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Housing First and Photovoice: Transforming Lives, Communities, and Systems

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Abstract

This article presents findings from a community-based participatory evaluation of a Housing First program on the Island of O'ahu. In this study, clients in a Housing First program used Photovoice to evaluate the program and to advocate for progressive housing policies. Written together by members of the Housing First Photovoice group, this collaborative article describes the outcomes from both the Housing First program and the Photovoice project and demonstrates the ways in which participatory program evaluations can interact with client-driven programs like Housing First to produce a cumulative, transformative impact. Findings suggest that community psychologists hoping to re-engage with community mental health systems through enacting transformative change should consider taking a community-based participatory approach to program evaluation because increased client voice in community mental health programs and their evaluations can have far-reaching, transformative impacts for research, practice, and policy.

Keywords

Community-based participatory research; Photovoice; Homelessness; Community mental health; Housing First; Transformative change

Introduction

Community mental health scholars have called recently for a re-engagement of community psychologists' commitment to promoting the liberation and well-being of individuals experiencing mental illness (Nelson, Kloos & Ornelas, 2014). This re-engagement will necessitate transformative change in the community mental health system. Transformative

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Conflict of Interest

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change involves the redistribution of power such that clients¹ actively participate in the decisions and knowledge practices that impact them and their communities (Nelson et al., 2014). Client-driven programs like Housing First (HF) have values, such as client choice and inclusion, that promote transformative change (Goering & Tsemberis, 2014; Townley & Sylvestre, 2014). In addition, including clients in research and program evaluation can transform the community mental health system into one categorized by values of empowerment, citizenship, and collaboration (Jones, Harrison, Aguiar & Munro, 2014; Nelson et al., 2014). Thus, using community-based participatory research (CBPR) methods to evaluate client-driven programs has transformative potential for community mental health systems. In this study, clients in a HF program on the Island of O’ahu used a CBPR method, Photovoice (PV), to evaluate the program and to advocate for progressive housing policies. Written together by members of the HF PV group, this article demonstrates the ways in which CBPR program evaluations can interact with client-driven program outcomes to produce a cumulative, potentially transformative impact.

Transforming Community Mental Health

Over the past few decades, community mental health systems have made significant progress improving the lives of individuals with severe mental illness, particularly through the development of client-driven, recovery, and wraparound service models (Davidson, Hoge, Godleski, Rakfeldt & Griffith, 1996). Despite these significant gains, individuals with serious mental illness continue to face systemic barriers related to stigma, discrimination, poverty, and lack of voice in policy matters (Corrigan, Markowitz & Watson, 2004; Davidson et al., 1996; Joseph, 2016). These challenges are compounded for clients with a history of homelessness, who are also highly vulnerable and stigmatized (Lee, Tyler & Wright, 2010). To address these systemic issues, scholars have argued for transformative change in the community mental health system (Nelson et al., 2014; Townley & Sylvestre, 2014). As opposed to ameliorative change that primarily targets change *within* an existing system without questioning the values and assumptions of that system, transformative change disrupts power dynamics at multiple ecological levels, producing a change in the overall system (Nelson & Prilleltensky, 2010; Nelson et al., 2014; Townley & Sylvestre, 2014). Therefore, to transform community mental health systems, community researchers must alter power dynamics, giving clients power over their lives and the policies that affect them. Changing these power dynamics will require an emphasis on the participation, inclusion, liberation, and empowerment of individuals and a recognition of their lived experiences (Townley & Sylvestre, 2014). Ultimately, a transformed system would be categorized by increased client voice in research, practice, and policy.

Client-Driven Programs—Housing First

Housing First is a client-driven community program that can lead to transformative change (Goering & Tsemberis, 2014). Unlike treatment-first models that require individuals experiencing homelessness to demonstrate they are “housing ready” before placement, HF takes a recovery-oriented approach, placing individuals into housing of their choice and then providing intensive case management services (Tsemberis, Gulcur & Nakae, 2004). HF is

¹This article uses “client” instead of “consumer” or “survivor” because members of the PV group prefer this term.

transformative in that it challenges the existing assumptions and operations of the mental health and housing systems, viewing clients as citizens with rights to housing and choice in their recovery plans as opposed to patients who must earn housing through participation in treatment (Goering & Tsemberis, 2014). Not only has this program model shown significant success in achieving housing stability for individuals experiencing mental illness and chronic homelessness, but also it has shown it can “creat[e] ripple effects by influencing and challenging the larger system/community context in which it is implemented” (Goering & Tsemberis, 2014, p. 289; Tsemberis et al., 2004).

Community-Based Participatory Research—A Transformative Approach

Community-based participatory research approaches also have transformative potential because CBPR strives to empower participants by including them as co-researchers at all stages of the research process, from problem definition to dissemination (Israel, Eng, Schulz & Parker, 2013). Challenging deficit-oriented approaches to social issues, CBPR emphasizes strengths, privileges participant knowledge, and emphasizes the exchange of knowledge and resources between participants and researchers (Israel et al., 2013). In addition, CBPR encourages citizen participation and promotes social action as a desired research outcome (Israel et al., 2013). Therefore, CBPR attempts to redistribute power more equitably between stakeholders through both research process and resulting social action and can be a useful approach for community psychologists who wish to produce systemic change and transform the community mental health system into one that is more client-driven and inclusive of marginalized group members (Farquhar, Ryder, Henderlong, Lowe & Amann, 2014; Kloos et al., 2014; Townley & Sylvestre, 2014). Despite its potential for multilevel benefits in community mental health (Case et al., 2014), mainstream CBPR approaches in community mental health are often only modestly participatory, not ceding full control over the research process to client participants, leading Jones et al. (2014) to advocate for client control and ownership of research.

Photovoice—Photovoice, in particular, is a CBPR method that may be useful for promoting transformative change because of its emphasis on empowerment through advocacy and “voice.” Relying on feminist theory, critical consciousness theory, and documentary photography, PV uses photography to enable participants to (a) identify and record their personal and community strengths and concerns; (b) engage in critical dialog about them; and (c) communicate these strengths and concerns to policy makers (Wang, 1999). Therefore, PV emphasizes client participation in data collection, analysis, and dissemination. Importantly, PV extends beyond the content analysis of photos; photos are the media through which participants engage in consciousness-raising and advocacy efforts. Therefore, in its purest form, PV emphasizes participant-*led* research and social action.

Evaluations of Client-Driven Programs

Despite the fact that CBPR has become more common and many programs have become client-driven, evaluations of these programs continue to rely on traditional approaches and methods. Given the noted value of CBPR in evaluation (Braithwaite et al., 2012), it is unfortunate that program evaluations of client-driven programs have continued to rely on traditional approaches. Traditional evaluation approaches often measure outcomes of interest

to funders and do not reflect the participatory ideologies of client-driven programs (Crishna, 2006; Papineau & Kiely, 1996). For example, despite the client-driven values of the HF model, few HF studies focus on outcomes as identified by HF clients (Patterson, Currie, Rezanoff & Somers, 2015). The majority of HF research has defined program successes based on outcomes of interest to high-powered stakeholders (e.g., funders), assessing outcomes related to the amount of time program participants spend in housing and reductions in their psychiatric symptoms, hospital stays, and emergency room admissions. Although these outcomes are important indicators of program success, more research is needed to fully understand the HF recovery process (Macnaughton et al., 2016). Understanding this process will necessitate clients working to identify program process outcomes.

Photovoice is a promising CBPR approach to HF research and evaluation because it allows clients to determine what outcomes are relevant and aligns with the values of HF, emphasizing social justice, inclusion, and client choice. In addition, it has been shown to be successful with marginalized groups and has been useful in understanding the lived experiences of people experiencing or who have recently experienced homelessness (Peterson, Antony & Thomas, 2012). Unfortunately, many PV projects with people experiencing homelessness do not include all components of the PV methodology that make it unique and potentially transformative. For example, in their review of PV projects with individuals experiencing homelessness, Seitz and Strack (2016) found that most PV homelessness projects did not describe advocacy or dissemination efforts, an essential component of PV. Despite its potential for multilevel impact, without the empowering “voice” aspect, PV becomes an intervention largely focused on individual-level change (see Halifax, Yurichuk & Khandor, 2008 for a notable exception). In addition, not all PV homelessness projects conduct group discussion and analysis, instead conducting one-on-one interviews later analyzed by researchers (Seitz & Strack, 2016). Including participants in discussion and analysis is an integral part of consciousness raising and empowerment—and for transformative change. Because it can be difficult to engage participants in the full research process while they are unstably housed, in crisis, and transient (Halifax et al., 2008), the transformative potential of PV may be realized more effectively when combined with a housing program that matches its values. In other words, this literature review suggests that while CBPR and client-driven programs can have transformative potential on their own, using CBPR methods to evaluate client-driven programs can lead to more effective transformative change. This study examines this possibility.

Current Investigation

The current investigation was part of an ongoing mixed-methods evaluation of a HF program funded by the City and County of Honolulu and administered by the Institute for Human Services, Inc. At the conclusion of the program’s first year, the program evaluator (second author) and graduate assistant (first author) took a CBPR approach to the evaluation in an effort to respect the client-driven values of HF and to build stronger relationships with the program and clients. Staff and evaluators decided to engage an existing HF support group—a group of Housing First clients and staff that met weekly to build social support and learn

skills related to the housing process—in developing a project that captured client-defined outcomes.

Methods

The program staff and evaluators initially proposed PV to the HF Community Group because of its previous success with marginalized groups and its emphasis on empowerment (Bukowski & Buetow, 2011; Wang, 1999). In addition, PV has been shown to be a culturally appropriate CBPR method for research in Hawai'i (Helm et al., 2015). The HF Community Group facilitator—the HF chaplain/community liaison—proposed the project to the group, which enthusiastically agreed to participate.

Procedures

This PV project followed Wang's (1999) suggested procedures that instruct researchers to: (a) select and recruit a target audience; (b) recruit participants; (c) introduce PV to the group of participants; (d) obtain informed consent; (e) decide on a theme for photos; (f) distribute cameras and provide instruction; (g) allow time to take photos; (h) discuss and analyze photos; and (i) develop a plan for sharing photos and findings with policymakers and community members.

Recruitment—The program advertised the PV project to all HF clients and provided transportation to clients who opted to participate. The HF PV group met once a week for 6 weeks between March and April 2016 during the regular community group meeting. The group chose community members and policymakers as its target audience.

Participants: The PV group included two group facilitators (the chaplain/community liaison and the first author), two case managers, and 22 clients. At the start of the project, clients had been housed anywhere from 1 to 14 months, with an average of 8 months in housing. Of the 22 clients, six opted not to take pictures but contributed to discussion and analysis.² Therefore, 26 participants (14 males and 12 females) contributed to the project over 6 weeks, with 15 clients and one case manager taking over 300 photographs. Of the 22 client participants, 12 attended at least three meetings. Most of the remaining 10 clients were late joining the project but actually increased their engagement over time. Therefore, PV group attendance averaged around 15 members each week.

The 22 client participants roughly represented the demographics of all HF clients ($n = 214$). The PV client participants ($n = 22$) were predominantly male (59%), and were racially diverse (55% White, 50% Asian, and 18% Native Hawaiian/Pacific Islander). Thirty-two percent of PV clients reported multiracial identities. The overall HF group was 56% male and also racially diverse (48% White, 41% Asian, and 50% Native Hawaiian/Pacific Islander, with 45% reporting multiple races). Notably, the PV group had fewer Native Hawaiian/Pacific Islanders. This discrepancy may be attributed to the fact that group meetings were held in downtown Honolulu where the majority of HF clients were housed, whereas the majority of Native Hawaiian/Pacific Islander clients lived outside of Honolulu.

²One client passed away during the project, and we were unable to retrieve her photos.

Photovoice client participants were also slightly older, more vulnerable, and had more interaction with the criminal justice system prior to program intake than the overall HF group. The PV median age was 57 compared to the overall HF group median age of 45. In addition, the PV clients scored higher on the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) than the overall HF group (12.3 compared to 11.75). Finally, the PV group had a higher average number of arrests 2 years prior to housing (.62) compared to the overall HF group (.47). The PV group demographics reflect the fact that in its first year, the program targeted highly vulnerable, older individuals living in downtown Honolulu.

Group facilitator and case manager participants were also racially diverse and included one White and one Asian/White facilitator and one White and one Asian case manager. All facilitators and case managers had multiple years of experience working with marginalized groups, and one case manager had personally experienced homelessness.

Orientation and Data Collection—The first week included orientation to the PV method, the development of shared goals, and instruction on camera operation, basic photography, and research protocols. The first author continued to provide instruction on research methods and analysis throughout the project. After providing verbal informed consent, clients received cameras. The group facilitators suggested the prompt: “Using photography, describe or represent your experiences with homelessness and Housing First.” The prompt was intentionally vague to allow as much freedom in interpretation as possible. Clients agreed to the prompt but decided that everyone should be given as much freedom as possible in determining what was relevant to the evaluation. Over the following 5 weeks, the clients collected data by taking photographs that responded to the prompt. Data also included clients’ written and verbal reflections on photographs and experiences.

Analysis—To conduct group analysis, we used Wang’s (1999) “Participatory Analysis” method, comprised of three steps: (a) selecting, (b) contextualizing, and (c) codifying. At the beginning of each group meeting, clients *selected* one or two photographs that he or she had taken the previous week. After providing time for reflection, group facilitators projected each photograph onto the wall. Then, the client photographer *contextualized* the photo, explaining why he or she took the picture and what it represented. Then, the group collectively identified key themes (*codifying*) in the photographs and discussed their significance using the “SHOWeD” technique: “What do you See here? What is really Happening here? How does this relate to Our lives? Why does this situation, concern, or strength exist? What can we Do about it?” (Wang, 1999, p. 188). To keep track of themes, the first author audio recorded each discussion and took field notes, reminding the group each week of previously agreed-upon themes. Throughout the project, participants continued to bring in photos that represented new themes and that built on existing themes. For example, following a discussion on housing providing more “choice,” a client brought in a photo that represented how “choice” and improved mental health were connected. Thus, analysis was an iterative process in which the group continued to clarify and expound upon themes throughout the project.

Advocacy/Dissemination—At the conclusion of data collection and analysis, the PV group decided to advocate for HF and individuals still experiencing homelessness by holding an exhibit at Honolulu Hale (city hall). Group members hoped that by disseminating research findings along with powerful examples of clients' lived experiences (i.e., photographs) to policymakers and the community, they could simultaneously “give back” to the community while making their voices heard. After the exhibit, the first author engaged the group in a reflection process on the impact of the project, using written reflections and group discussions. Themes related to PV impacts were derived through discussion and group consensus. Finally, the group chose to further disseminate findings to an academic audience.

Writing Process

Because of the varying degrees of writing experience and for the sake of transparency, we describe the nature of the collaboration on this article. It was written during weekly hour-long meetings between December 2016 and March 2017 with members of the PV writing group, which consisted of 15 clients who regularly attended the HF Community Group (two of whom were not involved in the PV project but wanted to contribute to the article), two case managers, one chaplain/community liaison, and a member from the evaluation team (the first author). The first author began by discussing the purpose of academic articles and provided examples of articles that used PV. After obtaining group consensus to continue, she asked each group member if and how they would like to contribute. The group decided that the first two authors would be responsible for the literature review and organizing the article content because of their experience with the process. The clients decided to contribute primarily to the explanation of themes identified in the results and discussion sections, with the first author bringing in relevant literature. Some group members chose to write portions of the article, whereas others preferred to dictate to a recorder or to “talk story” with the first author and have her paraphrase them. Still others did not want to write but wanted to read the final product. The first author compiled writings, transcripts, and field notes and organized them into the article format and brought them back to the group for review and clarification each week. Finally, clients, staff, and evaluators reviewed the final document before submission.

Because of the agreement among the group for all text, we did not distinguish between author voices except when providing a personal reflection from one of the authors. When personal reflections are appropriate, we italicized and used first-person pronouns (i.e., “I,” “my,” etc.). Notably, these sections are not quotes; rather, they are authors' contributions written in first-person. We chose this strategy because we wanted to differentiate between authors' voices and quotes, as the latter are often treated as “data.” In addition, we use the terms “author” and “client” interchangeably to deliberately challenge the dichotomy between researcher and participant. Having found few examples of how to co-write articles equitably as a group with diverse skills, we chose to write in this manner to both reflect the very real power distance between clients, staff, and the evaluation team and also to disrupt that power distance and accurately reflect the true collaborative nature of this piece.

Results

This project resulted in outcomes identified through the PV method as well as outcomes related to the PV project itself. We present HF outcomes, followed by PV outcomes. These outcomes overlap, which we address in the discussion. Importantly, all themes were reached through group consensus. Therefore, all group members ($n = 22$) agreed that these themes were important to understanding HF and PV impacts.

HF Outcomes

Housing First outcomes included 14 major themes organized into three categories: Life before and after HF, continuing challenges, and important supports.

Life Before and After—Clients contrasted the danger and hostility of “the streets” to the safety and comfort of their homes. Clients provided a nuanced analysis of the ways in which their lives were transforming. In particular, clients indicated that since being housed, they have experienced increased privacy, opportunities to rest, opportunities to engage in self-care, opportunities to pursue their full potential, opportunities to reengage with the community, opportunities to reconnect with family and friends, and improved mental health.

Increased privacy: The increased privacy that housing afforded increased clients’ access to sanitary places to sleep, cook, and bathe. In addition to increasing cleanliness, privacy also restored dignity. Thus, privacy was inextricable from both cleanliness and dignity. For example, during a discussion on privacy, a photograph of a public restroom titled, *Please Don’t Let Anybody Walk in on Me Right Now* (Fig. 1), sparked a lively discussion on the complex tactics clients took to keep clean and to take care of bodily functions discreetly. While clients showed great resourcefulness and resiliency, these tactics were time-consuming and detracted from other activities, such as seeking employment and healthcare. In housing, clients had control over their privacy and cleanliness, felt a returned sense of dignity, and had more time to focus on other issues related to self-care and rest (see Fig. 2).

Opportunity to rest: Once housed, clients reported taking a period of time to rest and recover from the recent trauma of homelessness. This resting period became a time to process the trauma of homelessness and also a time for reflection. Although restful, reflection was sometimes associated with the recognition of all that had been lost and with how far clients had to go to recover. Therefore, this period was simultaneously restful, stressful, lonely, and necessary. Although lonely and stressful, clients agreed that this period of rest was important for recovery. *The way I can see it, this transition to housing is like being on a ship that sailed into a really bad storm. I was shipwrecked, and I had to swim to shore. And there was HF. It sent me back home, and here I am. Life was a big turmoil. I had been homeless for almost 15 years.* Clients noted that recovery from the trauma of homelessness could take several months to a year, and only then could they begin to set and work toward goals.

Self-care: After this period of rest, clients began to engage in self-care and spiritual practices. Self-care was defined differently based on each client. Some clients discussed taking part in community groups and activities, such as yoga, tai chi, and Alcoholics

Anonymous; others worked to secure primary care physicians or began seeing specialists for chronic conditions. In addition, clients sought ways to exercise and eat more healthily. *When we are in fight or flight, we can't do spiritual work or take part in nutritional or long-term care.* Transitioning from this “fight or flight” state to a stable state allowed for rest and increased opportunities to engage in self-care, which proved important for clients’ mental and physical health, spiritual well-being, and maintaining sobriety because *you can't do yoga and dope.*

Opportunity to reach full potential: Perhaps the most significant theme to emerge from this project was that HF gave clients the opportunity to reach their full potential by affording them agency to live up to their values. While experiencing homelessness, many clients had no choice but to live in ways that contradicted their own values and belief systems. During the PV analysis process, one client said, “Just to survive, I had to scavenge through garbage to find food just to have something to eat. I had no choice at that time. Whenever I was hungry—if I could not shoplift—I would go to the nearest garbage can that was freshly thrown” (see Fig. 3). This client was relieved that in HF, he no longer had to act against his moral convictions and shoplift, an act that caused him great shame. The chaplain/community liaison noted that she spent significant amounts of time working with HF clients regarding their sense of guilt over choices made out of necessity. Life in HF afforded clients the opportunity to live in ways that were more in line with what they believed and allowed them the space to work through lingering guilt and shame.

In addition to being able to live in accordance with their belief systems, clients also had increased choice and opportunity to define and work toward their goals. In describing his photograph titled, *Sailboat on a Mooring Ball*, this client stated: “Once on the mooring ball, one has a feeling of safety, and I find myself reprioritizing—using different parts of my mind. When flight or fight is managed, I find myself thinking and doing stuff that I never had time to do, like reassessing my goals. In my home, I feel safe and have the awareness to “tact” life’s crap” (Fig. 4). Clients were at various stages in their progress and had different goals, but all clients agreed that housing allowed them to define these goals and to work toward them in an effort to live life to its fullest. Knowing that they had this opportunity gave them hope.

Opportunity to reconnect to community: Living life to its fullest also involved reconnecting to the community. Some clients engaged in spiritual practices and became involved in worship communities; others became involved in art classes, yoga groups, and various community activities. Several of the clients, while unable to work full time, volunteered for community organizations and engaged in community advocacy. Clients reported that being able to “give back” to the community increased their self-esteem and their sense of purpose. *I'm using the rest of my days to do good for people, helping people, giving more than taking.* Being housed allowed clients the time and capacity to be involved in activities of interest and to play meaningful roles in the community.

Opportunity to reconnect with family and friends: Housing First also afforded clients the opportunity to reconnect with family members and friends with whom they had lost touch during their experiences with homelessness. Clients noted the joy of hearing from friends

and family and expressed pride in showing them how much they had changed and how hard they had worked. Having a home in which to entertain was important in facilitating this reconnection with friends and families, especially those who lived in the area.

Improved mental health: All of these benefits had positive impacts on client mental health. Clients confirmed that they experienced psychological benefits, particularly increased hope, self-efficacy, and self-esteem. These benefits were accompanied by a decrease in symptoms of mental illness and psychosis. For instance, one of the authors noted that before housing, he daily experienced symptoms of psychosis and could be found talking to himself on the street. However, these symptoms abated after being housed. *Being housed in August 2015 led to a great transformation through the regaining of my dignity. The absolute normalcy and stability brought back my full sanity and the connection to the reality of life. HF paved the way to renew my whole being, bringing back, especially, social services, my medical privileges, and my mental health. My life now is tremendously geared toward a higher pedestal.* Housing led to a reduction in symptoms, which allowed clients to focus on higher goals.

With a decrease in symptoms, clients experienced increased hope, self-efficacy, and self-esteem. Clients explained that when they were without housing, they felt worthless; however, in housing, they felt like valuable contributing members to their communities and families. While clients continued to struggle with mental health issues, they felt they had the ability to manage symptoms, which gave them hope for the future. Not only did clients feel confident in their ability to exert control over their own lives and health, but they also felt that they had agency to enact change in their communities.

Continued Challenges—Despite these significant improvements, analysis revealed that clients struggled with old challenges as well as new challenges related to the housing transition. For example, clients struggled to maintain a healthy distance from their former lives and faced stigma, loneliness, and anxiety over “what’s next.”

Setting boundaries: Some clients faced a constant struggle to maintain healthy boundaries between their new lives in housing and their former lives without housing. Clients struggled to draw boundaries with family and friends who were still experiencing homelessness and/or who prematurely took advantage of clients’ newfound stability (e.g., by attempting to move in, borrow money, or attain free childcare). Clients described feeling a responsibility to help people who had helped them in the past. *I know these people, and they come to me for money, and I try to help out as much as I can. I might give them five, 10, or 20 dollars. But I know I can’t be doing that all the time. But I try to help out as much as I can. I try to do my best.* This concern for their friends put clients in situations in which loyalty to and concern for friends threatened to pull them back into harmful lifestyles and/or to upset their relationships with landlords and the program. Because they sincerely wanted to help, some clients encouraged friends to take advantage of similar programs, offering advice on getting involved and obtaining necessary identification, whereas other clients turned to other ways to “give back,” such as volunteerism and advocacy.

Loneliness: Maintaining a distance from former friends and family sometimes meant being alone, and all clients spoke of feeling lonely at times. Although grateful for housing, clients felt disconnected from people, particularly during the period immediately following housing. In fact, many clients admitted that during the first few weeks in housing, they returned to their former locations and dreaded going home because they did not want to be alone. *I went from 200 roommates at the shelter to none. I missed the company.* Clients agreed that it took about a year to adjust to living alone.

Stigma: In addition to experiencing loneliness, clients discussed feeling stigmatized by landlords, community members, and public safety officials. *In spiritual groups, yoga, community events, school, etc., being on welfare or being homeless seems to stereotype you. The way you appear to people, they do not want to get too close. Some are afraid. Some judge your character and think you are lazy. For example, I feel like I'm judged by my landlord who thinks, "He's been getting free rent while the rest of the tenants work hard to make ends meet."* Notably, clients did notice an improvement in day-to-day interactions with the public. For example, the above author noted that when he talked to his landlord, he was able to resolve the issue, noting that *it was probably a misunderstanding from both sides.* Despite improvements in day-to-day interactions, clients felt the lingering effects of the discrimination and stigmatization they experienced when they were without housing. In addition, the continued negative portrayal of "the homeless" in the local media contributed to feelings of stigmatization. Although housing provided a buffer against this stigma, clients continued to struggle with its effects, regardless of housing status.

Uncertainty: In addition to stigma, clients experienced anxiety over "what's next." At the time of the PV project, many clients felt that they had turned a corner in their recovery and were making progress toward their goals. However, they were concerned that this progress would be undermined if program funding was cut. At the time, the program was still in a pilot stage, and the uncertainty of program sustainability was incredibly distressing for clients. This sentiment has continued despite renewed program funding. *I am immensely scared to go back to being homeless again. I have applied for Section 8 and Public Housing, but it is difficult because I am in a transitional stage under HF. I am hoping there's a policy or program to help me to the next step of being permanently housed. HF is great, but it saddens me to think that I am nearing the end of my tenure. The next step seems bleak, and I am not sure what will happen to me after HF.* Although HF provides "permanent supportive housing," clients were and are aware of the political nature of government-funded programs. They know that the extension of their subsidies depends on the perceived success of the program and the public attitude toward it. This uncertainty produced much anxiety, and clients continue to fear returning to life without housing.

Important Supports—Program and external supports helped clients deal with these challenges. Family and friends functioned as important social and financial supports, whereas the program provided peer and social supports as well as life skills taught through the community group and case managers.

Family and friends: Although they could be stressors, family and friends were beneficial to the recovery of many clients, particularly if they were stably housed themselves. Once clients were housed, family members often became reengaged and were more willing to provide both social and financial assistance. Several authors discussed the encouragement they received from their children and the hope that it afforded: *My daughter always tells me, “Mommy, I know you strong. Don’t give up and wait for me.” And she is coming home after 4 years this year.* In addition to providing encouragement, family and friends served as role models and motivation for continued progress toward meeting personal goals. For example, one client titled a photograph of his grandchildren *My Sobriety*, and this same client later took on a caregiving role for his grandchildren. Reclaiming familial roles led to increased self-esteem and sense of purpose.

Community group: Another important support included the HF Community Group, a weekly group designed by the chaplain/community liaison to help clients navigate the housing process, build community with each other, and strengthen spiritual well-being. Clients confirmed that the group assisted the housing transition by teaching them valuable life skills, such as setting healthy boundaries and food preparation, and supplemented case management services by providing education on how to seek legal aid, apply for external case management, and file for Section 8 and other government assistance. In addition, the group facilitated regular interactions between clients and program staff, thus serving as an opportunity for clients and case managers to build relationships in a more social setting. It also increased peer social support by fostering friendships among clients at different stages of housing and recovery. Members supported each other by working together to solve problems, listening to each other’s stories, and reminding each other of their self-worth. As one of the authors explained, he has achieved 1-year sobriety because of the supports he has through the group: *The HF program and this group is very influential for me. Because in the back of my mind, I think about the key people. My case manager is one of them. The chaplain is one of them. The researchers, and other case managers, and each member that’s a positive voice.*

In addition, the program increased clients’ interactions with members of the larger community. For example, by hosting community group meetings in a church that was working to reframe itself as a community resource to the homeless community, the program further connected clients to community resources and other community settings. Clients began to develop relationships with other clients, staff, and members of the local community.

Finally, the group served as an important interfaith spiritual support, and some clients identified the weekly group as their primary socio-spiritual community (even when the chaplain/community liaison provided referrals for worship communities that aligned with the clients’ respective beliefs). Even clients who adhered to no faith reported benefiting from attending the HF Community Group, noting that it provided a space for them to express their grief, celebrate their successes, and make plans for their lives.

Spirituality: For a number of clients, faith and spiritual practices were an important part of their lives and identities. Clients reported that prayer remained a constant practice throughout their lives “on the streets” and in housing; however, while experiencing

homelessness, the formal observance of their faith took a back seat to daily survival tactics, and clients reported having to live in ways that contradicted their spiritual beliefs. In addition, some clients experienced spiritual wounding at the hands of religious leaders who judged them or who clients felt were unable to respond to presenting needs (e.g., suicidal thoughts). Therefore, upon entering HF, many clients expressed feelings of hopelessness and alienation from God. *Individual pastoral care for these clients often involved reconnecting clients with their God-concepts and undoing self-perceptions of shame and disgrace.* The chaplain/community liaison also helped clients strengthen their chosen spiritual practices to promote hope, connect to communities of faith, and strengthen sense of self.

Case managers and staff: One of the most meaningful supports included case managers and program staff, who functioned as role models and social supports for the clients. Clients felt that case managers and staff genuinely cared for them and understood their challenges. Even clients who no longer needed intensive case management expressed deep respect for case managers: *By living the life that she is living, my case manager is a living testimony that it can be done for people like me.* As role models, case managers gave clients hope that they, too, could achieve their goals. In addition, the chaplain/community liaison was important for client progress. Along with providing spiritual guidance, this staff member facilitated the community group and worked to connect clients with other community activities and groups. She also provided individualized pastoral counseling in response to client requests and situational crises. Together, case managers and staff provided practical, emotional, spiritual, and social support.

Photovoice Outcomes

In addition to identifying HF program outcomes and processes, the PV project produced outcomes at the individual, program, community, and policy levels.

Individual-Level Impacts—At the individual level, the PV project—from data collection to the exhibit—was an empowering experience that increased clients' self-esteem, engagement in the program, and perceived connectedness to the community. Clients reported that data collection and discussion led them to think critically and appreciate life, explaining that *when they gave me that camera, I began to look up and appreciate the beauty around me. I couldn't believe I had never noticed it before.* In addition, the PV project resulted in increased client engagement in the program. Of the initial PV group ($n = 22$), 15 are still engaged in the HF Community Group and 13 participated in writing this article. One author, who came onto the project during his first week in housing, explained that the project gave him "an incentive" to continue coming to the group and participating in the program. PV clients continue to participate in the program and to contribute to program evaluation and research on homelessness.

The PV exhibit (see Fig. 5) increased clients' perceived connectedness to the community and their self-esteem. The exhibit and its opening reception were widely publicized and well attended by multiple stakeholders including, HF clients, program staff, service providers, community members, landlords, university administrators, and local politicians, including the mayor and state senators. Seeing the visual representation of their work in such an

important public space evoked pride in their contributions to the community. Clients were surprised by the number of people, including powerful people, who attended and were interested in their stories. Several clients had people recognize them from the exhibit and its media coverage and explained that this experience was encouraging. One of the authors *mentioned that he talked with some of the Honolulu Hale staff who told him they had received calls daily from community members who had seen the exhibit and wanted to ensure that the program was going to continue to be funded. Whether or not this community concern was widespread is quite beside the point. The impact that the perceived community impact had on the clients was significant.* Clients felt that they had contributed to the community and that the community recognized them as members. Since the exhibit, clients have continued to brainstorm ways to “give back” to the community as a group and individually. For example, one client met with the mayor to propose a crosswalk safety campaign. Another offers free yoga classes to clients and community members.

Program-Level Impacts—In addition to leading to increased engagement with the program, the PV project led to increased client voice in the program. The first author worked with the group to include a section on PV findings in the yearly evaluation report and has continued to consult with clients before submitting evaluation progress reports to the program and the funders. The program responded to the PV group’s feedback and concerns by changing program components. For instance, in response to clients’ uncertainty, the program devoted time during community group meetings to educate clients on taking housing “next steps” and by assuring clients that the program had safety nets in place should funding cease. In addition, the program decided to continue to fund the chaplain/community liaison position and to continue the HF Community Group. It also plans to expand the community group to other neighborhoods to increase accessibility for clients in various locations.

Perhaps the biggest impact is that the PV group has continued to meet and to engage in advocacy and research efforts, becoming a permanent part of the program as an evaluation team. The evaluation team recently decided to conduct a follow-up study using more sophisticated cameras and data analysis software. The group continues to brainstorm ways to disseminate evaluation results in a way that challenges dominant homelessness narratives and that advocate for continued program funding.

Community-Level Impacts—Program staff and clients strategically used the PV exhibit as an opportunity to educate the community on homelessness, mental illnesses, and the HF program’s ability to address these issues. Clients used their photographs and stories to construct an alternative narrative to the dominant community narrative that portrayed homelessness as an individual-deficit issue characterized by violence, substance abuse, and personal choice (Pruitt, 2017). Clients’ photographs told a more complex story of trauma and systemic barriers. For several weeks, media covering the event were inspired to tell a more humane story of homelessness. Ultimately, the PV project provided opportunities for program staff, case managers, clients, and funders to work together to challenge community assumptions and to build relationships with each other.

Policy-Level Impacts—Perhaps the most striking outcome of this collaborative effort is that clients were able to work strategically with program staff to advocate for themselves and to push for policies that affected them. Soon after the exhibit, the funders decided to extend program funding another year, and at the time of writing this article, funders have decided to extend funding for an additional year and to expand the HF model to the outer islands. In addition, 2 weeks after the exhibit opening, the Governor of Hawai'i pledged to end homelessness by 2020, announcing his plan to build 10,000 affordable housing units and to implement the Housing First model at a "systems-wide scale" (Blair, 2016).

Discussion

This study resulted in client-identified HF outcomes and a better understanding of the recovery process that takes place for clients. In HF, clients felt that they had choice over their housing and their recovery plans, which translated into increased choice over how to live their lives. Being housed gave clients more agency as they were able to keep themselves and their homes clean and were able to live in ways that were in line with their religious, cultural, and spiritual beliefs. Clients reported that this agency helped them work toward reaching their full potentials, which improved their overall mental health. Mental health for clients was comprised of increased self-esteem, self-efficacy, and hope as well as a decrease in symptoms of psychosis, depression, and anxiety. Improved mental health, in turn, strengthened clients' connections with family and the community. Clients had increased power over their lives as well as became more integrated into the community. In concordance with other qualitative HF studies, this study showed that clients struggled with loneliness, isolation, and stigma and had to relearn skills related to housed life (Macnaughton et al., 2016; Patterson et al., 2015). This loneliness and distress was most apparent in the period immediately following housing—a period that coincided with the period of rest. Importantly, clients felt this space and time of isolation was necessary for processing and overcoming trauma. Overall, this study showed that recovery in HF is a complex process that begins with having a place to rest. By starting to unpack the "black box" of that process, this study contributed to the paucity of research on the HF recovery process (Macnaughton et al., 2016).

In addition to contributing to the understanding of the HF recovery process, this study revealed that both HF and the PV method were associated with indicators of transformative change. PV was empowering for individuals, increasing client voice in the program, its evaluation, and policy, decreasing perceived stigma, and increasing a feeling of connectedness to the community. Importantly, PV outcomes interacted with the program's outcomes to produce indicators of transformative change at multiple levels.

Program Level Transformative Change

Indicators of transformative change at the program level include the participation of clients in all aspects of the program, which can result in fundamental programs change (Nelson et al., 2014). HF afforded client choice in their lives, their housing, and their recovery plans, and through the PV project, clients also had a voice in program evaluation and in research dissemination. In turn, they transformed the program by forming a participatory evaluation

team of case managers, program staff, and organizational staff that continues to inform program decisions and strategize dissemination and advocacy efforts. Clients continue to use their research and advocacy skills to plan follow-up studies and advocacy projects, with the evaluators and staff being able to step back and take on a more supporting role. In other words, the PV project capitalized on existing program values of client choice which resulted in a program component that promoted sustained, systematic input from clients as well as created a setting in which power dynamics were altered.

Community-Level Transformative Change

Community-level indicators of transformative change involve integrating clients into the community by increasing client interaction with multiple stakeholders outside of the service provider setting and increasing client involvement in typical community settings (Nelson et al., 2014). The PV project encouraged the community integration already enacted by the program through the community group and other wrap-around services. Through the PV exhibit, clients worked in more community settings with a diverse group of stakeholders including local artists, politicians, city employees, and program and organizational staff. Notably, community integration is more than just an increased physical presence within the community; it is categorized by meaningful participation in and a feeling of connectedness with the community (Yanos, Barrow & Tsemberis, 2004). Increased community integration can then lead to reduction in stigma and enhanced sense of community (Nelson et al., 2014). After the exhibit, clients reported feeling like “real citizens” and perceived a decrease in stigma from community members after the exhibit. Community integration and citizenship have proven essential for the recovery of individuals experiencing mental illness (Yanos et al., 2004) and are indicative of transformative change (Nelson et al., 2014). HF components encouraged clients to reintegrate into the community, but this impact was enhanced by the PV project that increased clients’ relationships with the larger community and increased their sense of community and citizenship. In other words, through the PV project, not only were clients members of the community, but also they were active contributors to the community with the power to change it (Nelson et al., 2014).

Policy-Level Transformative Change

Transformative change at the policy level is indicated by policies that encourage client voice and focus on changing social conditions that contribute to the issue (Nelson et al., 2014). HF clients used their PV project to promote such policies. The policies adopted by the City and County of Honolulu (program funders) and by the Governor of Hawai’i shortly after the exhibit reflect a commitment to client voice and autonomy as well as an acknowledgment that homelessness is a systemic problem related to housing availability (as opposed to individual-deficit). Importantly, because the HF model was based on client-driven values, the program used its resources and political connections to connect clients to policymakers and the local media, enhancing the impact of clients’ voices at the policy level.

One of the ways in which PV and HF had multilevel impact was that PV interacted with HF to mitigate challenges (e.g., uncertainty) and to enhance positive outcomes (e.g., increased self-esteem) and effects of supports (e.g., the community group). For example, clients indicated that the PV project further increased self-esteem that was already increased

through HF. The PV project afforded clients the opportunity to engage in a meaningful activity and to “give back” and improve others’ lives, which are important components to recovery (Case et al., 2014; Patterson et al., 2015). The data collection and analysis portion of the project, in particular, provided meaningful activity by giving clients a role on the evaluation team. Being a valued contributor to a meaningful project enhanced clients’ progress in the program. Importantly, the PV project gave clients the power to address the challenges they faced. For example, it was during the discussion on stigma and uncertainty that clients decided to hold the exhibit. Taken together, these findings suggest that PV enhanced HF program effects and mitigated challenges and together, led to multilevel change with transformative potential. This project resulted in indicators of transformative change as well as preliminary transformative change outcomes, suggesting it represents one small step toward transforming the system into one in which all recipients of housing and mental health services are treated as citizens with a valued role in the community and power over their own lives (see Table 1).

Challenges and Limitations

Given the strategic timing of the exhibit (before the city council voted on a funding extension), the exhibit was hurried, and we were unable to assess directly the impact of the exhibit on community attitudes, media representations, and policy changes. However, this study suggests that these may be fruitful outcomes to pursue in the future. For example, during the take-down of the exhibit, city officials reported to program staff that exhibit viewers were regularly observed crying. In addition, we are currently conducting an analysis of media representations of homelessness, and preliminary findings suggest a decrease in negative coverage in the months following the exhibit. Future CBPR efforts should consider directly examining the connection between the resulting social action and community attitudes, media representation, and policy changes. Another limitation is that these findings may not be generalizable to other HF clients in other HF programs. In addition, they may not accurately represent the experiences of other clients in this HF program. It seems possible that clients who were most invested in the program would be the clients most likely to opt into the PV group. However, the fact that the clients in the PV group were actually *more* vulnerable than the overall group does not diminish the larger findings of the benefits of using a CBPR method with a client-driven program for even the most vulnerable individuals.

This project faced multiple limitations and challenges common to CBPR projects (see Stacciarini, Shattell, Coady & Wiens, 2011). In particular, the evaluation context limited clients’ freedom to define research questions. For example, the PV prompt reflected the evaluation team’s concern for understanding clients’ experiences with the program. It is possible that outside of the evaluation context, clients may have proposed a very different prompt. Another major challenge was disrupting power dynamics. As Jones et al. (2014) note, power cannot just be handed over in a CBPR project. In the above example, while group facilitators emphasized that clients could work to generate alternative prompts, clients deferred to group facilitators, possibly reflecting the differences in power. In addition, regardless of intentions to include clients as co-researchers, institutions, like the Institutional Review Board, viewed clients primarily as “subjects.” Because clients are members of a

vulnerable group, the IRB encouraged anonymity and de-identified data. However, to remove clients' identity would be to use their creative and intellectual knowledge without crediting them. While clients had the option of identification or anonymity in the PV project and in the writing of this article, this challenge shows the difficulty in disrupting power dynamics in systems that do not have a framework for participatory research. Often dismantling power differences is more of an ideal than a realization. However, we feel this project (particularly through this article) is a step toward this realization.

Implications for Community Mental Health

Despite these challenges, this study demonstrated that client-driven community mental health programs, like HF can have far-reaching, potentially transformative effects when coupled with client-driven evaluations that engage in social action. While HF and PV may not be new approaches, when combined, they interact to have multilevel impacts. Importantly, this study demonstrated the importance of social action and client engagement in the *entire* research process, particularly dissemination. Community psychologists hoping to re-engage with community mental health systems through enacting transformative change should consider taking a CBPR approach to program evaluation because increased client voice in community mental health programs and their evaluations can have transformative impacts for research, practice, and policy. We hope this study encourages further research into the cumulative effects of CBPR and client-driven community mental health programs.

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Highlights

- Presents Housing First outcomes as identified by program participants.
- Demonstrates multilevel impacts of a Photovoice project with Housing First participants.
- Represents a collaborative approach to authorship with vulnerable people.
- Discusses the transformative potential of participatory evaluations for community mental health.

Fig. 1.
Please Don't Let Anybody Walk in on Me Now. This “before” photo portrays the public restroom at Honolulu Hale, where the PV exhibit was held and where the photographer used to bathe prior to housing (Male, White, 55, housed 7 months). [Color figure can be viewed at wileyonlinelibrary.com]

Fig. 2.
Privacy. The “after” photo (see Fig. 1) portraying the photographer’s private bathroom in housing (Male, White, 55, housed 7 months). [Color figure can be viewed at wileyonlinelibrary.com]

Fig. 3.
Lessons Learned Being Homeless (Male, Filipino, 58, housed 7 months). [Color figure can be viewed at wileyonlinelibrary.com]

Fig. 4.
Sailboat on a Mooring Ball (Male, White, 51, housed 8 months). [Color figure can be viewed at wileyonlinelibrary.com]

Fig. 5.
Members of the public viewing the Housing First Photovoice Exhibit at Honolulu Hale (city hall), July 2016. [Color figure can be viewed at wileyonlinelibrary.com]

Table 1

Multilevel transformative indicators and outcomes of a Photovoice evaluation of a Housing First program

Ecological level of analysis	Indicators of transformative change	Transformative change outcomes
Program	Clients participated in housing choice, recovery plan, and evaluation of program	Clients formed a participatory evaluation team that continues to inform program decisions
	Case managers, program staff, and organizational staff worked together to evaluate the program and disseminate results	Clients continue to use research skills to plan follow-up studies, advocacy projects, and further dissemination
Community	HF clients participated in local community settings through program and PV activities	PV and HF led to increased client community integration, categorized by increased sense of community, sense of citizenship, and relationships with community members
	HF PV group worked with local artists, politicians, city employees, and program staff to hold exhibit	Clients reported a decrease in perceived stigma
	The PV exhibit provided community education on housing programs and homelessness	
Policy	Funders renewed program funding	The Governor pledged to develop 10,000 more affordable housing units and adopt the HF model at a statewide level
	Funders decided to expand HF program to other areas of the island	

This table is adapted from Nelson et al.'s (2014) Table 1.1. Indicators of transformative change, strategies for creating it, and outcomes at multiple ecological levels of analysis (p. 14).