifted since being at SHOW?

b. Purpose: Measures autonomy and decision-making capability.

Indicator 2: Self-Efficacy

Focus: Confidence, problem-solving, and goal setting.

6. When you run into a problem or challenge, how do you address it?

a. Purpose: Directly measures self-efficacy, internal motivation, and problem-solving strategies.

7. Are there any new skills or habits you have picked up since moving here that make you feel proud?

a. Purpose: Connects to Social Learning Theory (learning new behaviours) and confidence building.

8. What are some goals—big or small—that you are currently working towards?

a. Purpose: Assessing future orientation and belief in their ability to succeed.

Indicator 3: Social Connectedness

Focus: Belonging, relationships, and community involvement.

9. How would you describe your relationship with the other residents here?

a. Probe: How would you describe your relationship with the staff?

b. Purpose: Explores interpersonal relationships and support networks separately to allow for distinct answers.

10. Do you feel like you are part of a community here at SHOW?

a. Probe: What makes you feel that way (or why not)?

b. Purpose: Measures a sense of belonging.

11. Have you participated in any of the building's activities or workshops? Prob: How did that make you feel?

a. Purpose: Assessing involvement in community activities.

Closing

12. Is there anything we didn't talk about or that you would like to add?

a. Purpose: Open floor for the participant to share anything missed by the structured questions

Information and Consent to Participate in Interview – Appendix B

Research Ethics Board

96 Grand Avenue South

Cambridge, Ontario N1S 2L9

Tel: (519) 748-5220 x 7108

INFORMATION AND CONSENT TO PARTICIPATE IN INTERVIEW -

Appendix B

Title: Pathways to Well-Being: Evaluating Resident Outcomes in Supportive Housing at SHOW

You are being asked to participate in a research study conducted by student researchers from the Bachelor of Community and Criminal Justice program at Conestoga College. This study is being completed as part of the course Capstone Applied Research Project course. This research is not funded by any external organization. If you have any questions or concerns about the research, please feel free to contact the project supervisor, Dr. Jennifer Robinson, at jrobinson@conestogac.on.ca.

PURPOSE OF THE STUDY

The purpose of this study is to explore the experiences of residents at Supportive Housing of Waterloo (SHOW) to better understand:

- How independence, self-efficacy, and social connectedness develop over time
- Which supports are most helpful to residents
- Where additional programming or resources may be beneficial

The findings will help SHOW understand resident outcomes and strengthen future programming.

PROCEDURES

If you choose to participate, approximately 15–20 participants will be invited to take part in a one-on-one interview lasting approximately 30–45 minutes. Participation will involve the following:

1. You will take part in an optional, in-person interview where you may share your experiences transitioning into supportive housing and engaging with Supportive Housing of Waterloo (SHOW) programs.
 2. The interview will be conducted by two student researchers. If requested by the participant, a SHOW staff member may also be present in the room during the interview.
 3. Participants will be asked to respond to up to 12 semi-structured interview questions.
 4. Interview questions will focus on indicators related to independence, self-efficacy, and social connectedness among residents.
 5. With your consent, Interviews will be audio-recorded, The recordings will be used solely for transcription and analysis by student researchers. Participation in the interview is voluntary.
- POTENTIAL RISKS AND DISCOMFORTS** Talking about personal experiences with housing may feel emotional or uncomfortable. This is normal and not uncommon.
- If any part of your participation in this research makes you feel upset and you would like to talk about this with someone after the survey, please feel free to reach out to

any of the available SHOW support staff, or connect with free counselling services
such as

HERE 24/7 :

Contact Information:

Phone: 1-844-437-3247

Website: www.here247.ca

POTENTIAL BENEFITS TO PARTICIPANTS AND/OR TO SOCIETY

This project aims to improve the transition process from being unhoused to living in supportive housing. By learning about people's experiences, the study will help identify where additional support may be needed and highlight what is already working well. The findings may contribute to strengthening lifeskills programs, improving coordination during the housing transition, and increasing individuals' confidence, independence, and overall well-being. The results may also help demonstrate the positive impact of transitional and supportive housing programs such as the services offered by SHOW which can support future funding, guide policy decisions, and contribute to expanding available housing and wrap-around supports for people experiencing homelessness. There are no direct personal benefits, but your input may help others in the future.

CONFIDENTIALITY

Every effort will be made to protect your privacy:

- Interviews will be audio-recorded (if you consent) and then transcribed
- All identifying information will be removed during transcription
- Audio recordings will be saved on a password-protected computer and deleted after transcription
- Only the student research team and project supervisor will access the data

HANDLING AND SECURITY OF DATA

Data collection can never be guaranteed to be completely secure. However every effort will be made to ensure that your privacy and confidentiality is protected throughout the study. Data will be kept for 7 years and then destroyed by Dr. Jennifer Robinson.

ANONYMITY

You will not be anonymous to the researchers because the interview is face-to-face, but:

- Your name will not appear in any transcript or report
- All information will be coded so you will not be identified.
- Findings will be grouped so that no one can identify individual responses

PARTICIPATION, WITHDRAWAL and RIGHTS OF RESEARCH

PARTICIPANTS

You can choose whether to be in this study or not.

- You may withdraw consent at any time without consequences of any kind.
- You may exercise the option of removing your data from the study. However once all identifying information has been removed, all interviews responses will become anonymous and it will not be possible for participants to ask for their data to be removed from the study.
- You may also refuse to answer any questions you don't want to answer and still remain in the study.
- The investigator may withdraw you from this research if circumstances arise that warrant doing so.
- You are not waiving any legal claims, rights or remedies because of your participation in this research study.

RESULTS OF THE STUDY

The results of the study will be shared in:

- The capstone research report submitted to Conestoga College
- A summarized presentation delivered to SHOW staff
- Academic coursework related to the Capstone Applied Research Project and will be reused for further studies.

All findings will be group-based, and no individual will be identifiable.

If you would like to see the final results, you may contact the Principal Investigator Dr.

Jennifer Robinson.

ETHICS CLEARANCE

This study has been reviewed and received ethics clearance through the CCITAL Research Ethics Board.

If you have questions regarding your rights as a research participant, contact: Research Ethics Coordinator

Conestoga College Institute of Technology and Advanced Learning

96 Grand Avenue South, Cambridge, Ontario, N1S 2L9

rebcoordinator@conestogac.on.ca

SIGNATURE OF RESEARCH PARTICIPANT/LEGAL REPRESENTATIVE

▪ I have read and understood the information provided for the study **Pathways to Well-**

Being:

Evaluating Resident Outcomes in Supportive Housing at SHOW as described herein.

▪ I understand the potential risks and discomforts involved.

- My questions have been answered to my satisfaction.
 - I have been given a copy of this form.
 - I agree to participate in the research study.
 - I have provided my written consent to participate in this study.
- Yes No Yes No I agree to participate in this study

I agree to have the interview tape recorded or audio recorded. _____

Name of Participant (please print) Signature of Participant Date

SIGNATURE OF WITNESS

_____ Name of Witness (please print) Signature of Witness Date

Acknowledgements –

This form has been adopted from the University of Guelph with their permission, Conestoga College gratefully acknowledges the contribution of the University of Guelph in this regard.

SHOW Script

1. Survey Script

Introduction: Hi, my name is Deepansh. I am a student at Conestoga College. We are doing a research project to learn about what it is like to live at SHOW. A story of what SHOW does.

The Ask "We are asking residents to fill out a short survey. It asks about your daily life, how independent you feel, and your connections with others."

Time & Help "It takes about 15 to 20 minutes. You can do it on your own and If you want, I can read the questions out loud and write down your answers for you."

Privacy (Very Important) "Everything you say is private. We do not put your name on the survey answers. Only the student team and our teacher will see the answers." *Your Choice: You do not have to do this. It is your choice.*

** After the survey, if needed, please feel free to reach out to any of the available SHOW support staff, or connect with free counselling services such as HERE 24/7*

Contact Information: Phone: 1-844-437-3247 Website: www.here247.ca Check-

in: Do you have any questions? Would you like to do the survey?

2. Interview Script

Introduction: "Hi, I'm Deepansh from Conestoga College. We are trying to learn how moving into SHOW looks like for residents."

The Ask "We are looking for people to have a one-on-one chat with us. We want to hear your story about moving in and what kind of support helps you the most."

Time & Recording "The chat takes about 20 - 30 minutes. We will record our talk, so we don't miss anything you say – are you okay with it? We keep the recording safe and private. No one else will hear it."

Risks: If you feel upset, you can take a break, or we can help you connect with support staff." or connect with free counselling services such as HERE 24/7: Contact

Information Phone: 1-844-437-3247. Website: www.here247.ca

Privacy & Benefits "We won't use your name in our final report. Your answers will help SHOW improve their programs for everyone."

Your Choice: Your Choice: You do not have to do this. It is your choice.

Check-in: Does that sound okay to you? Are you willing to be interviewed.