

**THE GOOD, THE BAD, AND THE INDIFFERENT:  
LODGING HOMES IN HAMILTON, ONTARIO**

**THE GOOD, THE BAD, AND THE INDIFFERENT:  
AN EXPLORATORY STUDY OF LODGING HOMES IN  
HAMILTON, ONTARIO FROM THE PERSPECTIVE OF  
MENTAL HEALTH SOCIAL WORKERS**

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**A Thesis Submitted to the School of Graduate Studies in Partial  
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**Descriptive Note**

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## **Abstract**

This research aims to explore the ways in which community-based mental health social workers assess the qualities of residential care facilities in order to make recommendations to their service users. The daily challenges of serving a marginalized population within the context of structural inequalities and neoliberalist service provision describe some of the contradictions that shape the work experiences of social workers. This research seeks to contribute to and further our understanding of critical social work practice, social justice, and structural oppression. In addressing the phenomenon of structural inequalities and neoliberalist service provision from the perspective of those affected, it will assist in a broader understanding of how social workers support service users to find supportive housing. Semi-structured interviews with community-based mental health social workers employed in Hamilton, Ontario were conducted and complement the existing literature on residential care facilities, the deterioration of the social welfare system, managerialism, and client-centeredness. This is an exploratory study as few previous research has been conducted with social workers in the context of lodging homes. Previous literature existed from the perspective of residents of lodging homes in Hamilton, Ontario. This research suggests that social workers are influenced by a complex number of phenomena in their daily work in order to make recommendations for supportive housing.

Key Words: lodging home, group home, managerialism, social worker, mental health, adult poverty

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## **Chapter 1: Introduction**

### **1.1 Problem to be explored: Front line staff interpretation of the Schedule 20**

In many instances, in the City of Hamilton, social workers are the gateway to housing choices for marginalized individuals with severe and persistent mental illnesses. While social workers are employed in a range of settings in the community and in hospitals, this research will explore how social workers who provide intensive case management in community-based agencies facilitate connecting service users to available housing resources. As regulated members of the Ontario College of Social Workers and Social Service Workers, social workers following the code of ethics must respect the worth of individuals that we serve and advocate for change in the best interest of those we serve at all levels of society (OCSSW, 2008). A reflexive social worker should be aware of the tensions between service provision, expectations of the employer, and available resources in the community. This research strives to explain the resource imbalance between the individuals seeking housing and the housing available for that population, as well as the power imbalances that shape how social workers provide service while working in a neoliberal service delivery system.

With up to 64 licensed, subsidized facilities to choose from in Hamilton, Ontario, it is important to investigate how decisions are made from the perspective of mental health social workers. The minimum standards for lodging homes are prescribed by a policy document called the Schedule 20. The Schedule 20 outlines everything from meal planning, fire and safety protocols, social-recreational activities, continuing education of staff, rights and responsibilities of tenants, and tenant eligibility (City of Hamilton, 2001).

The Schedule 20 fails to address issues including but not limited to; how often new mattresses or bedding should be replaced, how often bedrooms should be painted, or how often social activities should be made available to residents. The Schedule 20 also fails to address the need for more accessible homes for disabled or aged residents given the backdrop of the rapid population growth of the elderly in Canada.

The minimum educational requirement for staff working in RCFs is a secondary school diploma. This translates into someone without any specialized skill in supporting people with severe and persistent mental illnesses, addictions, or developmental delays being the person responsible to administer medications, provide meals, provide daily housekeeping, liaise with pharmacies, doctors, and community supports, as well as manage the various behaviors and personalities of the residents. The staff is also left to interpret the various texts governing RCFs, primarily the Schedule 20. Under the City of Hamilton Licensing Code – 2001 Schedule 20 – Residential Care Facilities Guidelines, Section 8 – Supervision of Tenants, it states, “The operator shall ensure that, at all times, a qualified employee has been designated as the person responsible for the operation of the facility and whose primary duty is the supervision of the tenants”(p. 6). The minimum educational requirements for staff working in RCFs is not clearly disseminated in the Schedule 20.

For a person experiencing positive symptoms related to schizophrenia, communal living presents challenges. Paranoia about other residents and staff talking about him/her and ‘not liking’ him/her often leads to numerous moves from home to home in the hopes that the situation will improve. However, due to these same paranoid ideas and disorganized thoughts this same group of people usually cannot manage the demands of



independent living. The idea of being locked into a 12-month lease when there is a good probability that the neighbours may not like him/her and may even threaten him/her becomes overwhelming for many people with schizophrenia. There is also the risk of running out of money and not being unable to buy groceries as well as stopping taking medications. The practical things such as guaranteed meals and medication compliance support are the things that have kept RCFs a popular solution to housing people with severe and persistent mental illnesses. However, this does not mean that their residents, outside service providers, the community, and academics alike should not criticize the RCF system. The chief complaint by residents and academics usually stems from quality of life issues such as little money to participate in the community or to socialize.

There is currently no system in place available to the public that would allow for transparent and easy access to information about the lodging homes in Hamilton. There does not exist a public evaluation system that would allow for feedback from tenants, former tenants, or community service providers to categorize a lodging home as ‘good,’ ‘fair,’ or ‘bad’ in the same way that a hotel or restaurant would have public health reports available or online evaluation forums available. The City of Hamilton instituted a wait list in 2016 for lodging homes similar to a wait list for public housing for individuals who do not currently reside in a lodging home. This policy further restricts the choices of persons with severe and persistent mental illnesses and their social workers to find suitable housing. It remains important to investigate the phenomenon of finding housing from the perspective of the social worker in order to uncover power imbalances that negatively affect the marginalized individuals being served in the City of Hamilton. Specifically, in this study the following **research question** is explored:

- 1) How do mental health social workers make an assessment of the quality of lodging homes in the context of minimum standards?

## **1.2 Research Impetus**

I began this research with the idea of improving the lives of the clients I have served over the past nine years. As time wore on, I realized that an MSW thesis may not afford an opportunity for structural change in our society but would afford the opportunity to highlight some existing gaps in the systems in which I work on a daily basis in order to support service users to find a ‘home’ somewhere between the social service cuts and minimum standards in lodging homes. This research would also allow participants to voice their perspective on the status of living conditions in lodging homes and the daily successes and struggles that they endure in an effort to mitigate the oppression felt by their service users.

As I reflected on this research I realized a pattern in my academic life of being drawn towards people living in poverty and being disempowered. The focus of my B.S.W. papers is mostly about single parents, poverty, and the effects of poverty on children. Having worked in the mental health field for most of my post-B.S.W. career the themes of poverty and disempowerment continued. I have always looked for ways in which the effects of poverty could be mitigated whether in the context of children or the context of adults with severe and persistent mental health challenges. I grew up in a working class home that instilled the values of giving back and caring for your neighbour. As I became a working professional I began to realize that my ‘neighbour’ was not only someone geographically close but anyone in the community where I have worked. When I began my social work practice I resisted advocating for my clients for fear of the repercussions from community partners. There were constant discussions about ‘politics’

in Hamilton. I had no sense of the power that my position in the world afforded me. With the consistent support and guidance of a knowledgeable and passionate advocate, who took the form of my executive director at the time, I began to find my own voice and became less fearful of the consequences of advocacy. He instilled in me the confidence of knowing that I could only enhance the lives of our service users and that ‘push back’ from community partners usually meant that I was ‘doing a good job.’ I will be forever grateful to have had him as a mentor for the first six years of my employment at the agency.

The impetus for this specific research came after serving clients for years and finding little improvement in their living conditions. I sought to understand the reason behind maintaining the *status quo* for residential care facilities when standards of living seemed to improve elsewhere. Residential care facilities are ‘homes’ for some of society’s most vulnerable citizens. These citizens live in these homes for *decades*, not simply while obtaining a four-year degree or transitioning from supportive housing to independent living. There were sweeping changes made at my agency by a new executive director with respect to statistics expectations in line with current funding and service agreements with the HNHB LHIN (Hamilton Niagara Haldimand Brant Local Health Integrated Network). These changes directly affected the way that front-line staff was able to provide assistance to service users. This research sought to understand how staff were impacted by increased managerialism, how staff made decisions about housing for their service users, and how staff determined whether a lodging home was ‘good’ or ‘bad.’

### **1.3 Organization of Thesis**

This research is organized commencing with an introduction to the literature review that will outline previous findings in the areas of lodging homes from a tenant's perspective, the declining social safety net, managerialism, and social work values and ethics. Subsequently, the theoretical framework that informs this research is discussed. The frameworks include critical theory, interpretive social science, and groupthink. The above-mentioned theories were selected given that from an epistemological viewpoint they offer insights into the ways in which this research has been conceptualized. Thereafter, I review findings from three semi-structured interviews as well as my own professional and personal reflections. Lastly, a discussion about the research findings, implications for social work practice as well as implications for social justice will follow. Although this research is limited to three participants in the City of Hamilton, it allows for the opportunity to foster discussion in the context of social work practice, advocacy and social justice, and has the potential to facilitate meaningful change at the societal level.

## **Chapter 2: Literature Review**

The literature review is organized to provide an overview of the development and implementation of the residential care facility system in Canadian society and of the impacts of that system on tenants in order to better understand the population served by community-based mental health social workers. Afterwards, a discussion about managerialism and time demands on social workers in modern society in order to conceptualize how managerialism may exert influence over worker-client relationships. Afterwards, an exploration of the tension in practice between social values and ethics versus job demands. These discussions will provide a more current understanding of the service delivery landscape for mental health social workers and their respective service users.

### **2.1 Residential Care Facilities**

The development and implementation of residential care facilities (RCFs) in Canadian society was a response to the necessity to transfer patients from hospitals into local communities. In the late 1970's into the 1980's there was a movement to deinstitutionalize people with severe and persistent mental illnesses and relocate this population back into the community. The community's response consisted partially of creating supervised, supportive facilities often referred to 'residential care facilities' or 'lodging homes.' Richardson (2009) provides the following definition of a residential care facility:

RCFs provide 24-hour supervision and guidance for individuals who are elderly, developmentally delayed or suffer from mental illness or brain injury. There are 97 RCFs within the City of Hamilton. RCFs are only one of a number of types of facilities offering supportive housing to individuals within the City of Hamilton.

According to Richardson (2009), in the City of Hamilton, residential care facilities are licensed by the Licensing Section of the Planning and Economic Development Department and inspected by nurse case managers employed by the Public Health Department. By-law enforcement is shared between the Public Health Department and the Licensing Department. Richardson (2009) explains that the Community Services Department (CSD) has service agreements with 64 of the 97 licensed RCFs under the Homelessness Service Contract with the Ministry of Community and Social Services. Fulfillment of the Schedule 20 expectations is the basis of the subsidy agreement. The subsidy covers roughly 50% of the cost of a bed with the other half of the cost being covered by the residents' income, usually Ontario Works (OW) or Ontario Disability Support Program (ODSP). In this respect, the cost of a 'bed' is shared between municipal and provincial funding. The policies and principles set out in the Schedule 20 are loosely based on Ontario Retirement Home Standards.

People with severe and persistent mental illnesses are often found to be unable to live independently. As stated, this group of people are usually supported ODSP. For the segment of the population with severe and persistent mental illnesses who are unable to live independently, the sole option provided to them is a residential care facility (RCF). Typically the first time a person moves into a RCF is after a hospitalization for treatment of symptoms related to their mental illness. There are various players in the decision to move someone into a RCF; the hospital psychiatrist, the hospital social worker, the ODSP case manager, possibly a financial trustee, possibly a community-based mental health worker, and the City's public health nurse/case managers. Directing these players are

various forms of legislation governing eligibility for housing referred to as the Schedule 20 (in the City of Hamilton). From time to time the person may be persuaded to have a voluntary trustee manage his/her finances. The various texts involved in securing housing for persons with severe and persistent mental illnesses not only constrain service provision but can also limit the ability of the players involved to provide more meaningful service. Campbell and Gregor (2002) assert that, “Working with the text is the occasion for *activating the assessment form* to establish the applicant’s appropriate level of public subsidy for whatever services might be deemed necessary. It turns out this is not a neutral undertaking, but one in which organizational policy and a variety of taken-for-granted assumptions are brought into the helping interaction” (p.128-129). The following strives to explain the impact of communal housing on service recipients.

It is important to look at the effects of communal housing in the context of RCFs on persons with severe and persistent mental illnesses. Owczarzak, Dickson-Gomez, Convey and Weeks (2013) take that position that people living in congregate living settings often sacrifice privacy and individual choice in order to have their housing and wellness needs met. Furthermore, Owczarzak *et al* (2013) assert that congregate living can lead to increased isolation for residents as a way of maintaining their privacy. Deinstitutionalization and community integration led to this population being offered two forms of housing – independent without supports or communal living in RCFs, neither of which seems to meet all the needs of this population (Brunt and Hansson, 2002; Carling, 1990; Nelson & Fowler, 1987).

## **2.2 The Shrinking Social Welfare System and Housing for the Poor and Disabled**

During the 1990's Ontario underwent an immense shift in values related to social welfare policy. The changes included reductions in welfare rates, punitive consequences for common-law relationships, and administrative changes (Varma and Ward, 2013/14). In addition to these changes the welfare system was divided into the current system known as OW and ODSP. According to Aronson and Sammon (2000) policy reform of social service provision in Canada over the past decade has resulted in extensive scaling-back of health and social services that were previously thought of as entitlements. The eligibility criteria for ODSP are dictated by stricter policies than the policies governing OW. With the devaluing of the 'undeserving' poor versus the more 'deserving' disabled poor by way of changing the amount of social assistance to each group the value shift was highlighted and became entrenched in Ontario society. This is not to say that either OW or ODSP provide a 'living wage.' Gewurtz *et al* (2012) identified numerous shortcomings of ODSP including but not limited to the fact that the income offered by ODSP hinders social involvement and impedes recipients' ability to participate in society. There have also been criticisms about the eligibility criteria for ODSP being more rigorous than its predecessor. The new rules have effectively disqualified numerous recipients who would have qualified under the previous social assistance rules (Ibid).

During deinstitutionalization of people with severe and persistent mental illnesses the development of residential care facilities began (Levitt *et al*, 2012). RCFs are licensed by and by-law enforcement is provided by municipalities as opposed to Provincial or Federal governments. The standards for residential care facilities are municipal standards.



Municipalities subsidize the majority of the beds in RCFs with the remaining cost of the bed paid for by social assistance (Provincial government).

Brodie (1999) highlights the change in service provision that was ushered in during privatization of social services. Services underwent a significant structural change by shifting from a government-provided service to a market-run service (Ibid). The expectations of for-profit social service providers are often much less than publicly funded services. For example, the residents of a RCF are provided with a meager monthly ‘comfort allowance’ to cover the cost of clothing, personal hygiene, transportation, social activities, gifts and such while the rest of their income is used to pay for the cost of their bed (Wilton, 2004). RCFs provide 24-hour staff support, three meals per day and three snacks, furnished rooms and generally some kind of social programming. Wilton (2004) is especially critical of the various mental health legislative reforms during the 1990’s in Ontario. He further criticizes the hypocrisy of the government’s stated goal to improve the lives of people with mental illness through income support while scaling back on social spending, specifically social assistance, that undoubtedly has a negative consequence for this marginalized population (Ibid). With the welfare reform of the 1990’s to the present day, people living in RCFs have been left unable to afford to purchase basic necessities such as toiletries, personal hygiene supplies, clothing, especially winter clothing, cigarettes, bus fare for non-medical appointments, gifts, and social activities (Levitt *et al*, 2012; Wilton, 2004). There has been a widening gap between community integration and community involvement among this population. Certainly people living in RCFs have not been given the financial means of having a sufficient disposable income to allow them to move towards independent living even in

the event that he/she has recovered sufficiently to allow for the leap from RCFs to an independent apartment (Gewurtz *et al*, 2012). The RCF rent payment system is set up in a such a way that if a person moves out at the end of any given month then he/she only receives his/her monthly comfort allowance for the following month (currently \$150). The RCF operator is paid at the end of each month for each bed that is occupied (City of Hamilton, 2001). This is the opposite system to that of the traditional market rent sector where rent is paid at the beginning of each month. If society, and more to the point, government, actually wanted to integrate this population into society there would be a mechanism to do so rather than to maintain the existing barriers which continue to increase with each passing year.

### **2.3 Managerialism and Time Demands**

Since the 1970's in North America, neoliberalism has spread from the manufacturing industry to human services. The increasing demand for cost accountability in human services has in many instances taken the 'human' out of service. In the 1980's according to Baines *et al* (2011), "public services were downloaded to the voluntary and for-profit sector through a number of mechanisms including outsourcing and competitive tendering" (p. 331-332). For workers, shifts from public to voluntary sector service provision established the initiation of cost cutting measures and efficiencies that diminished their capacity to speak for and with the communities they served (Van Til, 2000). Demands for accountability and inadequate resources placed pressure on non-profit agencies to implement managerialist approaches (Evans and Shields, 1998, 2002).

Professing to coach employees in ‘best practices’, managerial models script and measure performance in order to cut costs and reduce waste (Clarke and Newman, 1997; Smith, 2007). Care work in the voluntary sector has been closely tied to ‘feminine’ attributes such as unending caring, self-exploitation and sacrifice. These attributes have contributed to the viability of the third sector that has historically received less funding (Baines, 2006; Cunningham, 2001, 2008). Baines *et al* (2011) state that, “another pressure on these workers comes in the form of increasing attention to the needs of the service user” (p. 332). Over the past thirty years, service users have demanded control over all aspects of decision-making and service provision (Hughes *et al.*, 2004). While policies that recognize the rights of service users was past due, the service users’ gain has encroached on the workers’ rights as the service delivery system has become increasingly tailored to meet individual needs as opposed to maintaining large agencies/institutions that may not meet all the needs of service users (Baines, 2006; Torjman, 1996; Hughes *et al*, 2004). Baines *et al* (2011) particularly described the person-centered care models (PCC) that are increasingly adopted by social services:

Despite these developments, agency-based care continues to be the dominant model of delivery in the voluntary social services sector. Within this approach, the rights of workers have often been placed in direct conflict with those of service users through the increasing use of person-centred care models (PCC). Within PCC, workers are instructed to facilitate and nurture the independence (rather than dependence or interdependence) of service users and foster ‘functionality’ through the provision of ‘just enough supports’, rather than all-encompassing care. PCC also views violence and other forms of ‘acting out’ behaviour as efforts to communicate, requiring interpretation and decoding on the part of service providers rather than rebuke or redirection (Joseph Rowntree Foundation, 2006). In contrast to earlier less formalized models of care, PCC is a leaner, more efficient provision. Consistent with NPM imperatives, it can be described as a targeted and more sustainable solution to the growing demands for care (p. 333).

Given the changes in the service delivery landscape from both service users and funders, the core values of social service provision have been put under pressure and in some instances have begun to erode. Part of direct service provision is in the development of relationships with service users. However, with the implementation of managerialism's streamlined processes it has become increasingly difficult to find time to develop relationships with service users and community stakeholders (Trevithick, 2014). Overemphasizing 'rational thought' while dismissing more 'intuitive elements' in decision-making can distort judgement and distort priorities (Trevithick, 2014; Thiele, 2006; Munro, 2012). Trevithick (2014) states that, "emotional arousal travels faster to the amygdala (action) than to the cortex (thinking), (p. 290). The fact that we are 'wired' to act before we think highlights the importance of self-regulation – also known as emotion regulation or affect regulation (Siegel, 2012; Applegate & Shapiro, 2005; Trevithick, 2014). As part of the professional relationship, it is expected that helping professionals have the ability to empathize and the skill of attunement in order to further build relationships with help seekers (Trevithick, 2014). Thiele (2006) asserts that managerialism has instituted rational thinking in day-to-day interactions and as result has distorted intuitive reasoning and the importance of practical decision making. This development has diminished critical thinking, decision- making and engagement.

Trevithick (2014) states that, "Managerialism's hold as an administrative system is promoted, aided and abetted by a flawed interpretation of evidence-based practice (EBP) when compared to the original conceptualisation put forward" (p. 299). The original definition of EBP consisted of (1) research evidence and also (2) knowledge, skills, expertise and experience that service providers bring to the table and, (3) the self-

knowledge and personal experiences that service users add to the relationship (Sackett *et al.*, 1996; Trevithick, 2008). It is difficult to understand the rationale behind implementing an administrative system that does not bring with it a wealth of empirical research to support its' effectiveness in understanding human behaviour. To add to the restrictive nature of managerialism, the skilled workforce does not always have the flexibility to bridge the gap in relationship building due to standardized reporting measures, frameworks and practices (Trevithick, 2014; Munro, 2010; Dunleavy & Hood, 1994). "In response to the emotional impact of excessively high caseloads and 'burdensome administrative tasks' on social workers" (Munro, 2010, p. 115), Trevithick (2014) further wrote:

Those administrative tasks leave too little time and opportunity for practitioners to build some kind of relationship that makes it safe for service users to explore the practical and material problems and emotional issues they are experiencing. This included the opportunity to use intuitive reasoning to aid understanding and decision-making process – opportunities that can be stifled by the 'unintended consequences' and demands of an over-prescriptive approach (p. 302).

The daily tensions and demands of a 'compliance culture' that comprise the modern social service industry is in direct conflict with the quality of service that would ideally be provided to service users if the current managerial structure was not in place (Trevithick, 2014; Munro, 2011a). "In this low-trust culture," Munro (2012) commented: "the opportunity for learning and change is hampered by organizational priorities that are 'focused on complying with targets and performance indicators'" (p. 27).

As a result, the organizational atmosphere has changed from a professional collective to individual-focused processes that reinforce the streamlined practices of new public management (Harlowe *et al.*, 2013). Specifically, social services "have been

operationalized in the pursuit of fiscal austerity, transparency and public legitimacy, in different contexts, to embed techniques of scrutiny such as audit and performance management, as well as evidence based policy and practice”(Clarke, 2004b cited in Harlow *et al*, 2013, p. 537). Social work practice and social care have been re-shaped to reflect an assembly line of care. The assembly line is evident in the fragmentation of social work through deprofessionalization, relocation of work to specialist care, and a breakdown of service provision into various steps among several professionals (Harlow *et al*, 2013; Harris, 2003). The role of social worker changed from relationship building with service users to an assessment of need and brokering of services by other service providers (Harlow, 2003). Froggett (2002) further commented on the commodification of social service provision:

The marketization of relationships in health and welfare promotes efficiency among providers by subjecting them to bracing competition, and increased choice among service users who are expected to exercise reasonable and rational discretion on their own behalf. The assumption is that needs are transparent and obvious to the consumer, requiring no interpretation by professionals, and that welfare is merely a commodity (p. 70).

Harlow *et al* (2013) summarize that the commodification of social care services has reshaped the landscape of private sector services from one of relationship building to service provision that is based on cost measurement.

## **2.4 Building on Existing Literature**

The scope of this thesis will build upon the idea of ‘managerialism’ to look specifically at the decision-making process of mental health social workers in community-based settings with respect to recommending lodging homes to the individuals they serve. The concepts of deskilling, brokering services, accountability and austerity measures resonate among

non-profit sector service providers in Hamilton, Ontario. Managerialism ties in directly with higher caseloads and increased administrative tasks that impede workers' abilities to find the time to explore residential care facilities that they may be unfamiliar with in order to better serve service users. The time constraints on workers may also have a negative impact on the workers' ability to comprehend the needs of the client with respect to housing due to the diminished emphasis on relationship building (Trevithick, 2014).

The 'groupthink' phenomenon will be explored in the context of relying on the 'expertise' and 'judgment' of co-workers for recommendations for housing (Janis, 1982). The idea that a staff member who may be seen as a 'leader' may skew the decision-making process for another worker simply due to the fact that one worker's opinion may be valued by the team more than another's. The bias could work towards developing a negative stigma about a lodging home and that home being labeled as a 'bad' home or it could work in favor of a lodging home leading to the home being labeled as 'good' or 'okay.' Although individual experiences by staff may mitigate a 'groupthink' label, it is unlikely that an outlier opinion would change the opinion of the team when 'groupthink' is present.

Previous research with tenants of lodging homes will be reviewed in order that a more well rounded perspective may be achieved. The previous research will highlight some of the shortfalls of the Schedule 20 and similar policies. The power struggles, including those based on class, between mental health social workers and their low-income service users will also be examined.

On-going staff education and new employee education are key factors in a social workers' ability to serve individuals in a meaningful way. An employee's ignorance of policies that directly affect their service users may contribute to maintaining a status quo of oppression of those individuals.



### **Chapter 3: Theoretical framework**

I have utilized various approaches for developing the theoretical frameworks of this research project. These approaches include critical theory, interpretive social science, and groupthink. Incorporating more than one theoretical lens to analyze this research provides an opportunity to view the research from multiple levels in society from government to individual. It is imperative to explore the ways in which social work practice is shaped by governing structures and the impact those policies have on social workers and by extension the populations they serve. Ultimately, this research highlights power in society at all levels from government to employer to social worker and between colleagues. This research explores how the context of those powers and structural imbalances shape the everyday work for social workers in a community setting and how that affects his/her ability to find suitable housing for the individuals they serve. Critical theory is used to look into the complexities of neoliberalist policies that shape daily work. As this research is specific to how social workers perceive residential care facilities, it was imperative to include interpretive social science as a theoretical framework from which to understand the phenomenon. As a compliment to interpretive social science, groupthink was incorporated to provide a further understanding of the role colleagues have in perpetuating the status quo and influencing the group as a whole towards some lodging homes and not others.

#### **3.1 Critical Theory**

Critical theory is the perspective that I will use for this thesis to explore the themes discussed throughout the interviews to generate data for analysis. “Paradigms, like ideologies, organize our observations and make sense of them”(Rubin & Babbie,

2003, p. 38). A theory provides an underlying structure or model that organizes our view of a particular subject or topic but does not necessarily provide direct answers to those questions (Rubin & Babbie, 2003; Kreuger & Neuman, 2006). Rubin & Babbie (2003) described critical social science as an umbrella of various labels, each with a foundation of empowerment. Kreuger and Neuman (2006) defined critical social science as an explanation that deciphers illusion, explains the underlying structure of conditions, expounds upon how to achieve change, and offers a vision of a possible future. Critical theory does more than describe the hidden mechanisms that account for perceptible reality; it also critiques circumstances and suggests a plan of change.

Critical theory uses a lens to interpret data using a filter of empowerment and advocacy (Rubin & Babbie, 2003; Kruger & Neuman, 2006). “When critical theorists use interpretivist research methods, they are distinguished from interpretivists by going beyond the subjective meanings of the people they study and by their attempts to connect their observations to their priori notion of an unjust, broader objective reality that they are seeking to change”(Rubin & Babbie, 2003, p. 42). The critical approach holds that people are changeable, resourceful and flexible. Although people have all of these positive attributes, they may become confined by social constraints and social relationships and fail to realize that change may be possible. Isolation and oppression often counteract the ability for people to make changes and realize their potential (Kreuger & Neuman, 2006). It is difficult for people to remain objective to their social situation when each lived experience is subjective. The importance of a critical researcher is that he/she remains objective in order to highlight the external societal pressures impacting individual experiences (Rubin & Babbie, 2003; Kreuger & Neuman, 2006).

### **3.2 Interpretive social science**

I will utilize interpretive social science (ISS) to produce data for analysis from the interview transcripts. ISS aims to understand lived experience of individuals as opposed to objective measurement instruments (Rubin & Babbie, 2003). This research focuses on the perspective of community-based mental health social workers whose job entails finding suitable housing in a lodging home for service users from time to time. The ISS approach is fundamentally important in contributing to an understanding of how these research participants make decisions about lodging homes and how their work environment affects their ability to make those decisions. Unlike a positivist approach, the interpretivist approach does not aim to create universal laws, truths or generalizations to explain observations. Rather, the interpretivist approach argues that the personal experiences of the individual create knowledge and theory about the social world in which they live (Leitch, Hill & Harrison, 2010). Interpretivist researchers have a goal of acquiring an understanding of social life and relationships, and the way in which those phenomena are interpreted by people in that setting (Kreuger & Neuman, 2006). Interpretive researchers believe that the best way to understand people is to be open and subjective in one's approach so that a participant's world can be 'seen' through the participant's own lens. It is insufficient to merely quantify the participant's external behaviors or questionnaire answers. The subjective significances and social contexts of a participant's words or deeds must be studied in more depth (Rubin & Babbie, 2003).

### 3.3 Groupthink

The idea of groupthink is a well-known concept in sociology and social work. Groupthink theory was developed by Janis (1972, 1982). ‘Groupthink’ is the term used to illustrate a situation where concurrence seeking occurs before a problem or proposed solution has been sufficiently analyzed or evaluated (Janis, 1972). The theory of groupthink is closely linked with the concepts of the ‘herd mentality,’ ‘concurrence,’ and ‘social loafing.’ There is generally a negative stigma attached to all of those concepts due to the lack of overt communication and critical thinking (Araka, 2008; Schafer & Crichlow, 1996). Over the past 30 years several researchers have attempted to define and explain the groupthink phenomenon. The themes of faulty leadership and poor outcomes due to poor communication are repeatedly discussed (Araka, 2008; Whyte, 1998). The purpose of the group, a standardized decision-making mechanism, and clear goals appear to be the underpinnings of more successful groups but sorely lacking in unsuccessful groups (Araka, 2008). Araka (2008) and Janis (1972) assert that there are three factors to consider when observing groupthink, cohesiveness, leadership, and critical thinking. One of the symptoms of groupthink is premature concurrence seeking. Concurrence-seeking is a propensity towards convergence and mutual agreement in problem solving groups (Chapman, 2006). There is strong support for the idea that leadership style in a group is a strong predictor of groupthink behaviour. A closed leadership style where the leader displays a preference for one solution over another coupled with a weak or non-existent decision making matrix are strong predictors of groupthink behaviour, (Neck & Moorhead, 1995; Aldag & Fuller, 1993; McCauley, 1998). Although Janis (1972) felt that cohesiveness of the group was a strong factor in groupthink, Aldag & Fuller (1993)

and Park (1990) did not find a strong link between cohesiveness and groupthink. The literature suggests that groupthink has been displayed in groups of coworkers as well as ad hoc government committees. The phenomenon of groupthink may play a role in exerting undue influence in community-based mental health agencies in the context of forming opinions about lodging homes. Especially in the case of a new social worker or a social worker finding housing for the first time, he/she may be more susceptible to the influence of the groupthink dynamic and less likely to think critically about the individual attributes of each lodging home under consideration for his/her service user.

## **Chapter 4: Research design and methodology**

### **4.1 Research Design**

Generally speaking, quantitative data is more widely known and accepted in the scientific community and in media reports, however, the social sciences rely more heavily on qualitative data research. Qualitative research can be undertaken in many ways including individual interviews, focus groups and surveys to name a few. Using an in-depth individual interview allows the researcher to delve into more depth to explore decision-making and knowledge of policies that shape the participants' everyday work and his/her daily living circumstances. In order to gain insight and meaning into the daily work of mental health social workers, this research focuses on individual interviews with three participants. Individual interviews were selected in order to preserve anonymity of the participants given the relatively small pool of prospective participants from two community-based mental health agencies in Hamilton, Ontario.

The focus of critical theory and interpretive social science methodology lend themselves well to explore the socio-historical context of participants and his/her power and agency as related to his/her position within the power dynamic of the helping profession. In this case, his/her position in supporting service users to access an appropriate lodging home while demonstrating an awareness (or lack) of employer and societal constraints. In a larger context, it is important to explore participants' recognition of the employer constraints that have been put into place by societal and economic constraints over the past twenty years. Societal and economic constraints reduce both the time available for participants to serve service users as well as diminish the number of resources available to the service user. Given the semi-structured interviews with

participants, ISS methodology assisted this writer to interpret and analyze the participants' accounts of their experiences of making recommendations to lodging homes, their assessments of qualities necessary to make a distinction between a "good" home and a "bad" home, and their knowledge (or lack) of the governing legislation for lodging homes in Hamilton. ISS also assisted in the analysis of participant values versus those of the service user and the participants' awareness (or lack) of those disparities.

ISS methodology is consistent with critical theory with respect to validating a participant's distinctive lived experiences. However, depending on each participant's awareness of his/her personal values, social work values, and conflicts between the two sets of values, he/she reveals his/her knowledge of macro systems that impact his/her understanding into his/her own experience. Using these perspectives, the role of this writer is to review the participants' accounts of their experiences and interpret their description of events and meanings attributed to the experience of providing assistance to service users who are marginalized by society and unaware of the choices available to them for housing in Hamilton. This writer recognized that there were many themes present within the interviews but chose to limit the number of themes identified in the following sections according to significance to the topic and the implications for participants, the field of social work, the agencies/employers, and the City of Hamilton.

## **4.2 Recruitment**

Since the focus of this research is narrow, participants were recruited by indirect e-mail. The only criterion for participants was that they obtained a BSW, worked in Hamilton, Ontario, and were working in a community-based intensive case management

program specifically serving people with severe and persistent mental illnesses. Indirect recruitment was used through the use of an e-mail script sent to managers of community-based intensive case management agencies to distribute to their employees in order to reduce the occurrence of perceived undue influence on existing or former colleagues (see Appendix B).

Another recruitment e-mail was sent to IntAc to be distributed to other community-based mental health services in Hamilton, Ontario in order to attract more participants due to the low response from the first two agencies (see Appendix C). Attached to the recruitment e-mail was the letter of information/consent (see Appendix D). Interested participants were asked to contact me by e-mail. Prior to meeting for an interview, information was shared regarding the purpose and process of this research before agreeing to meet at a location selected by this researcher.

The narrow sampling criteria presented a significant barrier to recruiting a sufficient number of participants for the study. An additional barrier was the utilization of indirect recruitment. Indirect recruitment meant that this writer was unable to approach individuals who may have fit the study criteria more directly. Individuals who received the e-mail may not have been interested in participating or assumed that other staff at their agency would volunteer thus relieving them of the responsibility to participate.

### **4.3 Interview process**

Research participants were interviewed individually at a mutually agreed upon time in a location selected by this researcher. With the permission of the participant, I audio-recorded the interview and also made written notes about possible themes. At the



beginning of each interview, the purpose of the research and the confidentiality and consent form were reviewed (Appendix D). Participants selected a pseudonym and were informed that they would be referenced in the written research documentation. Each participant was reminded that his/her participation in this research was voluntary and that he/she could decide not to answer certain questions or withdraw entirely during the interview. Each interview took approximately one hour. I requested the participant's consent to contact them by telephone or e-mail at a later time if I required clarification on the information provided during the interview. The interview was comprised of pre-determined questions relating to his/her academic credentials, work experience, knowledge of residential care facilities, knowledge of governing legislation and policies, and demands on his/her time in their respective agency (Appendix E). The semi-structured nature of the interview allowed participants to share meaningful responses to the questions that he/she felt would highlight their experiences helping service users.

#### **4.4 Data analysis**

I came to the research with certain privileges of being a case manager at one of the agencies for the past nine years where I recruited participants so I had a genuine understanding of the demands of the position. I had the added benefit of a fresh perspective on managerialism and policy hierarchies that shaped my work from my recent education at McMaster University in the Master of Social Work program. Participants of the research project did not have the benefit of recently completing a Master of Social Work program. It was important for me as a researcher to maintain a frame of mind that respected the fact that participants may not be as aware of their socio-

political power or views as a recent MSW graduate. It was important that I understand the interpretive process during the interview so I made notes about points that appeared important to the participants as well as to understand their meanings as understood by the participant during the analytical process. Notes during analysis were retained to establish reliability and transparency as well as a record of ideas that arose and were incorporated or put aside during the analytical process (Shaw, 2010).

I transcribed the transcripts of the interviews and reviewed each transcript as well as my notes for themes. I compared the notes in the margins from the transcripts with my memo notes and looked for commonalities from within the data for common patterns and themes (Kreuger & Neuman, 2006). I used the prevalent themes from the transcripts in order to create the findings that follow in the next chapter. This study was approved by the McMaster Research and Ethics Board (see Appendix A).

## **Chapter 5: Findings**

This chapter will first present a snapshot of the participants. During the interview process, pseudonyms were selected to ensure anonymity of the participants but in the interest of preserving anonymity it was decided to simply refer the speaker as a participant given the small pool from which research participants were recruited. Participants each held a B.S.W. degree, were currently employed in an intensive case management agency in Hamilton, Ontario and had worked in the field of social work from between one and ten years.

This chapter will subsequently present the data collected from research participant interviews who have day-to-day contact with residential care facilities and the service users who reside in them. The prevalent themes from the data will be discussed in detail. Following this chapter, there will be discussion of the implications these themes have on how decisions about categorizing lodging homes are made, how this reflects on modern social work practice and the potential for future research.

Participants responded to the invitation to participate in this study because its emphasis resonated with their daily work and they sought a mechanism to provide feedback about the living conditions of people with severe and persistent mental illnesses in Hamilton. Inspiring their stories were articulations of the values and commitments that shape their work. As noted above, there was a variance in the number of years of experience between the participants of the study. As could be expected, this is reflected in some of the responses to the semi-structured interview questions and themes derived from the data.

## 5.1 Lack of policy awareness

Participants overwhelmingly agreed about having a lack of awareness of their client's rights under the Schedule 20. Participants noted that having prerequisite knowledge of the Schedule 20 prior to being hired was not required, that learning about the Schedule 20 was not part of the orientation process after they were hired, nor did they receive any on-the-job training with respect to this policy document. The following participant discusses his/her use of the policy document called the 'assessment of needs' that is found in an appendix of the Schedule 20. The participant needed to fill out the form in order to support a service user to access a lodging home:

I've filled out one once. So, no, no I don't have a lot of experience with the Schedule 20. Most of my clients are, the ones that are living in RCFs, none of them have moved except for one, and he moved from one of the owner's lodging homes to another. I've never actually read the schedule 20.

The participant explained that he/she had not read the Schedule 20 due to the fact that none of his/her service users had moved into a different lodging home during the time they were on his/her caseload. This participant did not provide a clear explanation of the reasons that he/she had never read the Schedule 20 in order to advocate for service users in other ways including their rights as tenants or to improve living conditions. The aforementioned dialogue highlights a gap in training for social workers working in the community that are strapped with the responsibility to ensure that service users find and maintain appropriate housing. However, it is not surprising given the neoliberal constraints of today's social services that staff does not receive adequate training on the policies that shape their work and affect their service users. Another participant echoed similar sentiments:

I may have read the Schedule 20 during my placement [while completing his/her B.S.W.] but I can't recall anything specific about it. If I needed to, I could look it up.

Although this research participant affirms that he/she is not familiar with the policy document, he/she demonstrated that he/she would be willing to do the necessary research in order to support a service user and develop a stronger skill base by becoming more knowledgeable about the relevant policy.

## **5.2 Assessing Lodging Homes**

One of the foundations of social work practice is being 'client centered' and 'meeting clients where they are at.' Participants discussed being 'client centered' in his/her approach to finding appropriate housing for service users. Participants sought to find the best 'fit' for clients among a handful of well-known lodging homes in Hamilton. Participants expressed feeling more confident in suggesting lodging homes where they had previous professional relationships with the staff and/or had input from their colleagues about the lodging home. One participant offered their insight into how to best support a service user to find a new lodging home:

I'd say that it's a mix between my personal experiences with various RCF's in the city, um, what my colleagues have to say about various RCF's in the city and then whether or not I think my client based on their behaviour, on their level of functioning, on their mental status, if that's somewhere that they would fit in. Whether or not the house has an emphasis on independence or dependence, sometimes location can have a pretty big impact on where I might suggest a client might move to.

As such, this research participant notes the need to balance the needs of the service user with his/her own personal knowledge of many different lodging homes in Hamilton. This participant also acknowledges that the opinion of colleagues plays a role in determining

the appropriateness of lodging homes. The lack of critical thinking in the context of lodging homes suggested by colleagues may contribute to reliance on a small pool of lodging homes instead of seeking out different and possibly more appropriate lodging homes for service users. This same participant offered further insight into the decision-making process:

Well it would just...if I had really good experiences with putting past clients there I would be more likely to another client there even if ...a co-worker maybe didn't have the best experience putting their client there. If I didn't know anything whatsoever about let's say two different lodging homes and had no personal opinions or co-worker opinions I would be looking at things like how do the staff treat the residents? What the food is like? What do the other residents have to say about living there? The area of the city that it's in. How clean is it? Do they provide [social recreational] programming or not? That sort of thing.

This participant's response highlights a healthier balance between autonomy and relying on co-worker's opinions to make decisions about housing. It also demonstrates a thorough knowledge of the types of attributes to look for that will help determine if a lodging home would be a 'good' fit for the service user. Another participant echoed similar sentiments:

I would make a visual assessment. I mean sometimes if you know...I mean you can't always tell by that but...some of the homes that I've got clients in ...they've got big calendars full of stuff that's going on, you know we're doing Monday night BINGO and Tuesday night movie and Wednesday night we're doing this...and you know, here are the meals for the next week...and if it looks like good stuff...and if they're advertising that then I think it's probably more likely that they're sticking to that and if I don't see anything about any kind of (social recreational) programming, um, or it's just programming that's at other places around the city....they probably don't offer a lot to their clients.

This participant elaborated on the need for communication with staff. Often a social worker's perspective of a lodging home relied on how positive or negative communication was between the social worker and the staff and between the staff and residents:

If they (staff) are responsive to my concerns, or to my client's concerns...how they deal with inter-resident conflict, how I observe them speaking to the residents, how they speak to me, um, you know, are they always locked away in the kitchen or the office when I go to visit my client or are they visible? How are they speaking to other people? Do they return my calls? You know? If I have concerns about a client am I getting...does it feel collaborative that we're working for the client's mental health or do I feel like I'm always arguing or at odds? And so, um, if I feel like I have a good relationship with the staff at a particular RCF then I'm...if I feel like we're able to work together for the client, I'm more likely to view that as a positive experience.

This illustrates the participant's on-going desire to meet the needs of the client and remain client-centered. The participant also engages in a discussion about maintaining relationships with lodging home staff and how the quality of that relationship can impact the provision of assistance to service users. Another participant discussed specific client-centered decision-making:

I think, like, it depends a lot on what the person's looking for. You know, if they're someone who really enjoys being around people, kind of having opportunities for a lot of activities, something like a lodging home could be potentially really beneficial for them and a good experience...if the space is really cramped, like, obviously it's going to be at most places because there are a lot of people in those, but if, I don't know, I guess like little things, like super old furniture or the paint is peeling, or, um, just like little things like that that aren't going to make the place feel like home...I feel like that's going to have a detrimental effect on...like negatively impact their mental health if they live there.

There are a number of dynamics that contribute to remaining client-centered in the context of housing. The long-term consequences of a service user in a substandard home could have lasting effects for both the social worker and the service user. The relationship between a social worker and a service user is one of trust. When a service user is unhappy with their living environment it can lead to a loss of confidence between the service user and the social worker.

### 5.3 Housing Standards

Research participants found ways to identify minimum standards even though they had not read the Schedule 20 and were not familiar with the formalized minimum standards for lodging homes. This research participant discussed how he/she would assess minimum standards by relying on service user opinion:

I think if I had serious concerns I think I would go and look at the actual document. And, and maybe I'm placing a lot of value on my own assessment of the house. Um, maybe that's after [blank] years...in Hamilton, or relying on my co-worker's judgments if I'm not familiar with the house or my client's opinion, um, but I, I believe my clients will tell me if there's a problem with something like the food guide...if they're not getting enough to eat, um, you know if my client's not feeling well or is complaining of certain things the first thing I ask is what are you eating?

This research participant frames their experience with lodging homes as part of his/her assessment of the service user's overall well-being rather than relying on a policy document to inform him/her about a lodging home's adherence to minimum standards. The participant also trusts his/her own previous experiences with lodging homes and service users alike in order to determine if standards are not being met. When the participant mentions that he/she places value on the house it may be in fact that he/she places value on the relationships with staff at the lodging home.

The same participant provided a narrative about the quality of minimum standards and the differences among services provided in lodging homes:

Are they acceptable? They've become acceptable. They meet very basic, minimum needs but I don't think they go beyond that, no. Some of them do, right, the one house on [name of street], [name of lodging home], is fabulous. She goes above and beyond for her residents. I think that's amazing. Other ones I think are just meeting the bare minimum, if that.

The research participant provided a more balanced response to the reality of lodging homes in Hamilton and the variance between the homes. The opinion of the participant



that some lodging homes are ‘just meeting the bare minimum’ demonstrates that minimum standards are insufficient to meet the needs of the diverse population housed there.

Additionally, another research participant recounted the experience of a colleague who discovered substandard conditions that put a service user at risk:

My co-worker had a client who wandered outside in a housecoat and slippers in the middle of winter in the middle of the night to call 9-1-1 because the staff would not allow the resident to use the phone in the home. Residents have a right to use the phone even if staff does not, does not, agree that the resident needs to call 9-1-1. I think [blank] had to call the City about that to make a complaint. I remember [blank] was worried about the client being safe. The house was not in the best part of the city and the sidewalks were icy.

Although this participant did not have a direct experience with minimum standards not being met for one of his/her service users, the participant was able to acknowledge the advocacy efforts of a colleague and recognize the important role that social workers provide in protecting the rights of marginalized persons in society. The same participant recalled another instance when minimum standards were not being adhered to and a vulnerable service user was taken advantage of by an operator:

A while ago, a colleague’s client went to hospital and had a prolonged stay and ended up having to go to a specialized unit. There are only a set number of days, I’m not sure how many, but a set number of days that a resident can be away overnight from a lodging home before the lodging home loses subsidy for the resident’s bed. Now, I guess, the lodging home couldn’t find someone to fill the bed or maybe they just figured that they could collect rent from the resident and not provide any services but the lodging home owner actually went to the client while he was in hospital and offered to ‘hold’ his room if he continued to hand over his entire cheque except for the personal needs allowance. The client didn’t even realize that he was being taken advantage of financially. I heard that the executive director and the case manager had a meeting with the lodging home owner and the staff and they admitted to taking the money but could not see that they were doing anything wrong. Essentially, the client’s ODSP should have been paying for his hospital stay and not an empty bed at the lodging home. The home was not accessible and the owner’s knew at a certain point that the client would not be able to return because he would need an accessible home after he was

discharged but they still took his money. I don't think that the City was informed about that.

This clearly outlines the ways in which oversight of lodging homes is lacking at the municipal level and lack of accountability for lodging home operators. It is a reasonable assumption that The City of Hamilton staff [nurse inspector, case worker] would have been curious about a vacant subsidized bed even if the social worker did not follow through with a formal complaint. For this research participant, he/she learned valuable information from the narratives of co-workers about how lodging home operators may bend the rules and do not continually comply with the rules as set out in the Schedule 20. This participant observed instances when advocacy occurred and the City was informed of wrongdoing and when advocacy took another form in the manner of confronting the oppressors directly as opposed to making a formal complaint.

The third participant noted quality of life factors that seem to be absent based on the lack of explicit minimum standards particularly concerned the quality of furniture and bedding in lodging homes. This participant echoes concerns about the necessity of financial trustees given the diminished resources provided by ODSP and the lodging home system. Additionally, ways in which social workers can find room within the existing structural inequalities is discussed:

It seems like there aren't any standards with respect to replacing beds, pillows, bedding and towels for residents. The mattresses that I've seen are either foam or really old coil mattresses. I mean, it seems like they're never replaced. I cannot imagine that there aren't any minimum standards about how long a mattress can be kept but I can't recall ever hearing about a lodging home purchasing new mattresses...Some [service users] are overweight and need more support but the beds provide no support. How would you feel if you were in your forties or fifties and sleeping on an uncomfortable mattress? I'm sure you wouldn't be jumping out of bed ready to greet the day. One of my co-workers was able to help a client purchase an orthopedic mattress with the help of his financial trustee. Most clients would not be able to do that because most do not have a trustee.

This particular response denotes the tension between the participant's values and the lodging home system as a whole.

This participant was clearly frustrated with how service users are treated yet at the same time recognized the limitations of his/her role within the context of structural barriers. Other ways in which participants coped with the tensions in their everyday practice was to find unconventional or creative solutions in order to improve the quality of life for service users. A greater appreciation for individual skill sets in order to navigate the shortcomings of the lodging home system is essential in order for social workers to feel as though they are agents of change. Oftentimes, the lodging home operator will take on the task of managing finances for the residents. This would seemingly be a conflict of interest but is not expressly forbidden in the Schedule 20. At the same time, since voluntary trusteeship programs have been de-funded for the most part, it is necessary for operators to cash cheques for individuals without bank accounts. This participant recalled the tension he/she felt after a service user complained about this practice:

The specific case that I can recall, um, the gentleman we worked with, ah, had some complaints, ah, about his pin money...and the way it was being managed. Um, and he was saying that like it was, ah, either the staff that was stealing it or other residents were stealing it and, it was, the difficult aspect of it was we weren't sure if like that was actually happening or if that was part of his illness, um, in terms of like having paranoid kind of thoughts or whatever, right? So, I think we met with like the staff and ...I think the participant in our program was there as well, ah, and we just kind of, ah, they just showed us the book where he had signed out his money and everything.

This participant's account of how the complaint was handled demonstrated a thorough approach of keeping operators accountable for managing funds while maintaining the client's dignity by involving him in the discussion about his own finances. As social

workers we are in a position to support a service user to ask tough questions when someone may be taken advantage of.

When one of the participants was asked about minimum standards, he/she specifically asked for a distinction between the formalized standards in the Schedule 20 versus the actual services provided by the lodging home:

Um, like, sorry do you mean the standards themselves? Or like, the actual like, service that's provided?

It was important to make a distinction between the services that are supposed to be provided in lodging homes contrasted with the actual services that are provided. It became clear that not all lodging homes meet the minimum standards as set out in the Schedule 20. The same participant continued to narrate that:

I don't know, like, again I would have to, like, look at the list of standards again to like answer decisively...I guess I would say...based on my experience, visiting those places, and finding, like, pretty consistently that it wasn't like a, a super welcoming or nurturing environment...that...no, I would not say the minimum standards are sufficient.

This participant, much like the first participant, recognized that he/she used his/her own judgment to decide if minimum standards were being met since he/she was not aware of the standards. The participant also used his/her own experiences with various lodging homes to make comparisons between lodging homes. Whether using the Schedule 20 or one's own personal judgment to make a distinction between the inadequacies in lodging homes it is important to reflect that as professionals we are using our own lenses to make conclusions.

Another narrative provided by the first participant with respect to negotiating with staff and making complaints:

The owners of [lodging home] occasionally give me grief, um, but really when you lay the smack down on them, and if I even threaten to call the City...they tend to shape up and do the things that we need them to do...the clients that I have that live in RCFs have lived there for years and years and years...and with the exception of [lodging home] I've really nothing bad to say about the RCFs that my clients live in. I mean, it has to be a really difficult job, I don't always agree with the decisions that they make, um, but that being said I can see why they occasionally make them.

This participant clearly uses his/her own agency and power in order to develop an understanding with lodging home staff. The participant is aware that the threat of involving enforcement from the City is sufficient to have the needs of his/her service users met.

#### **5.4 Fewer Resources**

All participants discussed situations that involved a lack of resources to assist service users. Resources took the form of monetary means as well as social programs and policies that would have enhanced the quality of life for their clients. Participants also discussed ways in which they were able to find creative solutions to challenges faced in their daily work. Participants who had worked in the field for longer than one year noted in particular that resources such as transportation, voluntary trustees, and discretionary benefits from ODSP had diminished and that the eligibility criteria had become more restrictive over the past decade. A research participant discusses specific changes to ODSP and shortfalls in much-needed transportation:

I've been doing this work for some time now. You know, when I started there were so many more benefits from ODSP. They (ODSP) took away the winter clothing allowance and the Community Start-Up and Maintenance Benefit (CSUMB). They (ODSP) have made it so much more difficult for clients to get bus passes. They (ODSP) changed their policies so that people can't get funding to go to recreational programming anymore. It used to be so much easier to get transportation for our clients. It's nearly impossible for our clients to get funded

for taxis to specialist appointments because under the new rules the medical appointment must be on-going. I have even tried to ask their (service user's) trustees through the Ontario Public Guardian and Trustee to request the one-time medical transportation from ODSP and they (the trustee) always tell me that it will have to come out of the client's savings. [...] Lodging homes used to give bus tickets to clients to come to appointments but they don't anymore. Some lodging homes had operators that would drive clients to appointments but they don't do that anymore either. I'm not sure why that changed.

This participant discussed several issues including changing rules and eligibility for socially funded programs, funding cuts, inaccessibility to medical and social programs due to funding cuts that impacted access to affordable and appropriate transportation. Voluntary trustees to support service users to ensure that they have the necessary funds to purchase essential items not provided by the lodging home or ODSP were also among the declining resources over the past year. Trustees often ensured that service users maintained their housing by paying rent directly whether service users lived in lodging homes or independently. This same research participant continues to narrate about lack of access to transportation, punishing the poor, and continuing the cycle of poverty:

Trying to coordinate transportation to view a different lodging home that a client is considering moving to is nearly impossible. It has become such a time consuming process since the new rules came in about funding for transportation. The City (of Hamilton) used to provide a bus pass to each resident no matter what. Five or six years ago they (the City of Hamilton) stopped because a few residents sold their bus pass for cigarette money. I am not condoning that a few people did that but clients were only receiving a little over \$100 a month to purchase clothing, cigarettes, toiletries and other essentials not provided by the lodging home. Now they (service users) receive \$150 per month but it still isn't enough especially now that they have to buy their own bus tickets. They can't afford a bus pass. The HSR doesn't offer a program for reduced rate bus passes unless a low-income person is working.

This research participant provided a good historical perspective and reflection on the way that the social service system used to be versus the reality of services today. This participant was able to identify several deficits that have become the norm caused by the

erosion of benefits over the past few years. Some essentials not provided by lodging homes are toiletries and clothing. Some service users are unable to navigate a shopping trip due to cognitive deficits. Currently no formalized support system exists to assist service users with shopping for clothing, shoes, or personal hygiene products. This research participant noted an opportunity to advocate for the service user with a government trusteeship program that was unsuccessful in the aspect of having transportation paid for by ODSP but was successful in arranging a much needed taxi for the service user. However, another participant recounts the lack of required transportation for a service user without a trustee, which also inhibited service users who were ill from obtaining necessary medical treatment:

My client lives at a lodging home like many of my clients. She doesn't have a trustee. She manages her own finances each month. The lodging home staff gives her \$150 from her ODSP cheque each month. My client became ill and needed to go to a cardiologist. I wasn't sure how many times the client would need to go for appointments so I couldn't request a MSN form (Medical and Special Needs) for transportation for a taxi or even bus tickets because the appointments weren't weekly or monthly appointments. I needed to find another way. Sometimes I am able to meet the client at the lodging home and take a city bus with them to the appointment. Sometimes operators [of lodging homes] will hold back some money for taxis if we know that the client has a one-time appointment to attend. Sometimes we [social workers] have to refer the clients to DARTS (accessible transit) but they don't like it, um, because of the long wait times before and after [appointments].

This participant discussed clear structural barriers with eligibility restrictions through ODSP and appropriate transportation through DARTS. This participant expressed frustration over the constraints of the social support network. The frustrations became constructive problem solving albeit the solutions were not as favorable as past options. This participant resists being complacent with the *status quo* by finding alternate

solutions and being vocal about social inequalities when it serves the needs of the service user.

The first participant shared an account about the lack of support in lodging homes and discusses the impact of managerialism on his/her ability to meet the needs to clients:

Absolutely there's a gap between what the residents are provided with and what they need. Without a doubt. They need more one-on-one attention. A lot of the clients need somebody that can go with them to appointments because I have so many clients that if I can't go to that appointment, they don't go...right...and I can't be in six places at once...so, no, we need more of that.

Community-based mental health social workers had more freedom in their schedules to attend medical appointments with service users prior to the implementation of managerialism. From time to time, lodging home staff or operators would accompany service users to appointments but that is practically a non-existent practice these days.

One participant had this to say about how society treats people in lodging homes especially given the neoliberalist attitude:

Do I think that my clients have a lot of power in society? No. I think they have next to none...I think that the attitude is...they're poor and they have mental health issues so we [society] don't need to ensure that they have a safe, comfortable place to live...it is punishing them, but I think it's more, they're not getting, their needs are not seen as important because they're poor and they have mental health issues so what do they care? The idea is that they're grateful for just having a roof over their heads and a bed to sleep on and they're not on the street and they're crazy so are they really gonna notice if we're giving them half a sandwich and a bowl of soup for lunch instead of a full sandwich and two cups of soup and who cares if we provide social programming or not because most of them are just too out of it to even appreciate the fact. I think this is the attitude and so it gets pushed, pushed aside.

This participant notes the absence of political power of service users and the negative perception of people who are poor and disabled in western society.



## 6.0 Discussion, Future Research and Conclusion

In this chapter, I will discuss the relation between the findings from my research with the existing literature. I will endeavor to further explore the shortfalls of the governing legislation [Schedule 20] using the perspective of the research participants. The apparent tensions, which lie in, the area of community-based social work were evident throughout the findings. I will navigate to further explore the phenomenon of decision-making in the context of assessing residential care facilities as ‘good’ or ‘bad.’ Society has often sought to find solutions to ‘problems’ with the noblest of purposes. Not all decisions have served the population of Canada well. This is especially apparent in social service policy including but not limited to social benefits.

The history of the deinstitutionalization of persons with severe and persistent mental illnesses created new institutions known as residential care facilities (Levitt *et al*, 2012). The original intention was to move people out of hospitals and back into the community. Over time, the policies [Schedule 20] governing residential care facilities have become entrenched with professionals losing sight of the original intentions. This research has sought to raise consciousness about the currently accepted minimum standards, and oftentimes less than minimum standards, that shape the work of community-based mental health social workers and the residents who live in residential care facilities. The goal of this research is two-fold: to raise awareness of oppression and dominance created by the existing institution of residential care facilities. The research participants’ experiences reveal limited resistance to the current structure, in part because of inconsistent advocacy practices, limited knowledge of the Schedule 20, and relationships with staff of lodging homes, service users, and colleagues. Secondly, this

research sought to understand the decision-making process of social workers in making a distinction between a ‘good’ or a ‘bad’ residential care facility.

The data collected from the research participants is consistent with the relevant literature on residential care facilities (Wilton, 2004), shrinking resources (Torjman, 1996), managerialism (Baines, Cunningham, & Fraser, 2011). As such, this research project raises many issues in the complex dynamic of making recommendations about lodging homes in the city of Hamilton. The responses of the research participants reflect the dominant discourse related to social policies for the ‘poor’ and ‘disabled.’ The recounted narratives of advocacy on the part of colleagues shows promise that there continues to be advocacy on behalf of service users. The small number of participants in this study who had not engaged in direct advocacy is not necessarily reflective of the majority of practicing mental health social workers. It is not the intention of this research to condemn anyone but to raise awareness that social justice is necessary and to commence a dialogue about how best to serve marginalized service users. Instead of blaming managerialism and relying on the opinions of colleagues, it is hoped that social workers will engage in reflexive practice to ensure that lodging homes are held accountable for diminishing services and relaxed service provision.

Critical theory offers insight and explanation into the structural inequalities within the lodging home system and the governing policies. One of the goals of critical theory is to expose hidden structures in society so that improvements in individual experiences of the world can be made. The municipal guidelines, namely the Schedule 20, social benefits cutbacks, namely ODSP, and the withdrawal of funding from voluntary trusteeship programs in Hamilton, Ontario were a few of the societal structures that

impeded the efficacy efforts of mental health social workers. Additionally, interpretive social science allows the researcher to understand the ways in which individuals navigate socially constructed institutions, offers a feeling of inclusiveness for others sharing similar experiences, and allows for outsiders to gain an insider perspective on social issues. As an “insider” it was all too easy to understand the daily struggles faced by the participants. However, the purpose of this research is to allow readers a purview of the rationale behind ways in which decisions were being made about referrals to residential care facilities. The findings indicated that the participants relied upon colleagues, pre-existing relationships with lodging home staff and operators, and feedback from service users in order to make an assessment of a lodging home. Groupthink allows for researchers to gain insight into part of the complexity of decision-making within the context of an employment setting (Janis 1982; Park, 1990). Research participant’s experiences of making referrals to lodging homes often relied upon the opinion of co-workers. Research participants often sought feedback from co-workers in order to make an assessment of a particular lodging home prior to determining ‘fit’ for a service user. This research has afforded the opportunity to begin to explore the complex dynamic of making a distinction between lodging homes. It is hoped that this research will inspire others to begin a dialogue about improving standards for lodging homes.

## **6.1 Residential Care Facilities**

Residential care facilities are supposed to be a ‘home’ for marginalized individuals in our society who cannot live independently for a number of reasons. However, they seem to fall into a vague, grey area without a clear mandate for social

recreation, quality of food, or even accessibility. As stated earlier, the guidelines for residential care facilities in Hamilton were supposed to be derived from the standards for long-term care but those standards were never clearly implemented (Richardson, 2009).

Specifically, there is a lack of transparency with respect to inspection reports. The guidelines for the Schedule 20 were supposed to be derived from the provincial standards for long-term care facilities however there appears to be a double standard with regard to transparency with respect to public health inspection reports. It would be incredibly useful for both service users and service providers if inspection reports were made public so that informed decisions could be made about housing. Service users are not afforded privacy as most rooms are shared between two or three residents (Wilton, 2004).

Bathrooms are always shared and are not mandated to be equipped with grab bars for residents who may require them for safety. Lodging homes do not need to be accessible for service users with walkers or wheelchairs. This significantly reduces the number of residential care facilities available to a service user who has mobility aids. Some lodging homes used powdered milk and powdered potatoes in an effort to cut costs.

Since this research began, the City of Hamilton has implemented a wait list for prospective residents (City of Hamilton, 2016). The wait list is similar to the one used for subsidized housing except that there is no limit on the number of lodging homes that can be viewed and turned down unlike the Access to Housing list where people on their wait list can only turn down three offers of housing before being placed at the bottom of the wait list. The new rules do not affect residents currently residing in residential care facilities but do affect people moving from independent living or homelessness to lodging homes. No public input was sought prior to this policy being implemented.

In addition, since this research project was initiated, the City of Hamilton shut down four residential care facilities in June 2016 after allowing them to operate for approximately six weeks without a license. Concerns about lack of food, incompetent staff, and a lack of staff forced the closure and relocation of close to fifty residents. The City blamed the operator for not submitting a licensing application while the operator attempted to function without a subsidy from the City [\$50 per resident per day] that led to staff not being paid and walking off the job (The Hamilton Spectator, 2016). Staff at the four [now closed] lodging homes was not trained in medication administration but were hired to supervise residents with severe and persistent mental health diagnoses, addictions, and physical disabilities. Once again, the public was not consulted and reports are not available to the public.

The quality of staff is not the same as a long-term care facility. Most staff persons only have a secondary school education. Staff is underpaid and overworked often working for not much more than minimum wage, working 10-12 hour days and with little vacation time. Staff can learn about medication administration from a journal article or brochure and count that towards their annual ‘education’ requirements. Staff persons are expected to manage a range of behaviours without any formal education or training, administer medication that most of the time they do not know what the medication is for, clean floors and bathrooms, do laundry, make three meals and two snacks daily, and arrange transportation for appointments. It might be easy to understand the reasons why minimum standards aren’t met if we as social workers also realized that the system was set up to provide poor service to residents. The City does not make it mandatory (or

affordable) to have more than one staff person working at a time. Using a critical perspective it is easy to uncover that the [RCF] system is inherently flawed.

## **6.2 Limitations of the research**

It is acknowledged that this research was developed from the findings of three interviews thus limiting the applicability of the findings in a more generalized manner. It is also acknowledged that this research took place within a small community of community-based mental health agencies and that this writer may have had working relationships with some of the participants so the potential for bias is acknowledged. The potential for bias was managed by adhering to ISS principles in the recounting of each participant's narratives. Without these participants there would be no starting point to learn how decisions are made about lodging homes. Although there was previous research from the perspective of residents, there was no available literature on the perspectives of community based mental health social workers. The choices of ISS methodology and critical theory were chosen so that research participants could share their experiences working within in current social services landscape. Groupthink theory was chosen as a potential mediating factor in decision-making with respect to lodging homes.

Though the sample size was small, the narratives revealed by the research participants were consistent with each other insofar as the complex nature of decision-making. Groupthink theory literature was validated by the reports of the participants. ISS methodology was used to relay the participant's narratives as they described them, although this writer's interpretation of their narratives may differ.

### **6.3 Future Research**

Although there has been extensive literature on the oppression of the poor, little has been done specifically on how municipal domiciliary hostel (residential care facility) policies impact the day-to-day life of residents or how these policies could be improved to enhance the lives of people with severe and persistent mental illnesses. Future research could involve a policy analysis of the Schedule 20 in order to make specific recommendations on how to improve the policies within the document. More research could explore residential care facilities from the perspective of staff and operators in order to have a more well-rounded view the service delivery system and existing gaps. Research could also be done among City of Hamilton staff working in Public Health or the Domiciliary Hostels division in order to gain a better understanding of the challenges faced by those professionals in the context of neoliberalism.

### **6.4 Implications for Social Work Practice and Education**

The entrenchment of the neoliberalist service delivery system has inhibited traditional social work values especially advocacy for social change. This research has sought to raise consciousness about the currently accepted minimum standards that shape the work of community-based mental health social workers and the residents living in RCFs. The implementation of managerialism has fostered an atmosphere of complacency among community-based mental health social workers that rely on colleagues, pre-

existing relationships with residential care facility staff and operators, and feedback from service users in order to make an assessment of residential care facilities.

Social work education should endeavor to instill a strong base of advocacy and social justice among students. This may promote a renewed interest in social justice when students begin practicing social work in their respective employment settings. Social work practice should involve reflexive practice in order to best serve the needs of service users and to hold residential care facilities accountable to meet minimum standards.

## **6.5 Conclusion**

Community-based mental health social workers were recruited to answer questions about how they made a distinction between lodging homes, how knowledgeable they were about the governing policy document [the schedule 20], how they were influenced by colleagues, their advocacy efforts to improve lodging home conditions, and how neoliberalism impacted their ability to serve service users. Participants provided a complex decision-making matrix that included client needs, input from colleagues, and relationships with lodging home staff. Seldom was a lodging home deemed as ‘bad’ unless there was abject neglect of residents. Oftentimes, there was more of a continuum from ‘good’ to ‘bad’ with more lodging homes falling somewhere in the middle of the continuum rather than at either end of the spectrum. Oftentimes, a client’s individual needs drove the search for housing rather than a social worker’s opinion of the lodging home. Participants overwhelmingly sought input from their colleagues with respect to lodging homes they were unfamiliar with. The ability for participants to research unfamiliar lodging homes on their own is significantly restricted by the demands



of their jobs due to the implementation of managerialist practices. The need for statistics [quantity] versus quality was an overarching theme in their work. Although these participants could not provide direct examples of their own advocacy efforts in order to improve lodging home conditions, it is my belief that this is not wholly representative of all community-based mental health social workers. As part of the social work profession there is an inherent duty to enhance the lives of those less fortunate. A means of performing that duty may be through using creative problem solving to access a much-needed resource or advocacy for change at the policy level.

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APPENDIX A

		<p align="center"><b>McMaster University Research Ethics Board</b></p> <p align="center"><b>(MREB)</b></p> <p align="center">c/o Research Office for Administrative Development and Support, MREB                  Secretariat, GH-305, e-mail: <a href="mailto:ethicsoffice@mcmaster.ca">ethicsoffice@mcmaster.ca</a></p>	
<p><b>CERTIFICATE OF ETHICS CLEARANCE TO INVOLVE HUMAN PARTICIPANTS IN RESEARCH</b></p>			
<p>Application Status: New <input checked="" type="checkbox"/> Addendum <input type="checkbox"/> Project Number: 2016 015</p>			
<p><b>TITLE OF RESEARCH PROJECT:</b></p>			
<p align="center">The Good, The Bad, and The Indifferent: Lodging Homes in Hamilton</p>			
<b>Faculty Investigator(s)/ Supervisor(s)</b>	<b>Dept./Address</b>	<b>Phone</b>	<b>E-Mail</b>
R. Zhou	Social Work	23787	zhoura@mcmaster.ca
<b>Co-Investigators/ Students</b>	<b>Dept./Address</b>	<b>Phone</b>	<b>E-Mail</b>
A. Noble	Social Work	289-690-717	noblea4@mcmaster.ca
<p>The application in support of the above research project has been reviewed by the MREB to ensure compliance with the Tri-Council Policy Statement and the McMaster University Policies and Guidelines for Research Involving Human Participants. The following ethics certification is provided by the MREB:</p> <p><input type="checkbox"/> The application protocol is cleared as presented without questions or requests for modification.</p> <p><input checked="" type="checkbox"/> The application protocol is cleared as revised without questions or requests for modification.</p> <p><input type="checkbox"/> The application protocol is cleared subject to clarification and/or modification as appended or identified below:</p>			
<p><b>COMMENTS AND CONDITIONS: Ongoing clearance is contingent on completing the annual completed/status report. A "Change Request" or amendment must be made and cleared before any alterations are made to the research.</b></p>			

## **APPENDIX B**

**Email Recruitment Script  
Sent on Behalf of the Researcher  
by the Holder of the Participants' Contact Information**

**Amanda Noble, B.S.W.  
Masters Candidate in Social Work**

**Study Title:  
The Good, The Bad and The Indifferent: Lodging Homes in Hamilton**

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**Sample E-mail Subject line:** McMaster study about community-based mental health social workers and nurses and their perceptions of residential care facilities in Hamilton.

Dear Employees,

Amanda Noble, a McMaster student, is seeking participants for a study she is doing about front line staff in community-based mental health agencies and their perceptions of lodging homes and knowledge of the Schedule 20. This research is part of her Master of Social Work program at McMaster University. The following is a brief description of her study.

The City of Hamilton uses a policy called the Schedule 20 to govern residential care facilities. The Schedule 20 sets minimum standards of care for a large, marginalized group of impoverished, vulnerable individuals with a range of diagnoses. Even with the existence of the Schedule 20, there is a significant variability among residential care facilities and the services they provide. Social workers and nurses in community-based mental health agencies are often tasked with finding housing for their clients.

You are invited to take part in this study on social workers (B.S.W. or greater) and nurses in community-based mental health agencies in Hamilton. For my Master's thesis, I want to explore the process undertaken by front line staff that support clients to move into residential care facilities and the thought process underlying the decision to suggest one residential care facility over another. I am also hoping to learn how familiar front line staff is with the Schedule 20 (if at all).

If you are interested in getting more information about taking part in this study please contact Amanda directly through her McMaster e-mail address ([noblea4@mcmaster.ca](mailto:noblea4@mcmaster.ca)). Your participation will remain confidential. I will not know whether or not you have chosen to participate in this study. Amanda will not disclose your expression of interest or participation to anyone at McMaster or your employer. You can withdraw from the study at any time or not answer certain questions during the interview. A copy of her information letter and consent form is attached to this e-mail, which will give further details about her study.





DATE: February 2, 2016

**APPENDIX D  
LETTER OF INFORMATION / CONSENT**

**A study of the values and knowledge of front line staff in community-based mental health agencies in Hamilton in the context of supporting clients to find suitable housing in residential care facilities.**

**Student Investigator:**

Amanda Noble  
Department of Social Work  
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**Supervisor:**

Rachel Zhou  
Department of Social Work  
McMaster University  
Hamilton, Ontario, Canada  
**(905) 525-9140 ext. 23787**  
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**Purpose of the Study:**

The City of Hamilton uses a policy called the Schedule 20 to govern residential care facilities. The Schedule 20 sets minimum standards of care for a large, marginalized group of impoverished, vulnerable individuals with a range of diagnoses. Even with the existence of the Schedule 20, there is a significant variability among residential care facilities and the services they provide. Social workers and nurses in community-based mental health agencies are often tasked with finding housing for their clients.

For my Master's thesis, I want to explore the process undertaken by front line staff that support clients to move into residential care facilities and the thought process underlying the decision to suggest one residential care facility over another. I am also hoping to learn how familiar front line staff is with the Schedule 20 (if at all).

**Procedures involved in the Research:**

I will meet with you for a private interview lasting approximately one hour at a location of your choice. With your permission, I will record our discussion and make handwritten notes. I will ask you about the number of years you have worked in the community and your work experience. I will ask about your experiences with residential care facilities in Hamilton and how your opinions have been formed about "good" homes versus "bad" homes. I will also ask about your familiarity with the Schedule 20 and perceived gaps in the policy.

**Are there any risks to doing this study?**

The risks involved in participating in this study are minimal. You may worry about how residential care facility operators, staff and City of Hamilton staff may react to what you share about your experiences. You do not need to answer questions that you do not want to answer or that make you feel uncomfortable. The steps to protect your privacy are outlined below.

### **Confidentiality**

Every effort will be made to protect your confidentiality and privacy. I will not use your name in my records or documentation; instead, I will use a pseudonym chosen by you. Given the small community-based mental health community in Hamilton, your agency will not be referenced. But, we are often identifiable by the stories we tell, so please keep this in mind when you decide what to tell me and how to tell it.

The information you provide will be kept in a locked cabinet where only I will have access to it. Information kept on a computer will be protected by password. Once the study has been completed, the data will be maintained until my thesis is approved and then it will be deleted/destroyed by no later than December 31, 2016.

### **Are there any benefits to doing this study?**

This research will likely not benefit participants directly. I hope that your experiences will shed light on the variability among residential care facilities and that the findings of this research may lead to new governing regulations. I also hope that that research will provide information to front line staff on a subject that is often talked about but seldom investigated.

### **What if I change my mind about being in the study?**

Your participation in this study is voluntary. If you decide to be part of the study, you can change your mind and withdraw from the interview for whatever reason, even after signing the consent form and completing the interview, until April 15, 2016. If you decide to withdraw, there will be no consequences to you. In cases of withdrawal, any data you have provided will be destroyed. If you do not want to answer some of the questions you do not have to, but you can still be in the study.

### **How do I find out what was learned in this study?**

I expect to have this study completed by approximately May 2016. If you would like a brief summary of the results or the whole thesis, please let me know how you would like it sent to you.

### **Questions about the Study:**

If you have questions or need more information about the study itself, please contact me at:

<a href="mailto:noblea4@mcmaster.ca">noblea4@mcmaster.ca</a>
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This study has been reviewed by the McMaster University Research Ethics Board and received ethics clearance. If you have concerns or questions about your rights as a participant or about the way the study is conducted, please contact:

McMaster Research Ethics Secretariat  
Telephone: (905) 525-9140 ext. 23142  
C/o Research Office for Administrative Development and Support  
E-mail: [ethicsoffice@mcmaster.ca](mailto:ethicsoffice@mcmaster.ca)

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### **CONSENT**

- I have read the information presented in the information letter about a study being conducted by Amanda Noble of McMaster University.
- I have had the opportunity to ask questions about my involvement in this study and to receive additional details I requested.

- I understand that if I agree to participate in this study, I may withdraw from the study at any time or up until April 15, 2016.
- I have been given a copy of this form.
- I agree to participate in the study.

1. I agree that the interview can be audio recorded.

... Yes.

... No.

2. ...Yes, I would like to receive a summary of the study's results.

Please send them to me at this email address \_\_\_\_\_

... No, I do not want to receive a summary of the study's results.

3. I agree to be contacted after the interview if the researcher requires clarification or further information. I understand that I can always decline the request at that time.

... Yes. Please contact me by e-mail/phone at: \_\_\_\_\_

... No.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Participant (Printed) \_\_\_\_\_