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Systematic Integrative Narrative Review on Community Support Practices and Outcomes in Social and Community Housing

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ABSTRACT
This systematic integrative review provides a unique pioneering perspective on community support practices in social, community, and cooperative housing, improving our understanding of the practice and its outcomes. Two research questions guided this work: 1) What are the community support practices in social and community housing serving individuals in the context of socioeconomic deprivation in permanent housing structures? And 2) What are the outcomes of the community support practices in social and community housing? Studies describing and/or reporting on outcomes of community support practices in social and community housing (psychosocial, economic, and health/mental health) were included from the journals' inception to September 2022. A total of 42 studies were included in the systematic review, of which 20 were qualitative, 14 quantitative, and eight mixed-method studies. Of them all, 34 studies reported on public housing, four on community housing, and four on cooperative housing. Results inform practitioners and decisionmakers on issues related to

community practices in permanent supportive housing and their outcomes in relation to tenure orientations and potential impact. Community practice workers are pillars in housing settings who provide bridging, bonding, and linking that builds social capital in adverse conditions. This review provides insight into innovative research avenues in this domain, while bringing to the forefront the fundamental challenges of individual support pathways to collective empowerment, increased health needs, and unequalled peer-tenant support engagement, as well as their precarious conditions.

RÉSUMÉ

Cette revue systématique intégrative offre une perspective pionnière unique sur les pratiques de soutien communautaire dans les logements sociaux, communautaires et coopératifs, améliorant notre compréhension de ces pratiques telles qu'elles ont évolué et de leurs divers impacts rapportés ou mesurés. Deux questions de recherche ont guidé notre travail : Quelles sont les pratiques de soutien communautaire en logements sociaux et communautaires destinées aux individus en situation de précarité socioéconomique au sein de structures de logements permanents ? Quels sont les impacts des pratiques de soutien communautaire en logements sociaux et communautaires ? Les études décrivant et/ou rapportant les impacts (psychosociaux, économiques, et de santé/santé mentale) des pratiques de soutien communautaire en logements sociaux et communautaires, à partir de la création de chacune des revues ciblées, jusqu'en septembre 2022 ont été considérées. Un total de 42 études a été inclus dans la revue systématique, dont 20 étaient qualitatives, 14 quantitatives et 8 utilisaient des méthodes mixtes. Parmi elles, 34 études portaient sur le logement social, 4 sur le logement communautaire et 4 sur le logement coopératif. Les résultats renseignent les praticiens et les décideurs sur les questions liées aux pratiques communautaires au sein de logements permanents et sur leurs résultats en relation avec les orientations des différents types de tenure et leur impact potentiel. Les intervenants en soutien communautaire sont des piliers dans les milieux de vie, créant des liens sociaux dans des conditions d'adversité par le biais de liens relationnels, d'attachement et instrumentaux. Cette revue narrative offre un aperçu de nouvelles avenues de recherche dans ce domaine, tout en mettant en avant les enjeux fondamentaux liés au passage des pratiques individuelles de soutien à des processus d'autonomisation collective, aux besoins accrus en santé et à l'engagement incomparable des pairs locataires, mais aussi à leur précarité.

Keywords / Mots clés : subsidized permanent supportive housing, social housing, community housing, coop housing, community support practice / logement subventionné permanent, logement social, logement communautaire, logement coopératif, pratique de soutien communautaire

INTRODUCTION

The literature on community practices, in general context, is extensive. However, the literature on community support practices in permanent subsidized housing is lacking specificity and clear definitions. There are many intervention contexts or housing tenures, and many practitioners focus on a diversity of objectives. In the domain of supported housing, there is need to delineate what is community support practice in social and community housing as a specific psychosocial preventative

strategy with its psychosocial, economic, and health/mental health outcomes of empowerment, self-determination, social participation, citizen participation, and social capital.

BACKGROUND

At the outset of this review in 2021, the Canadian province Québec undertook a revision of its policy frame of reference on community support practices in social housing; the review was completed in 2022 (Government du Québec, 2007, 2022a). In addition, a recent government policy on prevention identifies affordable housing as one of its ambitious targets (Gouvernement du Québec, 2022b). Approximately 35,000 Canadians experience homelessness on any given night (Gaetz et al., 2016, as cited by Buck-McFadyen, 2022), not including the "hidden homeless," which adds another 50,000 to this estimate (Canadian Observatory on Homelessness, 2013). The current crises in housing and mental health call for more research on what constitutes community support practice in housing and how it impacts housing policy and programs nationwide. Equity and poverty reduction are major theoretical drivers of our social policies. The literature on community practices, in general, is rather extensive but there is a lack of literature focusing specifically on community support practices in social and community housing. Many intervention contexts or housing tenures and practitioners focus on a diversity of objectives, with a global aim of housing stability and increased social participation in small to large democratic spaces. Supportive housing has traditionally served specific vulnerable groups such as the homeless and marginalized mental health subgroups. However, there has been a rather large development of housing projects in the last 20 years, with a shift from social and community to cooperative housing. It represents a societal social justice (Fraser, 2001) strategy for the redistribution of wealth, with social and environmental values and with the guiding principles of recognition and participation. The societal benefits of such a strategy are economic, cultural, social, and health. These social justice returns collectively create health gains with impacts on several determinants that contribute to reducing social inequalities in health and put human capital at the forefront.

However, this approach lacks social and professional recognition, mainly due to a lack of data, heterogenous activities, lack of coordination, and a diversity of actors. Furthermore, there is little data on the impact and effects of such an approach since most studies are descriptive and specific or qualitative in nature. This approach is indeed currently more place-specific than systemic across buildings, regions, and provinces. The very nature of its deployment, diversity of levers, and different levels of interventions (personal, collective, community) make it a methodological challenge in health promotion, social intervention, implementation science, and evaluative research. Very often, the frontiers of community support practices with home care and clinical support to marginalized and vulnerable populations is unclear. This is partly due to the increasing physical needs of aging tenants, for example, or the diversity of needs of young immigrant families. Many tenants are clients of different services at home. Studies tend to report on health and social programs and not specifically on community support practices housing practitioners. The paradigm of community support practice in social and community housing is guiding practitioners toward a more global psychosocial preventative strategy aimed at empowerment, self-determination, social participation, citizen participation, and social capital. This review contributes to elucidate what constitutes community support practices in social and community housing and documents its psychosocial, economic, and health/mental health outcomes.

DESCRIPTION OF COMMUNITY PRACTICES

Community support practice in social and community housing is preventive in nature and promotes early detection and intervention and, more specifically, mobilization of individual and collective strengths, therefore showing great alignment with community development and a strengths-based approach (Rothman, Erlich, & Troman, 2001; Gottlieb, 2013). The Québec provincial framework recognizes the shared responsibility of the health and social services and housing networks with respect to their common clientele living in social and community housing. Drawing on the values of social solidarity and mutual aid, the framework introduces pillars of territorial intervention including consultation at all levels, flexible intervention, ability to adapt to the realities of each territory and maintain respectful autonomy of community organizations, and the inclusion of essential partners in establishing community support (Gouvernement du Québec, 2007, 2022a). Community support for social housing consists of specific practices and interventions complementary to the services of the health and social services network and to social and community housing programs. It is defined as various individual and collective actions aimed at social support and community housing tenants.

> Community support covers a set of actions that can range from a warm welcome to a referral, including support with public services, management of conflicts between tenants, intervention in a crisis, management of the lease, ad hoc support, support for the tenants' committee and other committees and the organization of community activities. In fact, the notion of community support refers to "… what comes under the social support of individuals and/or groups." (Gouvernement du Québec, 2022a, unofficial translation, p. 8).

These are services and practices offered within the living environment. In this way, community support practice contributes to preventing the aggravation of problems among people in a situation of social insecurity and promotes individuals' social integration into the community. Québec's revised policy framework estimates that community support practices meet global needs, which are: 1) the need for quality and affordable housing; 2) the need for support, socialization, breaking social isolation, or improving people's living conditions and cohabitation; 3) the need to facilitate gateways to services; 4) the need for a quality living environment with social affiliation; and 5) the need for involvement, mobilization, and social participation. Intersectoral and concertation are essential tools of the community support worker. Theoretically, the proposed aims of this "home" support are: individual and collective empowerment; improved living conditions and quality of the social and community environments; creation and maintenance of social ties; residential stability of tenants in difficulty and at risk of instability; social and civic participation; prevention of social problems or health problems; facilitation of access to public and community services; and reduction in the use of emergency services and public accommodation (Gouvernement du Québec, 2022a). This systematic review contributes to the understanding of community support practices by examining their pragmatic and evidence-based outcomes concerning the proposed psychosocial, economic, and health/mental health outcomes.

INTEGRATIVE REVIEW RESEARCH QUESTIONS

Two research questions led the process: what are the community support practices in social and community housing? What are the outcomes of impact of the community support practices in social

and community housing? The authors aimed to describe and document the impact of the community support practices in social and community housing on selected outcomes. Given the current state of scientific knowledge of this phenomenon, the most common research designs involve complex multi-level flexible intersectoral interventions. Considering the diverse nature of community support practices across settings in Canada, within the province, and worldwide, this review represents the first comprehensive attempt to examine the full range of publications over a large timeframe. It aims to provide insights into community support practices in social and community housing, particularly focusing on their impact on tenants within their homes. An integrative systematic review was undertaken based on its capacity to analyze research literature, evaluate the quality of the evidence, identify knowledge gaps, and amalgamate research from various research designs (Dhollande, Taylor, Meyer, & Scott, 2021; Russell, 2005).

METHODOLOGY

Design

This article follows the Preferred Reporting Items for Systematic Reviews and Meta-Analyses-Protocols (PRISMA-P) review guidelines (Page, McKenzie, Bossuyt, Boutron, Hoffmann, Mulrow, et al., 2021). The review methodology is based on the one proposed for the Cochrane systematic review (Higgins, Thomas, Chandler, Cumpston, Li, Page, & Welch, 2022). The initial protocol was registered on Prospero.

Eligibility criteria

The eligibility criteria for the study selection were defined according to the PICOS approach (P = population, I = intervention, C = comparison, O = outcomes, S = study design).

Population: The study population consisted of social and community housing tenants from a diversity of vulnerable conditions (economic, social, or physical/mental). Economic vulnerabilities comprised low income, past homelessness, and unemployment. Social vulnerabilities included violence and abuse, immigration status, aging, cultural minority, and single parenthood. Physical and mental limitations included living with physical or mental disabilities that limit one's capacity to enjoy life fully.

Intervention: Community support practices comprised various individual and collective actions aimed at social support for tenants of social and community housing, within the living environment. Community support covers a set of actions that can range from a warm welcome and integration to referral, including accompaniment to public services, management of conflicts between tenants, crisis intervention, psychosocial intervention, support for the tenants' committee and other committees, and community organization.

Comparators: Comparators were not used as the studies found were mostly descriptive in nature.

Outcomes: The main outcomes sought were psychosocial outcomes (autonomy, empowerment, wellbeing, social support, quality of life, education, social integration and participation, mutual aid, solidarity, etc.), economic outcomes (income, employment, productivity), and health outcomes (health behaviours, mental health).

Setting: Subsidized housing had to be permanent and not crisis or temporary community housing. Therefore, housing for women victims of violence and shelters for homeless populations were not included.

Information sources and search strategy
The literature search was performed in December 2020 from journals inception and the original search strategy was used to update the search from December 2020 to August–September 2022. The following nine disciplinary and interdisciplinary databases were searched from their respective inception onwards: Medline (Ovid), Cinahl Plus with Full Text (EBSCO), Cochrane (Wiley), PsycINFO (Ovid), Sociological Abstract (ProQuest), Social Sciences Full Text (EBSCO), Academic Search Premier (EBSCO), Érudit, Web of Science (including Science Citation Index Expanded, Social Sciences Citation Index, Arts & Humanities Citation Index, Emerging Sources Citation Index, Conference Proceedings Citation Index – Science, Conference Proceedings Citation Index – Social Science & Humanities). A librarian from the Patient-oriented research strategy or SRAP unit developed the search strategy in Medline using the free and controlled vocabularies of the concepts of community support and social housing with the Cochrane search filter to limit the search to human studies (Higgins et al., 2022). The Laval University librarian applied this query to the other databases mentioned above.[1]

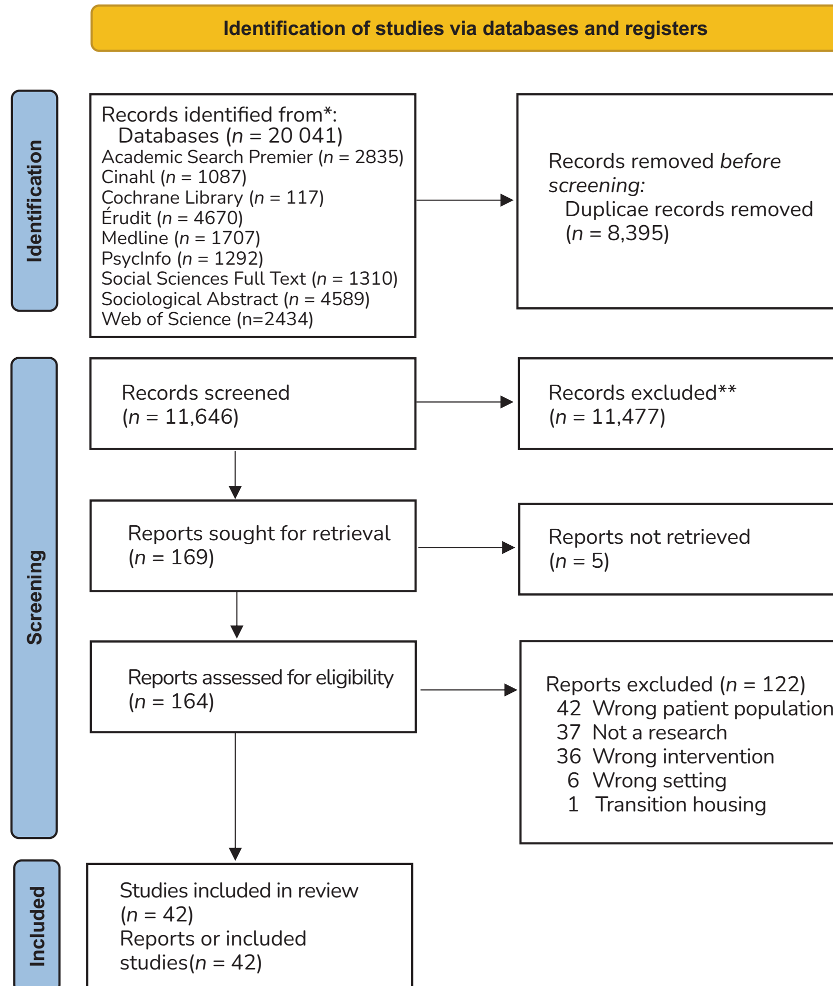
Data management
The authors used two data collection forms: Excel for the initial search phase and Word for the update. This strategy facilitated the incorporation of additions and comments and allowed flexibility in developing synthesis. Files were stored on a common drive on the university server so that decisions could be traced back and team assignments could be identified (quantitative, qualitative, and mixed: G.R., V.P., N.L., J.C., C.J., B.V., L.G., F.R., & J.L.). The second part of the review (update phase, until 2022) was done using Word data collection forms, by team members who selected the articles in the beginning (E.M.M. & S.B.), new members (V.M.R. & V.A.M.), and members who provided overview of the MMAT (P.N & L.P.) and data synthesis assistance (L.D-F.). All these steps were revised by J.L. and V.M.R.[1]

Rigor and trustworthiness strategies
Confirmability was ensured by completing several validation processes and tracking coding decisions and researcher reflexivity engagement strategies throughout the analysis within the operational team (J.L., L.B., E.-M.M., S.B, & V.M.R.). To support credibility, one researcher participated in Cochrane review methodology training. Experienced team members were recruited (G.R., L.G., & L.B.) and a special support in coordination was offered by the Patient-oriented research strategy (SRAP unit) for one year. Credibility was enhanced through the involvement of experienced practitioners and researchers in the fields of social and community housing (C.J., J.C., & J.L.). A dialogic process within the operational team was employed to confirm analysis on an ongoing basis, addressing emerging questions and resolving debates through intersubjective discussions.

Selection process of studies
A three-phased approach was used for the study selection process: 1) a pilot phase by two independent reviewers on 10 percent of the references, 2) a second run of the pilot phase to increase

agreement between reviewers, and finally 3) arbitration by an experienced practitioner and third academic reviewer, which was performed for less than 20 papers. The selection process is illustrated by a flow diagram in Figure 1. There were 42 studies selected for the systematic integrative review.

Figure 1. Flow Diagram



Data collection process

Included articles were evaluated using the Mixed Methods Appraisal Tool (MMAT), which is a standardized method of appraising the quality of a quantitative, qualitative, or mixed-methods research study (Hong, Pluye, Fabregues, Bartlett, Boardman, Cargo, et al., 2018). The MMAT did not lead to any study exclusions. Data from the initial studies were abstracted into a table by one author (L.B.) and subsequently verified by a team of co-researchers with expertise in study design.

Data extraction

The standardized Excel form was constructed with a codebook inspired by the Cochrane systematic reviews for data extraction chapter and course (Li, Higgins, & Deeks, 2022). Data were included if they met the following characteristics: studies (e.g., first author name, study design, setting), participants (e.g., mean age, number of women, socioeconomic level), interventions (e.g., intervention

name, content based on the provincial current taxonomy of interventions (Gouvernement du Québec, 2007, 2022a), and outcomes (e.g., name, scale). Conflicts were resolved by team members according to their expertise in research design (quantitative, qualitative, and mixed). A complete revision of the data extraction was performed (J.L. & L.B.). Revised extraction data and MMAT evaluations were compiled by one person (L.B.) for the initial and update phases, and a final summary table was produced. Covidence was used for the updated phase (E-M.P., S.P., & J.L.). Extractions were done by two teams: a team of two members who were involved in the selection process (E.-M.M & S.P.), and a team comprised of the principal investigator and a member experienced in integrative review (J.L. & V.M.R). The MMAT evaluations were completed (E.-M.M & S.P.) and revised by experienced systematic reviews members (P.N., L.P., & J.L.).

Integrative interpretative data synthesis

First, we report on PICOS characteristics, study methods, and intervention components of the community support practices. Second, we adopt the integrative interpretative narrative synthesis for this review. This process proposes to engage in a qualitative reinterpretation and re-analysis of findings presented in articles, thus allowing for the generation of new conceptual ideas and new theoretical explanations (Grimshaw, 2010; Pope, Mays, & Popay, 2007; Sandelowski & Barroso, 2006). Integrative interpretative reviews bring together, compare, contrast, re-analyse, and combine findings from the selected studies into a whole that transcends the findings of any individual study of the synthesis providing sources for theoretical or conceptual developments. In addition, a translational perspective (Pope, Mays, & Popay, 2007 cited by CIHR, 2010) of the comparative approach was initially done with a re-interpretation and transformation of theoretical concepts provided by individual studies into one another. The comparative phase was completed by constantly comparing the selected studies and by using the theoretical sampling studies to develop and test the conceptual theorization of community practices in social and community housing (Gouvernement du Québec, 2022a). Data reduction was obtained and is presented in tables. The synthesis provides a *whole* summary that is more than the sum of its parts, going beyond the primary studies and transforming the data from description and summary to a fresh interpretation of the phenomena. The products of the thematic synthesis take the form of a narrative addressing two main aspects: 1) An exploration of the nature and characteristics of community support practices. and 2) An examination of their pragmatic evidence-based effects, impacts, and social returns. Assimilating data from various disparate perspectives is challenging (Dhollande & al., 2021) and requires time, a clear understanding of the phenomena by experts in housing, and concerted teamwork for meaningful re-interpretation of the concepts into others, into one general conceptual frame (Pope et al., 2007).

FINDINGS

The integrative review identified 42 studies that met the inclusion criteria and reported on psychosocial, economic, and health/mental health impacts of community support practices in social and community housing. These outcomes were initially chosen as they represented the documented theoretical outcomes of community support practices in social and community housing (Gouvernement du Québec, 2022a). Specifically, psychosocial outcomes sought were autonomy, empowerment, wellbeing, social support, quality of life, education, social integration, social integration and participation, mutual aid, and solidarity. Economic outcomes included issues related to in-

come, employment, and productivity. Finally, health outcomes referred to health behaviours (lifestyle habits, sleep, nutrition, physical activity, stress) and mental health.

CHARACTERISTICS OF INCLUDED STUDIES

Of the 42 studies, 13 were from Canada, 18 from the United States, three from Australia, two from Taiwan, and one each from China, Zimbabwe, Serbia, England, Germany, and Denmark. Thirty-four studies reported on public housing and only four on community housing, mostly from Canada, and four on coop models, mostly from Europe, Africa, and the United States. There were 20 qualitative, 14 quantitative, and eight mixed studies. All designs were descriptive in nature (qualitative and quantitative) or correlational (quantitative) and only four studies used designs to measure effects (Jassal, Oliver-Keyser, Galiatsatos, Burdalski, Addison, Lewis-Land, & Butz, 2020: about a specific program of smoking cessation; Woodard & Rossouw, 2021: about a specific waste management program; Deville-Stoetzel, Kaczorowski, Agarwal, Lussier, & Girard, 2021: about a specific health program; and Kim, Gray, Ciesla, & Yao, 2022: about a specific program of internet use). Studies and their characteristics are summarized in Table 1.

Nearly 70 percent of all studies (n = 29/42) adopted a theoretical framework. The following seven themes emerged: prevention, individual level change, risk, quality of life, nature, social networks and finally, social change and social justice.

- *Prevention*. Authors refer to the Ottawa charter for health promotion, social inclusion, and community development theories (Mmako, Capetola, & Henderson-Wilson, 2019), proximity intervention (Parent, Tourillon-Gingras, & Smith-Lauzon, 2019); crime prevention through environmental design principles (Sheppard, Gould, Austen, & Hitzig, 2021), harm reduction and tenant-centred care lenses (Barker, Lee-Evoy, Butt, Wijayasinghe, Nakouz, Hutcheson, et al., 2022), housing first model (Adame, Perry & Pierce, 2020), and the health impact pyramid (Ortega & Mata, 2020).
- *Individual level change*. Authors refer to the social cognitive theory (Grier, Hill, Reese, Covington, Bennette, MacAuley, & Zoellner, 2015), the transtheorical model (Jassal et al., 2020), the Be Active Together conceptual framework (Marinescu, Sharify, Krieger, Saelens, Calleja, & Aden, 2013), the American Health Association's *Life's Simple 7* (Smith & White, 2021), and a perspective of egoism merged with expectation value theory (Tsuang, Ko-Chiu, & Kuang-Hui, 2020).
- *Risk*. Authors refer to the risk factors contributing to social isolation (Agarwal, Pirrie, Gao, Angeles, & Marzanek, 2021) and theoretical models of depression (Linz, Jackson, & Atkins, 2022; Morris & Verdasco, 2021).
- *Quality of life*. Holism and person-environment are significant considerations and authors refer to the biopsychosocial model of health (Agarwal & Brydges, 2018), the social mix model (Thompson & Costello, 2021), the socio-ecological model and community networks (Rogers, Johnson, Nueslein, Edmunds, & Valdez, 2018), a social–contextual framework (Shelton, McNeill, Puleo, Wolin, Emmons, & Bennett, 2011), placemaking (Yu, Lin, & Dąbrowski, 2022), a quality-of-life perspective (Stoeckel, Brkić, & Vesić, 2022), and quality-of-life and equity frameworks (Suto, Smith, Damiano, & Channe, 2021).

Table 1: Characteristics of the studies (authors, title) and their characteristics (country, tenure, design, populations-participants, settings)

Authors	Year	Type	Design	Tenure	Country	Setting	Population	Sample size
Agarwal et al.	2018	Qual	Ethnography	Public	Canada	Urban	Seniors	15
Thompson et al.	2013	Qual	Community-based design	Public	Canada	Urban	Young adults (16–25)	40
Parent et al.	2019	Qual	Developmental participatory evaluation proposed by Patton (2011)	Public	Canada	Urban	Mixed	30 observations 1 resident focus group (n = unknown) 10 partner interviews with stakeholders and directors
Dick-Bueno et al.	2019	Qual	Ethnosociological perspective	Public	Canada	Urban	Mixed	10
Sheppard et al.	2022	Qual	Qualitative research	Public	Canada	Urban	Older adult tenant 59+ (n = 58) as well as service providers (n = 58)	116
Tremblay et al.	2021	Qual	Qualitative	Public	Canada	Urban	Adults	22
Vorobyova et al.	2022	Qual	Community-based multi-methods study	Public	Canada	Urban	Adults	24
Suto et al.	2021	Qual	Qualitative CBPR and constructivist	Com	Canada	Urban	Adults	23
Winer et al.	2021	Qual	Qualitative	Public	US	Urban	Seniors	14/30
Linz et al.	2022	Qual	Qualitative	Public	US	Urban	Adults	10
Smith et al.	2021	Qual	Qualitative descriptive	Public	US	Urban	Adults	32
Freedman et al.	2014	Qual	Community-based participation research (photovoice)	Public	US	Urban	Mixed youth (12–17 and adults >18)	18
Rogers et al.	2018	Qual	Participatory action research	Public	US	Urban	Adults African Americans Current and previous residents of the public housing neighbourhoods	18 (12 women – 6 men)
Adame et al.	2020	Qual	Exploratory qualitative study	Public	US	Urban	Adult Previously homeless with some mental health challenges and post trauma experiences	38

Table 1 (continued)

Authors	Year	Type	Design	Tenure	Country	Setting	Population	Sample size
Marinescu et al.	2013	Qual	Community-based participatory research	Public	US	Urban	Somali, Vietnamese Kmer, and English women But the author reports that the data is just from Somali women (because the steering committee decided to prioritize the pilot testing and evaluation of interventions to promote physical activity among Muslim women)	Unclear (Focus groups: 73 and BAT program:239?)
Ortega et al.	2020	Qual	Partership research	Public	US	Urban	Mixed	54 FG
Mmako et al.	2019	Qual	Phenomenogical enquiry	Public	Australia	Urban	Mixed (adults and seniors, 46–81 years old)	19
Morris et al.	2021	Qual	Qualitative	Public	Australia	Urban	Seniors	62/1422
Yu et al.	2022	Qual	Qualitative	Public	Taiwan	Urban	Mixed	10
Sriravathan et al.	2020	Qual	Participatory design	Public	Denmark	Urban (sub-urban)	Adults and seniors with comorbidities	9 (9 interviews pre and 9 post intervention)
Deville-Stoetzel et al.	2021	Mixed	Mixed RCT quantitative 14 versus 14 buildings. This paper only about Quebec harm	Public	Canada	Urban-rural	Seniors	69
Grier et al.	2015	Mixed	Mixed methods Quanti: pre-post program survey Quali: community-based participatory research	Public	US	Urban	Mixed	67
Gray et al.	2022	Mixed	Mixed methods design (Creswell, 2018)	Public	Australia	Urban	Seniors	23
Woodard et al.	2021	Mixed	Mixed partnership research	Public	England	Urban	Mixed	43
Dang et al.	2020	Mixed	Mixed methods: Qualitative and quantitative data	Coop	Germany	Urban	Mixed	6
Chirisa et al.	2014	Mixed	Mixed methods: Quantitative and qualitative	Coop	Zimbab-we	Urban	Adults	402

Table 1 (continued)

Authors	Year	Type	Design	Tenure	Country	Setting	Population	Sample size
Barker et al.	2022	Mixed	Quantitative data included reporting of program activity delivery, staff surveys and tenant surveys, qualitative data included focus groups	Com	Canada	Urban	Women	13 + FG
Lapierre et al.	2021	Mixed	Qualitative	Com	Canada	Urban	Adult women	19
Dansereau et al.	1998	Mixed	Quantitative descriptive (survey)	Public	Canada	Urban	Mixed	121
Agarwal et al.	2021	Quant	Quantitative	Public	Canada	Urban	Seniors	806
Green et al.	2013	Quant	Quantitative descriptive (survey)	Public	US	Urban	Mixed	128
Shelton et al.	2011	Quant	Quantitative-descriptive (baseline cross-sectional survey)	Public	US	Urban	Adults	1,635
Wiese et al.	2021	Quant	Descriptive correlational	Public	US	Rural	Mixed	140
Galiatsatos et al.	2021	Quant	Quantitative descriptive	Public	US	Urban	Mixed	47
Jassal et al.	2020	Quant	Quantitative pre-post, non-randomized 10-week pilot study	Public	US	Urban	Mixed	26
Horn et al.	2021	Quant	Quantitative	Public	US	Urban	Mixed	448
Kim et al.	2022	Quant	Quantitative	Public	US	Urban	Seniors	75
Saegert et al.	1996	Quant	Quantitative-descriptive and cross-sectional	Coop	US	Urban	Mixed	126
Altus et al.	2002	Quant	Quantitative descriptive (survey)	Coop	US	Rural	Seniors	87
Tsuang et al.	2020	Quant	Quantitative descriptive non-randomized	Public	Taiwan	Urban	Adults	118
Liu et al.	2018	Quant	Quantitative descriptive and cross-sectional (survey)	Public	China	Urban	Adults	535
Stoeckel et al.	2022	Quant	Descriptive quantitative	Com	Serbia	Rural	Mixed	11

Notes: CBPR, Community-based participatory research; Qual, qualitative; Quant, quantitative; RCT, randomized control trial; US, United States.

- *Nature*. One study used a garden-based learning approach (Gray, Franke, Sims-Gould, & McKay, 2022).
- *Social networks*. Several authors refer to the social advantage of social and community housing using the social network theory (Deville-Stoetzel et al., 2021), social cohesion (Woodard & Rossouw, 2021), social identity theoretical framework (Winer, Dunlap, St. Pierre, McInnes, & Schutt, 2021), and the social augmentation and social displacement perspective (Kim et al., 2022).
- *Social change and social justice*. Finally, authors include the community level social change, anti-oppressive practice principles, and empowerment models (Freedman, Pitner, Powers, & Anderson, 2012), a framework for analyzing exclusion mechanisms (Dick Bueno, Adam, Boyer, & Potvin, 2019), an empowerment model (Saegert & Winkel, 1996), a social justice perspective (Lapierre, Croteau, Gagnon, Caillouette, Robichaud, Bouchard, et al., 2021), and a community-led development and co-production lens (Dang & Seemann, 2021).

The general quality of all 42 studies was judged acceptable. The mixed designs demonstrated more weaknesses, specifically regarding a lack of integration of quantitative and qualitative results in their studies. Mixes studies results were then analyzed separately (qualitative and quantitative results).

COMMUNITY SUPPORT PRACTICES IN SOCIAL AND COMMUNITY HOUSING

Community support practices in social and community housing (CSPSCH), such as cooperatives, include a variety of empirical interventions that are coherent with the CSPSCH theoretical basis (Gouvernement du Québec, 2022a). Table 2 categorizes the studies by design and description of interventions. *Education, training and workshops in relation to psychosocial and health behaviours* are the most common interventions (*n* = 19), followed by *Socialization type services* (*n* = 17). *Support for collective, associative and community life* along with *support in the use of local and external resources* were frequent (*n* = 14/*n* = 13). *Individual psychosocial support of the helping relationship type* was present in some studies (*n* = 11), as was *support for information needs, gateway, referencing and referral* (*n* = 9). Less dominant were *active living animation services* (*n* = 9), *support for the integration in the living environment* (*n* = 8), and *collective gardens* (*n* = 8). *Support in the exercise of individual and collective rights and civic responsibilities* (*n* = 7) and *education and training in social or community housing management* (*n* = 7) were present in about 16 percent of all studies. However, *food type services and cooking* (*n* = 4) and *crisis intervention* (*n* = 2) were less often the object of the articles, as well as *mediation of relationships and affiliations/conflict management* (*n* = 1) or *greenhouses* (*n* = 1). One study did not report on any interventions (*n* = 1, public housing) and another reported on early detection of cognitive losses in seniors (*n* = 1, public housing).

Table 2: Results Studies by design and description of interventions

	Tenure country and design	Setting (urban or rural) and populations	Authors	Intervention																
				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Qual	Public Canada	UR Seniors ($n = 15$)	Agarwal et al. (2018)			X	X										X		X	
Qual	Public Canada	UR Young adults ($n = 40$)	Thompson et al. (2013)			X	X				X									
Qual	Public Canada	UR Mixed (FG, 10 int.)	Parent et al. (2019)	X	X	X	X	X	X		X	X					X		X	
Qual	Public Canada	UR Mixed ($n = 10$)	Dick-Bueno et al. (2019)				X												X	
Qual	Public Canada	UR Seniors ($n = 116$)	Sheppard et al. (2021)	X								X							X	
Qual	Public Canada	UR Adults ($n = 22$)	Tremblay et al.et al. (2021)																X	
Qual	Public Canada	UR Adults ($n = 24$)	Vorobyova et al. 2022)	X	X		X	X								X		X		
Qual	Community Canada	UR Adults ($n = 23$)	Suto et al. (2021)					X						X			X			
Qual	Public US	UR Seniors ($n = 14/30$)	Winer et al. (2021)	X	X			X				X						X		
Qual	Public US	UR Adults ($n = 10$)	Linz et al. (2022)					X			X	X					X		X	
Qual	Public US	UR Adults ($n = 32$)	Smith et al. (2021)																X	
Qual	Public US	UR Mixed ($n = 18$)	Freedman et al. (2012)								X									
Qual	Public US	UR Adults (n=18)	Rogers et al. (2018)		X	X	X				X	X	X	X			X		X	
Qual	Public US	UR Adults ($n = 38$)	Adame et al. (2020)			X		X				X		X		X				
Qual	Public US	UR Mixed (FG unclear)	Marinescu et al. (2013)									X					X	X		
Qual	Public US	UR Mixed ($n = 54$ FG)	Ortega et al. (2020)																X	

Table 2 (continued)

	Tenure country and design	Setting (urban or rural) and populations	Authors	Intervention																
				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Qual	Public Australia	UR Mixed (*n* = 19)	Mmako et al. (2019)											X					X	
Qual	Public Australia	UR Seniors (*n* = 62) (*n* = 1,422)	Morris et al. (2021)				X	X				X								
Qual	Public Taiwan	UR Mixed (*n* = 10)	YU et al. (2022)								X	X		X		X	X	X		
Qual	Public Denmark	UR Mixed (*n* = 9, pre/post)	Sriravathan et al. (2020)	X								X							X	
Mixed	Public Canada	UR-RURAL Seniors (*n* = 69)	Deville-Stoetzel et al. (2021)																X	
Mixed	Public US	UR Mixed (*n* = 67)	Grier et al. (2015)											X					X	
Mixed	Public Australia	UR Seniors (*n* = 23)	Gray et al. (2022)									X		X					X	
Mixed	Public England	UR Mixed (*n* = 43)	Woodard et al. (2021)															X		
Mixed	Coop Germany	UR Mixed (*n* = 6)	Dang et al. (2020)	X			X			X	X			X			X	X		
Mixed	Coop Zimbabwe	UR Adults (*n* = 402)	Chirisa et al. (2014)		X						X									
Mixed	Community Canada	UR Women (*n* = 13+ FG)	Barker et al. (2022)	X	X	X	X	X	X								X			
Mixed	Community Canada	UR Adults women (*n* = 19)	Lapierre et al. (2021)			X	X	X				X							X	
Quant	Public Canada	UR Mixed (*n* = 121)	Dansereau et al. (1998)			X	X				X	X								
Quant	Public Canada	UR Seniors (*n* = 806)	Agarwal et al. (2021)																X	
Quant	Public US	UR Mixed (*n* = 128)	Green et al. (2013)																	X[1]
Quant	Public US	UR Adults (*n* = 1635)	Shelton et al. (2011)								X	X								
Quant	Public US	Rural Mixed (*n* = 140)	Wiese et al. (2020)																	X[2]

Table 2 (continued)

	Tenure country and design	Setting (urban or rural) and populations	Authors	Intervention																
				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Quant	Public US	UR Mixed (*n* = 47)	Galiatsatos et al. (2021)																X	
Quant	Public US	UR Mixed (*n* = 26)	Jassal et al. (2020)			X	X												X	
Quant	Public US	UR Mixed (*n* = 448)	Horn et al. (2021)								X									
Quant	Public US	UR Seniors (*n* = 75)	Kim et al. (2022)	X								X							X	
Quant	Coop US	UR Mixed (*n* = 126)	Saegert et al. (1996)		X						X							X		
Quant	Coop US	Rural Seniors (*n* = 87)	Altus et al. (2002)				X					X				X				
Quant	Public Taiwan	UR Adults (*n* = 118)	Tsuang et al. (2020)								X									
Quant	Public China	UR Adults (*n* = 535)	Liu et al. (2018)					X			X	X								
Quant	Community Serbia	Rural Mixed (*n* = 11)	Stoeckel et al. (2022)	X				X												

Intervention legend: 1 = support for the integration into the living environnement (arrival); 2 = support in the exercise of individual and collective rights and civic responsabilities; 3 = support for information needs, gateway, referencing and referral; 4 = support in the use of local and external resources; 5 = psycho-social support of the helping relationship type accompagnement; 6 = crisis intervention; 7 = mediation of relationships and affiliations / conflict management; 8 = support for collective, associative and community life; 9 = socialization type services – breaking isolation – primary purpose; 10 = greenhouses; 11 = col-lective gardens; 12 = food banks; 13 = food type services – primary purpose cooking; 14 = active living animation services – physical activity; 15 = education, training for members – social housing management; 16 = education, training, workshops – psychosocial, health behaviors; 17 = examples include : specific gender issues, monetary benefits, social network and safety, negative impact of intergenerational mixity, tenure security, access to lands, political recognition, language barriers, cultural barriers, lease term and participation, development of services, etc.

Notes: [1]Green and al. (2013): other- intervention: Economic/access to housing; [2]Wiese and al. (2020): other – intervention: Early detection/cognitive risks. FG = focus groups.

Taking tenures as the point of reference, the authors find that reports on public housing represent 81 percent of the sample (*n* = 34/42), and reports on community housing and cooperative housing account represent 9.5 percent each (*n* = 4/42; *n* = 4/42). The most common interventions found in public housing relate to *education, training, workshops/psychosocial, health behaviours* (*n* = 18), *socialization type services/breaking isolation/primary purpose* (*n* = 15), and *support for collective, associative and community life* (*n* = 11). In community housing, *psychosocial support of the helping relationship type* (*n* = 4), *support in the use of local and external resources* (*n* = 2), *support for information needs, gateway, referencing and referral* (*n* = 2), *active living animation services/physical activity* (*n* = 2), and *support for the integration into the living environment* (*n* = 2) were the most prevalent. Finally, *support for collective, associative and community life* (*n* = 3), *support in the exercise of individual and collective rights and civic responsibilities* (*n* = 2), and *education, training for members/housing management* (*n* = 2) were the most frequently cited interventions in cooperative studies.

DOCUMENTED OUTCOMES OF COMMUNITY SUPPORT PRACTICES IN SOCIAL AND COMMUNITY HOUSING

Qualitative psychosocial outcomes

Psychosocial outcomes were reported in several studies, qualitative, quantitative, and mixed studies. All qualitative and mixed studies reported on psychosocial outcomes for tenants, except one qualitative (Linz et al., 2022) and one mixed study (Barker et al., 2022). Psychosocial outcomes comprise 13 themes presented in Table 3. Results indicate that social integration and participation in the tenure (number of reported outcomes [NRO] = 18) and individual empowerment (NRO = 13) are the most frequent reported outcomes. Social integration and participation are related to value sharing and bridging relationships that contribute to a sense of community and of belonging. Social integration leads to more trust in others and reduces negative feeling of surveillance by others and improves social connectedness to outside the broader community the housing tenure.

Table 3: Reported psychosocial outcomes

Psychosocial outcomes	Themes	Number of reported outcomes (NRO)
1	Social integration (participation in the housing tenure)	18
2	Empowerment (individual)	13
3	Empowerment (collective)	8
4	Quality of life	8
5	Social support	7
6	Solidarity	7
7	Wellbeing	5
8	Community participation (outside housing tenure)	0
9	Mutual aid	4
10	Social network size	4
11	Education/knowledge	3
12	Autonomy	3
13	Political identity/advocacy	2

Interpersonal connectedness inside seems to influence the intensity of community level interactions. Shared activities are the foundation of socialization, friendship, and of developing new relations, leading to higher levels of community engagement outside. They increase similarities and reduce differences among tenants. Tenants show engagement, and volunteering activities are taken on by consolidated groups. Discovering intercultural aspects through community gardens and new culturally diverse foods has positive results. Participation in cooperatives may depend on technical capacity and competence that needs attention and resources. Managing and maintaining cooperative projects requires special skills.

As for individual empowerment, the second major outcome evolves from voices being heard and trust building to support tenants in decision making, build knowledge and skills, and improve self-

determination. Taking control is fundamental for tenants, both inside their own homes and outside in the social or community tenure. Living on their own terms and by their own rules in privacy is important to empowerment outcomes and having programs, structures, or services that offer flexibility, options, and continued support through encouragement contributes to reinforcing and building self-esteem. Together, tenants and workers in community and social housing create opportunities for growth and when tenants start taking chances, their trajectories change. Collective empowerment (NRO = 8) results from this individual empowerment. Studies reported on roles taken by groups of tenants, such as building access, gardening, and other collective actions that serve the community. Tenure partnerships provide further opportunities for resource building and skills enhancement.

When inclusive management is proposed, tenants take more collective actions. Addressing chronic diseases through peer support has been reported. Equally significant, impacts on quality of life (NRO = 8) are related to certain conditions, like having a home that is safe, clean, and private and an environment with limited drug use, substance abuse, and crimes. The natural beauty of an environment reinforces a sense of attachment. A strong sense of community will see a decline in crime and gang activity. Revitalization and temporary displacement may weaken the self-management capacity of communities and should be well thought out and prepared for. Reducing levels of uncertainty in social and community housing increases quality of life.

Another important outcome is social support (NRO = 7). Nurtured by community practice, social support is relationship-based and works best from a trauma-informed approach. Tenants report needing someone to speak to in social and community housing. Groups of women, specifically, or seniors, often look out for one another and make interpersonal connections that contribute to the social dynamics of the housing. A sense of togetherness can be promoted through community practices. Social and community housing can impact the sense of solidarity (NRO = 7), through the acknowledgment of the group, as a group with homogeneous characteristics that is able to provide a safe place and, through a sense of ownership in the community. Another important component of sense of solidarity is the ability of community practice workers to bond with tenants. Socializing is another important foundation of solidarity, where "a village is looking out" for each other.

Wellbeing is another outcome of residing in social and community housing (NRO = 5) and varies according to the ages of tenants. Seniors might appreciate a 24-hour emergency service onsite. Groups with specific needs (veterans, people with anxiety disorders, etc.) have reported wellbeing and a sense of safety and engagement in their housing settings. In culturally diverse projects, a culturally mindful perspective is necessary to support inclusion and diversity. Physical activity has further contributed to wellbeing in housing.

Overall, community practice interventions tend to unite tenants, creating a collective wellbeing. Other outcomes include community participation outside the tenure (NRO = 5). Belonging to a broader community outside the housing reinforces social connectedness and this connection can be nurtured through partnerships and referencing based on tenants' needs and preferences or through community-level activities such as community gardens. One strategy could be to support tenants' association members in local intersectoral committees. Getting out of social and community housing is key to reinforcing affiliations, civic engagement, and new perspectives. Social and com-

munity housing can encourage mutual aid in tenants (NRO = 4), as helping each other, sharing on an occasional basis, and peer support. These reciprocal relationships impact tenants' mental health.

Social network size (NRO = 4) can be improved by residing in social and community housing. It is influenced by the gathering spaces available to groups. Housing with social mix (intergenerational, for example) can be a contributing factor to experiencing all stages of life but there are specificities to consider with seniors in their preferences. The development of networks by community practice workers seems critical to raising children in healthy ways. Settings provide opportunities for increased social networks, but tenants use distance and proximity strategies that reflect their mood, their health, and the people encountered in social and community housing. Less frequently reported education/knowledge (NRO = 3) outcomes have been related to knowledge acquisition in gardening, finances and budgeting, and housing management in cooperatives. Autonomy (NRO = 3), in our analysis, related to social and community housing capacity to support informed decision making and knowledge of resources that are up to date on topics such as the pandemic, and related to finding the balance between support and liberty of thinking and actions, and finally, to issues of privacy. Finally, tenants have reported on issues of political identity and advocacy (NRO = 2). They related to freedom and individual rights (smoking) and for safety improvements in housing settings. Additionally, one study described an outcome wherein a collective voice emerged advocating for a change in internal policies regarding the eviction of antisocial tenants.

QUALITATIVE ECONOMIC OUTCOMES

Few economic outcomes emerged around household income (NRO = 2) and financial security (NRO = 1). The well-established premise behind subsidized housing is based on economic access and insuring that tenants can distribute household income to other fundamental needs than housing. Results (Table 4) indicate that social and economic housing through economic gains, sense of community, or low-cost specific programs could influence physical health (NRO=4) and food security and access to healthy foods (NRO = 3).

QUALITATIVE HEALTH OUTCOMES/MENTAL HEALTH

Studies reported on several health/mental outcomes. The most important outcome of living in social and community housing (Table 5) relates to health behaviour lifestyle change (NRO = 9) and mental health issues (NRO = 8). Lifestyle changes in healthy eating (community gardens) and active lifestyle also associated with gardening and physical activity programs within tenures were documented. Interventions by health professionals inside tenures provided support for observed changes. Mental health issues were significant and negatively impacted quality of life (i.e., substance abuse) within settings. Tenants appreciate mental health support and gardening serves different purposes in that area (getting to know others, witnessing the ongoing growth of plants/foods and nurturing, and improving the environment). Integrated services or programs are well accepted. Other outcomes mentioned include health behaviour intentions (NRO = 4), which are also supported through community gardens and specific gendered physical activity programs. Tenants are interested in learning about health, and they are likely to develop transferable skills if opportunities are offered. Health education/knowledge needs (NRO = 4) are increasing as tenants are getting older. Housing tenures can provide access to health and learning opportunities at home. In the last five

Table 4: Reported economic outcomes

Categories	Theme	Studies	Author's concept	Citations from participant (P) or author (A)
Economic	Income	Smith et al. (2021)	Chronic stress as a barrier	Many participants stated that money issues, along with the stress of financially supporting children and grandchildren, was a major source of chronic stress. (A)
		Dans et al. (2020)	Economic aspects	Money can be saved by taking advantage of an initiative's own workforce and the division of labour between residents. Residents undertake home improvements and many other small craft and construction projects as cost-saving and creative/recreational activities. (A)
	Security	Dick-Bueno et al. (2019)	Improvement of the living conditions of individuals	The security of the cost of an income-adjusted rent. (A)
	Physical health	Smith et al. (2021)	High financial cost as a barrier [to be physically active]	I would need extra money to join a gym, to me it's all finances … Finances would help me. (P)
			Absence of local recreational facilities as a barrier [to be physically active]	If you go over here to their gym over there you pay so much, like $10 a month, I can do that, it's just getting there." "Well, we need something close over here. We do need something out in this area, too." (P)
			Lack of community relationships as a barrier [to be physically active]	Participants noted that the lack of a sense of community was a barrier to being physically active. (A)
		Marinescu et al. (2013)	Addressing barriers	Offering free women-only exercise classes at facilities within each public housing community… offering subsidized women-only swimming opportunities through rental of a public pool. (A)
	Food security, access to healthy food	Smith et al. (2021)	Prioritizing others first as a barrier [to eat healthy foods]	They want you to eat healthy but you can't afford to eat healthy cause the healthy stuff costs more than the food that isn't healthy. Our income is very limited, and we have to go in the grocery store and we have to get the processed ham, the processed turkey, the salty vegetables and stuff like that, instead of getting fresh. I love fresh vegetables. Money, I feel like money is a problem. (P)
		Mmako et al. (2019)	Food security and improved access to fresh products	I'm just thinking like I really want to grow tomatoes and they say no tomatoes ever. Oh no, it can't be. And I could have saved a lot of money, you know these tomatoes are really expensive. (P)
		Rogers et al. (2018)	Healthy eating (initiatives to address chronic disease management Challenges, couponing)	As an example, in this study, there are not typically coupons for fresh fruits and vegetables; yet, by accessing coupons for other products, participants would be able to use the savings to purchase healthy foods. Thus, when a direct response to a challenge was not identified, participants articulated initiatives that indirectly addressed it. (A)

years, health access (NRO = 4) appeared to be a sustainable and effective approach whereby high-risk tenants can be informed, supported, and provided with an alternative care consuls system that can be more personalized and person-centred. Studies have documented the negative impact of the built environment and of social conflicts in social and community housing and health and mental health (NRO = 4). Finally, some health risks (NRO = 4) have been reported relating to smoking in buildings, lack of health standards of lands and territories where housing is being built, and issues of privacy when health monitoring occurs in housing.

Table 5: Reported health/mental health outcomes

Psychosocial outcomes	Themes	Number of reported outcomes (NRO)
1	Health behaviour lifestyle	9
2	Mental health	8
3	Health behaviour intention	4
4	Health education/knowledge	4
5	Health access	4
6	Impact of built environment/social conflicts	4
7	Health risks	4

QUANTITAVE OUTCOMES

The analysis of quantitative studies (Table 6) (quantitative and mixed quantitative) on psychosocial outcomes reveals that *social integration* (in the housing setting) (8/22, 36.3%), *quality of life* (5/22, 22.7%), *wellbeing* (3/22, 13.6%), and *community participation* (outside the housing setting) (3/22, 13.6%) are most impacted by community practice in housing. Other impacts include *individual empowerment* (2/22, 9%), *collective empowerment* (2/22, 9%), *social network size* (2/22, 9%), *social support* (2/22, 9%), *education/knowledge* (2/22, 9%), and *autonomy* (1/22, 4.5%). Interestingly, the same analysis at the qualitative level (qualitative studies and mixes qualitative results) provides a different lens, except for the first outcome. *Social integration* (17/28, 60.7%) is also the most documented outcome. However, it is followed by *individual empowerment* (13/28, 46.4%) and *collective empowerment* (8/28, 28.5%), and then *solidarity* (7/28, 25%), *quality of life* (6/28, 21.4%), and *community participation* (6/28, 21.4%). Other impacts include *wellbeing* (5/28, 17.8%), *social network size* (4/22, 14.2%), *social support* (4/22, 14.2%), *mutual aid* (4/22, 14.2%), *education/knowledge* (3/28, 10.7%), *autonomy* (3/28, 10.7%), and *political identity* (2/28, 7.1%). A similar number of quantitative and qualitative studies reported impacts on quality of life (9% and 10.3%, respectively) and education/knowledge (22.7% and 21.4%, respectively).

Another analysis that allows for comparison of information in relation to the percentage overall of studies by design, demonstrates other relevant insights (Table 7: Reported outcomes by importance and tenures on psychosocial outcomes). *Social integration* is an important outcome of both quantitative and qualitative studies, with significantly higher importance in cooperatives (125%; Chirisa, Gaza, & Bandauko, 2014; *Chirisa had both quantitative and qualitative outcome on social integra-

Table 6: Reported quantitative and qualitative outcomes

	Variables	Descriptive (*n* = 6)	Cross-sectional (*n* = 3)	Non randomized/ correlational (*n* = 5)	Mixed-methods quantitative (*n* = 8)	Qualitative + mixed methods (*n* = 28) (20 qualitative + 8 mixed-methods)
Psycho-social	Autonomy			1/5 (1 public)		3/28 (2 public/1 com)
	Empowerment (individual)	2/6 (1 public/1 coop)				13/28 (1 com/12 public)
	Empowerment (collective)		1/3 (1 coop)		1/8 (1 coop)	8/28 (1 coop/7 public)
	Well-being	1/6 (1 coop)	1/3 (1 public)	1/5 (public)		5/28 (5 public)
	Social network size		1/3 (1 public)	1/5 (1 public)		4/28 (3 public/1 coop)
	Social support		1/3 (1 public)			8/28 (8 public)
	Quality of life	4/6 (1 coop/3 public)			1/8 (1 com)	6/28 (1 coop/5 public)
	Education/knowledge				2/8 (1 public/1 com)	3/28 (1 coop/2 public)
	Social integration and participation (in building)	3/6 (2 coop/1 public)		1/5 (1 public)	4/8 (1 coop/3 public)	17/28 (2 coop/15 public)
	Community participation/ relations (outside building)	1/6 (1 coop)	1/3 (1 public)	1/5 (1 public)		6/28 (6 public)
	Mutual aid					4/28 (4 public)
	Solidarity					7/28 (7 public)
	Political identity					2/8 (2 public)
Economic	Income	2/6 (1 coop/1 public)	1/3 (1 public)			1/28 (1 public)
	Employment					
	Productivity/economic growth					
	Pay the rent					2/28 (1 public/1 coop)
	Impact on physical health			1/5 (public)		2/28 (2 public)
	Food security and access to healthy food					3/28 (3 public)

Table 6 (continued)

	Variables	Descriptive (*n* = 6)	Cross-sectional (*n* = 3)	Non randomized/ correlational (*n* = 5)	Mixed-methods quantitative (*n* = 8)	Qualitative + mixed methods (*n* = 28) (20 qualitative + 8 mixed-methods)
Health and mental health	Health behaviour intentions				1/8 (1 com)	4/28 (4 public)
	Health behaviours (lifestyle, sleep, nutrition, physical activity, stress)	1/6 (1 public)	2/3 (2 public)	2/5 (2 public)		7/28 (7 public)
	Health education/knowledge				1/8 (1 public)	4/28 (4 public)
	Mental health including anxiety, depression, or other psychological or neurological disorders	1/6 (1 public)			2/8 (1 public/1 com)	8/28 (7 public/1 coop)
	Health access				2/8 (1 public/1 com)	1/28 (1 public)
	Impact of built environment changes / aggression and violent behaviours/ disengagement					2/28 (2 public)
	Health risks		1/3 (1 public)	1/5 (1 public)	1/8 (1 public)	4/28 (4 public)

Notes: com, community; coop, cooperative

(20 NRO/34 public housing studies) compared with cooperative housing (5 NRO/4 coop studies). A second important outcome is *individual empowerment* (13 NRO/34 public housing studies; 1 NRO/4 communities housing studies; 1 NRO/cooperative housing studies) shows an equally relative significance in all tenures (18%, 25%, 25%). As for *collective empowerment*, however, the cooperative housing studies score higher with 75 percent of studies reporting on it, compared with 20.5 percent of public housing. As for solidarity, this outcome is stronger in public housing studies, where 20.5 percent of public housing studies reporting on it. Cooperative housing tenure studies score higher on quality of life than public housing (50% versus 23.5%), but community housing scores a little higher (25%) than public housing. Community housing shows the highest score, but scores similarly to public housing in *community participation* with 25 percent of outcomes in community housing reporting on that issue, compared with 23.5 percent in public housing. Community housing tenure scores higher in wellbeing (25%) compared with public housing (20.5%).

tion) than in public housing (58%), even though an initial perspective shows more prevalence in public housing

Table 7: Reported outcomes by importance and tenures on psychosocial outcomes

Psychosocial outcomes	Public housing tenure (*n* = 34)		Community housing tenure (*n* = 4)		Coop housing tenure (*n* = 4)	
	N	Percent	N	Percent	N	Percent
Social integration	20	58			5	1,251
Individual empowerment	13	38	1	25	1	25
Collective empowerment	7	20.5			3	75
Solidarity	7	20.5				
Quality of life	8	23.5	1	25	2	50
Community participation	8	23.5	1	25		
Wellbeing	7	20.5	1	25		

Note: *One mixed study had both quantitative or qualitative outcomes.

In relation to economic outcomes, the quantitative studies (quantitative and mixed quantitative) reveal that the most reported outcome is on *home income* (3/22, 13.6%) and on the possibility to invest, for example, in *physical activity* (1/22, 4.5%). In comparison with the qualitative studies (qualitative and mixed qualitative), social and community housing contribute to *food security and access to healthy food* in 10.8 percent of studies (3/28), and make a difference in *rent payment* (2/28, 7.1%) and on *general home income* (1/28, 3.6%). No economic outcome was reported in the cooperative housing studies.

Lastly, regarding the health/mental health outcome, quantitative results (quantitative and mixed quantitative) show that the most significant outcome is *health behaviour* (5/22, 22.7%), followed by *mental health outcomes* (3/22, 13.6%) and *health risks* (3/22, 13.6%). Other outcomes include *health access* (2/22, 9%), *health education knowledge* (1/22, 4.5%), and *health behaviour intention* (1/22, 4.5%). In comparison, the overall qualitative results (qualitative and mixed qualitative) report the two most frequent outcomes as *mental health* (8/28, 28.5%) and *health behaviours* (7/28, 25%), followed by *health behaviour intention* (4/28, 14.2%), *health education knowledge* (4/28, 14.2%), and *health risks* (4/28, 14.2%). We see converging outcome results on health behaviours (22.7% for quantitative studies versus 25% for qualitative studies) and health risks (13.6% for quantitative studies versus 14.2% for qualitative studies).

Looking at different tenures and health/mental health, the results are interesting (Table 8). Considering health behaviours, the cooperative housing setting does not account for any health outcomes. However, the public housing setting has the highest number of *health behaviour* outcomes reported (12 NRO/34 public housing studies), along with the *mental health outcome* in public (9 NRO/34 public housing studies) versus community housing, but only for mental health (2 NRO/4 studies) and not health behaviours. *Health risks* are reported in seven studies (7 NRO/34 public housing studies). *Health education knowledge* is reported in public housing (5 NRO/34 studies).

Health behaviour intention follows in public housing (4 NRO/34 studies) versus community housing (1 NRO/4 studies). Health access is reported in public (2 NRO/34 studies) and community housing (1 NRO/4 studies). The impact of built and social environments is reported in two public health studies (2 NRO/34 studies).Analyzing the relative importance of those outcomes on the number of studies per tenures (public=34; community=4 and coop=4) shows that the community housing impacts mostly *mental health* (50% of studies versus 26.4% of studies), *health behaviour intentions* (25% versus 11.7%), and *health access* (25% versus 5.9%). Health risks are only reported in public housing studies.

Table 8: Reported health/mental outcomes by importance and tenures

Health / mental health outcomes	Public housing tenure (*n* = 34)		Community housing tenure (*n* = 4)	
	N	**Percent**	***N***	**Percent**
Mental health	9	26.4	2	50
Health behaviour intention	4	11.7	1	25
Health access	2	5.9	1	25

DISCUSSION

This integrative review is the first systematic study to look at community practices and their impact in social and community housing, including cooperatives. It is the first also to offer a comparative lens on different determinants. A Cochrane search revealed 22 Cochrane Reviews (April 2023) matching public housing. However, none of the 22 related to our interventions or populations and concerned mostly built environment modifications and control (*n* = 8), supported housing for several mental illnesses (*n* = 1), independent living following hospitalization (*n* = 1), home care services (*n* = 2), slums (*n* = 1), crisis intervention (*n* = 1), or unrelated studies or populations (6) and community advocacy (*n* = 1). One article added relevant data and is discussed below (Dennis & Dowswell, 2013). Another search with home support added only three (*n* = 3) relevant articles and none for health promotion. The thorough approach and inclusive perspective (all tenures) of this review covering all years of journals since inception makes it the most comprehensive integrative review for professionals, researchers, and transdisciplinary community actors and policymakers. Seventy percent of studies reported on a framework that provides sound and evidenced base interventions. Community practice interventions have roots in prevention, individual level change, quality of life, social change and social justice, social network, risk theories, and nature. We can see its preventative nature, the tensions between individual and collective perspectives, and recently, emerging associated risks in built and social environments and the benefits of nature. Since housing prices are rising faster than incomes in many areas of the world, which reduces wellbeing and causes social discontent (Saiz, 2023), it is increasingly important to understand how social and community housing can contribute to health equity without turning to private market alternatives. In countries such as Australia, where the private market assumed an increased role decades ago, community housing became disconnected from the wider housing system and was unable to meet demands (Groenhart & Burke, 2014).

COMMUNITY SUPPORT PRACTICE IN SOCIAL AND COMMUNITY HOUSING

In this review, community practice is defined by interventions in education/training/workshops in psychosocial and health themes, socialization, support to collective, associative and community life, support in the use of external resources, psychosocial support of the helping relationship type, support for information needs, gateway, referencing and referrals, and collective gardens. These data are mostly aligned with the most recent provincial framework revision of community support practice (Gouvernement du Québec, 2022). The surprising result, however, concerns the relative importance and primary place that psychosocial and health education occupies. The link to health has always been less of a focus in social and community housing, but it emerges here as a crucial factor in a global approach of services that are most frequently discussed. The recent provincial framework calls attention to that with an addition in the specific objective of the community support practice to prevent the onset or aggravation of social problems or health problems. In a recent study by Paisi and Allen (2023), housing officers had a significant role in promoting health messages and embedding behaviour change among their tenants. We see this move worldwide toward increased health attention in housing settings. In Italy, a recent study reports on the complexity of the needs of marginalized people that extends not only to the poor socio-economic conditions, inadequate housing, and social isolation, but also to a lack of readily available information on health and social services. Social and community housing settings can take this opportunity to play a major role in urban and rural health gains, in partnership with the health sector. Rural settings have not been the focus of research. There is need for more rural social and community housing developments and studies reporting on their characteristics, challenges, and alternative networking paths.

Furthermore, in recent years there has been a movement to mobilize collective and community life, and its importance in this review reflects the necessary emphasis on collective aspects and its development and dynamics in housing settings. Group interventions are more common, followed closely by helping relationship type interventions and referencing. Supportive housing interventions are less focused on food-related approaches and services, crisis interventions, and mediation. This review further shows that interventions in public housing are characterized as education, socialization, and support for collective, associative, and community life. In community housing, there is more psychosocial support of the helping relationship type, support for information needs, and referencing and support in the use of local and external resources and active living. There is more emphasis on the individual level and being open to the community outside of the housing setting and connecting tenants to the community life. Lastly, but not surprisingly, in cooperative housing settings, the support for collective, associative, and community life are the most common interventions with support in the exercise of individual and collective rights and civic responsibilities and education/training in management of housing setting. These results confirm the diverse orientation and services of different tenures observed in Canada. Models of community housing have not been reported other than in Canada (British Columbia, Ontario, and Québec), apart from Serbia. Public housing studies by far outweigh the number of community and cooperative housing studies.

OUTCOMES OF COMMUNITY SUPPORT PRACTICE

This review provides insights into outcomes of community practice in social and community housing. Significant outcomes are revealed in the psychosocial area, where social integration and participa-

tion inside housing and individual empowerment scored higher among all. Integration and participation contribute to a sense of community and belonging with more social connectedness, which can lead to social connectedness outside the housing setting. It seems to start with individual integration and with the worker's abilities to listen to tenants and make them feel heard, and with continued support, shared activities, and socialization. Socialization is crucial in building trust and friendship that can reduce tensions. An understanding of neighbours' realities helps to reduce inferred differences, and the recognition of similarities contributes to collective empowerment. Individual integration, empowerment, self-determination, feeling in a safe trusting environment, building stronger self-esteem, and autonomy fuel collective empowerment. Currently, advocacy is mostly exercised in fighting for individual rights (like smoking) and social preservation of the community sense inside (isolating antisocial tenants). Feeling in control and living on one's own terms remains important for tenants.

The more participatory the environment promoted by management and workers, the more engaged tenants will be. There is a willingness to engage but too often it is a small, closely knit group that participates enthusiastically. The fundamental relationship-based environment of social and community housing is closely linked to the worker that can nurture emotional safety and bonding among tenants. Other articles have reported about the importance of placemaking or creating a sense of place, especially as a post-COVID response (Douglas, 2023), thus contributing to creating more livable communities. Five issues emerge from the reported psychosocial outcomes: 1) a need to increase connectedness to the outside and to the broader community in social housing, 2) not underestimating the importance of supporting skills and competence development in the management of coops by tenants, 3) thinking twice about intergenerational or social mixity in housing settings as it is not necessarily a positive strategy, especially for seniors, 4) planning for revitalization and displacement with consideration to the disruptive impact on the, often stronger than believed, internal norms and networks (confirmed by Srivarathan, Høj Jørgensen, Lund, Nygaard, & Kristiansen, 2023), and finally, 5) knowing that peers play a significant role in supporting the chronic disease management of neighbours, greater attention to the growing health needs of tenants must be followed with actions and services. In social and community housing, there is a strong need for one-to-one access to housing workers, and a greater sense of solidarity and wellbeing.

This review highlights a gap between the community practice most used (education/training/workshops) and the major outcomes, which are not knowledge or skills and competence. There is a need for more research into such gaps between interventions by community practice workers and outcomes. Education and training seem to serve the goal of reaching out and instilling the needed social ingredients for quality of life in social and community housing. Quantitative results corroborate the social integration outcome as the main impact, and place cooperative housing settings as stronger promoters (also in collective empowerment), followed by quality of life, wellbeing, and participation outside of the housing setting. Empowerment (individual and collective) did not emerge as significant as in qualitative studies. This could be explained by a lack of comprehensive and valid measures of such concepts.

However, quantitative study results indicate that all tenures impact tenants relatively equally on empowerment. Converging qualitative and quantitative results are observed in quality of life and

education/knowledge. This indicates an avenue of potential further research. Economic outcomes were not as significant as anticipated based on other reports where education interventions had positive effects on home income management (Kaiser et al., 2022, as cited in Saiz et al., 2023). In this review, subsidized housing increases home income and seems to increase physical activity and food security/access to healthy food, but that is observed in social and community housing, not in cooperatives. However, another recent study on cooperative housing found outcomes on employability through decision-making participation and opportunities to learn skills and expertise (Arbell, Archer, Moore, Mullins, & Rafalowicz-Campbell, 2022).

Finally, health/mental health outcomes are the most surprising results. Although no results on knowledge were observed, health behaviours are important outcomes. A recent systematic review by Chastin, Gardiner, Harvey, Leask, Jerez-Roig, Rosenberg et al. (2021) on interventions for reducing sedentary behaviour in community-dwelling with older adults supports conclusive results, but also supports the importance of future studies aimed at modifying the environment, policy, and social and cultural norms and not only targeting individual behaviours. Continued community practice workers' presence and occasional but regular health professionals' activities inside housing impact behaviours directly. Mental health outcomes seem mostly negative and related to addiction and social climate.

A systematic review by Dennis and Dowswell in 2013 found that psychosocial and psychological interventions for women in the postpartum period significantly reduced the instance of postpartum depression. Innovative strategies that engage mobilization and nature simultaneously can offer effective alternatives to ways of addressing mental health issues in social and community housing. In the last five years, there has been an increase in holistic and integrated preventative healthcare strategies in housing that is well accepted. Tenants want to learn about health and increasing their health access through personalized and time-sensitive interactions, should be a sustainable, effective, and prioritized approach. These outcomes are corroborated in quantitative results, thus pointing to the importance of the health/mental health outcomes, except in cooperative housing settings where there is no reported health outcomes. Health behaviour impacts are attributed to public housing settings, but positive mental health outcomes are reported in 50 percent of community housing studies (twice more than in public housing), and twice more, regarding health intentions or motivation to engage in a health behavior change.

Further studies could investigate these differences and explain the success of public housing in health behaviours and that of intentions, without behavioural change observed, in community housing. In our results, health access is reported as five times higher in community housing than public housing. This result could be studied in a qualitative case study design to propose an integrative preventative health and social community and social housing framework. In Paisi and Allen (2023), it was also qualitatively demonstrated that for those tenants with chronic health conditions in social housing, health interventions provide an opportunity to improve their health situations. "Overall, there appears to be potential to improve equity of access to support with mental health and health-related behaviour change" (p. 761). Findings in this study can contribute to future work on emerging issues.[2,3]

Lastly, in all three tenures, the development of services seems an important avenue (Chirisa et al., Freedman et al., 2012, Barker et al., 2022). Engaging tenants and mobilising strategies (public - Grier et al., 2015; public – Mmako et al., 2019) do face challenges in participation and self-deter-

mination tenant’s agency (Suto et al., 2021). Studies of contexts and tenures that have shown promising results on sustainable participation of tenants and livable collective and associated memberships could inform community practice workers on the best strategies to put in place.

LIMITATIONS OF THE EVIDENCE

This comprehensive review had two research questions: what are community support practices? and what are the outcomes of community support practices? A narrative synthesis was selected to provide in-depth analysis and to optimize the results from the available designs, mostly descriptive in nature (81%). The current level of knowledge on the impact of community support practices does not lead to conclusive results. However, this integrative review provides some specific indicators with converging quantitative and qualitative results of what should be further explored in efficacy evaluation research designs to provide stronger evidence. Furthermore, most of the studies included were from the public housing tenure; the authors used percentages to make comparisons between tenures but the lack of publications from other tenures (community housing and cooperative housing) is a limitation of this study. Further studies in those tenures are encouraged.

LIMITATIONS OF THE PROCESS

Narrative integrative analysis has limitations. By providing a rigorous hybrid mixed approach, rich description, and transparency, the authors have reduced some of the inherent complexity of combining diverse methodologies and findings into a detailed narrative that could be reproduced. Using a framework to assist analysis and expert practitioners or researchers of the field as investigators proved to be useful for accuracy, rigor, context considerations, and understanding of outcomes and controlled subjectivity. Using different teams to extract the data between two phases required extra revisions and time, but confirmation of the whole process ensured coherence and systematic extraction. Excel was preferred by the SRAP unit that supported the team initially. However, using Excel and Covidence in the selection processes increased the workload and therefore the authors recommend using Covidence only in future studies.

CONCLUSION

For this systematic review, 42 studies were included and analyzed. The findings align with theoretical work foundations on community support practice and identify the most used interventions. Outcomes of different natures have been identified and relate to different types of tenures. Community practice workers are pillars in housing settings, especially in public and community housing; they contribute by bridging, bonding, and linking social capital in adversity conditions. This work makes visible the invisible interventions made by community support practice workers. None of the studies reviewed focused on this specific practice but the outcomes identified reflect the engagement, synergies, and multiple networks of success that professional community practice workers in housing can have on people, their empowerment, and their sense of home and “place to people” attachment. This review provides insight into innovative research avenues in this domain, while bringing to the forefront the fundamental challenges of individual support pathways to collective empowerment, increased health needs, and unequalled peer tenant support engagement, as well as their precarious conditions. It provides practitioners in permanent supportive housing with some degree of confidence in domains of interventions where outcomes can be expected and

the related unexpected benefits. The synthesis serves to promote and support the development and uptake of research findings into routine community practice in housing and policy contexts. Bridging the know-do gap in implementation science (Dani, 2019) is one of the greatest challenges of complex interdisciplinary interventions in health promotion and prevention. This review reduces this gap by highlighting key issues upon which to further expand knowledge to promote a scaling up and uptake of best community support practices in subsidized housing. Community support practitioners make social and community housing settings spaces that are given human meaning and value (Douglas, 2023), dignity, pride, and connectedness. Resisting the global epidemic of evictions and capitalist economies with fierce advocacy is necessary so that housing, as a right, contributes to a sense of home for those living in vulnerable social and economic conditions.

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Final report : Lapierre, J., Caillouette, J., Leblanc, N., Provencher, V., Boucher, J., and Robichaud, F. (2024). L'expérience d'habiter son logement subventionné : Besoins et pratiques de soutien communautaire comme piliers du renforcement du pouvoir d'agir, de l'entraide et de la solidarité dans la communauté. Rapport final FQRSC–Projet 2020-281251. Concerted Action: The community support needs of people living in subsidized housing / Research project funded by Concerted Action partners: The Société d'habitation du Québec (SHQ) and the Fonds de recherche du Québec – Société et culture (FRQSC). Lapierre, J., Caillouette, J., Leblanc, N., Provencher, V., Boucher, J., Robichaud, F., Jetté, C., Bourque, M., Guillaumie, L., Dupéré, S., Roch, G., Vissandjée, B., Fontan, J.-M. Université Laval, p. 59.

NOTES

1. Completed data collection forms and complete search strategies for all databases (Supplementary Material A: Search Strategy) are available upon request.
2. Emerging Issues:
    a. **Coop housing setting**. In coop housing, there is unique need of knowledge and skills about management because that type of tenure engages tenants in the overall management of the housing setting (Saegert et al., 1996). Some outcomes reported provide support to gains in that area but there is a significant lack of infrastructures and of knowledge of related policy processes, for example at the international level, in Africa, where coop developments are reported (Chirisa et al., 2014). Access to land and its development is challenging. Further studies could look into this at the explanatory level and some evaluation of our own Canadian training programs in coop could be useful. In addition, coop studies revealed no health or mental outcomes, however, tension has been reported (Saegert et al., 1996; Dang et al., 2020). Since there are no community support practice worker in coop housing, this might be given attention in future research and program developments in coop housing settings, where the sense of ownership of property is positively perceived (Saegert et al., 1996). That is also emerging in public housing with the concept of placemaking (Yu et al., 2022) or space to call your own (Tremblay et al, 2021).

b. **Public housing setting.** Researchers and practitioners need to increase the work around stigma associated with living in social housing. Findings indicate that stigma still prevail (Vorobyova et al., 2022) and instilling pride in housing (Woodard et al., 2021) should be further studied and supported. The recent study of Jacobs & Flanagan (2023) provided findings about stigma and the need to better contextualize the problem in a wider political perspective where policy processes and powerful interest groupings' role are further explored. The notion of privacy emerged as an important factor for tenants. Gender issues were also identified as important and mentioned (Sriravathan et al., 2020; Liu et al., 2018; Tsuang et al., 2020; Thompson et al., 2013). In one study, increased monthly income was associated with womens' wellbeing (Liu et al., 2018) and in another one, the need for women-only spaces to practice sporting activities was key in increasing participation. Another one found emerging higher cognitive risks in women only during an early detection housing program and debated the precaution perspective with the potential negative impact on persons along with the stigma associated with the deteriorating condition (Wiese et al., 2021). A recent study in Spain, by Romeo-Gurruchaga, et al. (2023) also calls attention for gender perspective in housing. Other interesting results relate to the choice of living in social housing for seniors being specifically chosen for the social network and safety, which is a positive emerging outcome of public housing setting. Furthermore, the impact of accessible community space inside the building was related to increased social relations. In addition, in that same study, the impact of time duration on the development of friendships in public housing seems promising (Dansereau et al., 1998).

As in the study of Yashadhana et al. (2023), language barrier and cultural issues are other emerging factors with immigrant populations (Agarwal et al., 2008; Sriravathan et al. 2020; Thompson et al., 2013; Dick-Bueno, 2019; Lapierre et al., 2021 – community housing) that should be further investigated for improvement of community support practice in housing settings, public, community or coop housings. This was recently supported in a statement about cultural diversity and more specifically, about First Nations' rights in Russel et al., 2023). The World Health Organisation identified this right of accessing housing that supports elements of health including those culturally specifics, as laid out in their housing and health guidelines, which confirm the essential role housing has in ensuring good health (World Health Organization Citation, 2018 cited by Russel et al. (2023).

c. **Community housing.** In community housing, tenants reported appreciating proactivity of community support practice workers and found that tele practice did not impact on the development of the trusting relationship with new workers (Lapierre et al., 2021). These two issues deserve more research investigations that could support more proactive reach out-service developments and telehealth. The promising qualitative results of Lapierre et al. (2021) were not corroborated by a systematic review done in 2020. That systematic review (Gonçalves-Bradley et al., 2020) on telehealth impact, did not come to conclusive results about the impact of mobile technology on participants' health status and well-being, satisfaction, or costs.

3. Appendices are also available upon request (A: Psychosocial Outcomes, B: Economic Outcomes, C: Health Outcomes).

REFERENCES

Adame A.L., Perry C., & Pierce E. (2020). Community and housing first: A qualitative analysis of USA residents' perspectives. *Health and Social Care in the Community, 28*(4), 1292–1300. doi:10.1111/hsc.12962

Agarwal, G., & Brydges, M. (2018). Effects of a community health promotion program on social factors in a vulnerable older adult population residing in social housing. *BMC Geriatrics*, *18*(1). doi:10.1186/s12877-018-0764-9

Agarwal, G., Pirrie, M., Gao, A., Angeles, R., & Marzanek, F. (2021). Subjective social isolation or loneliness in older adults residing in social housing in Ontario: A cross-sectional study. *CMAJ Open*, *9*(3) 915–925. doi:10.9778/cmajo.20200205

Altus, D.E., & Mathews, R.M. (2002) Comparing the satisfaction of rural seniors with housing co-ops and congregate apartments. *Journal of Housing for the Elderly*, *16*(1-2), 39–50. doi:10.1300/J081v16n01_04

Arbell, Y., Archer, T., Moore, T., Mullins, D., & Rafalowicz-Campbell, M. (2022). *Homes in community hands: Year three evaluation report*. Sheffield Halam University: Center for Regional Economic and Social Research Center.

Barker, L.C., Lee-Evoy, J., Butt, A., Wijayasinghe, S., Nakouz, D., Hutcheson, T., et al. (2022). Delivering collaborative mental health care within supportive housing: implementation evaluation of a community-hospital partnership. *BMC Psychiatry*, *22*, 36. doi:10.1186/s12888-021-03668-3

Barnett-Page, E., & Thomas, J. (2009). Methods for the synthesis of qualitative research: A critical review. *BMC Medical Research Methodology*, *9*(59). doi:10.1186/1471-2288-9-59

Bramer, W.M., Giustini, D., de Jonge, G.B., Holland, L., & Bekhuis, T. (2016). De-duplication of database search results for systematic reviews in EndNote. *Journal of the Medical Library Association*, *104*(3), 240–243.

Borenstein, M., Hedges, L.V., Higgins, J.P.T., & Rothstein, H.R. (2009). *Introduction to meta analysis*. Chichester, UK: Wiley.

Buck-McFadyen, E. (2022). Rural homelessness: How the structural and social context of small-town living influences the experience of homelessness. *Canadian Journal of Public Health*, *113*, 407–416. doi:10.17269/s41997-022-00625-9

Canadian Observatory on Homelessness. (2013). *The state of homelessness in Canada 2013*. URL: https://www.homelesshub.ca/SOHC2013 [April 15, 2024].

Chastin, S., Gardiner, P.A., Harvey, J.A., Leask, C.F., Jerez-Roig, J., Rosenberg, D., et al. (2021). Interventions for reducing sedentary behaviour in community-dwelling older adults. *Cochrane Database of Systematic Reviews* (6), CD012784. doi:10.1002/14651858.

Chirisa, I., Gaza, M., & Bandauko, E. (2014). Housing cooperatives and the politics of local organization and representation in Peri-Urban Harare, Zimbabwe. *African Studies Quarterly, 15*(1), 37–68.

Dennis, C.L., & Dowswell, T. (2013). Psychosocial and psychological interventions for preventing postpartum depression. *Cochrane Database of Systematic Reviews* (2), CD001134. doi:10.1002/14651858.

Dang, L., & Seemann, A. (2021). The role of collaborative housing initiatives in public value co-creation: A case study of Freiburg, Germany. *Voluntary Sector Review*, *12*(1), 59–80. doi:10.1332/204080520X15822993230122

Dani, A. (2019, January 22). Implementation science. *Slideshare*. URL: https://www.slideshare.net/rukmanmecca/implementation-science [04/15/2014].

Dansereau, F., & Mongeau, J. (1998). La conversion de HLM pour personnes âgées en HLM mixtes : le point de vue des résidants. *Cahiers québécois de démographie*, *27*(2), 295–315. doi:10.7202/010253ar

Deville-Stoetzel, N., Kaczorowski, J., Agarwal, G., Lussier, M. T., & Girard, M. (2021). Participation in the Cardiovascular Health Awareness Program (CHAP) by older adults residing in social housing in Québec: Social network analysis. *BMC Health Services Research, 21*(1). doi:10.1186/s12913-020-06019-2

Dick Bueno, Z., Adam, C., Boyer, G., & Potvin, L. (2019). Vivre en habitation à loyer modique (HLM): quels éléments de contexte permettent de comprendre la situation de vulnérabilité de leurs résidents ? *Nouvelles pratiques sociales*, *30*(2), 202–218. doi:10.7202/1066109ar

Dhollande, S., Taylor, A., Meyer, S., & Scott, M. (2021). Conducting integrative reviews: A guide for novice nursing researchers. *Journal of Research in Nursing*, *26*(5), 427–438. doi:10.1177/1744987121997907

Douglas, G.C.C. (2023). Reclaiming placemaking for an alternative politics of legitimacy and community in homelessness. *International Journal of Politics, Culture, and Society*, *36*, 35–56. doi:10.1007/s10767-022-09426-x

Fraser, N. (2001). *Social justice in the knowledge society: Redistribution, recognition, and participation*. Heinrich-Böll-Stiftung. URL: https://edisciplinas.usp.br/pluginfile.php/7136753/mod_resource/content/1/Fraser_1997_Social%20Justice_Redistribution_Recognition_Representation.pdf [April 14, 2024].

Freedman, D.A., Pitner, R.O., Powers, M.C.F., & Anderson, T.P. (2014). Using photovoice to develop a grounded theory of socio-environmental attributes influencing the health of community environments. *The British Journal of Social Work*, *44*(5), 1301–1321. doi:10.1093/bjsw/bcs173

Galiatsatos, P., Soybel, A., Mandeep, J., Axel Perez Cruz, S., Spartin, C., Shaw, K., et al. (2021). Tobacco treatment clinics in urban public housing: Feasibility and outcomes of a hands-on tobacco dependence service in the community. *BMC Public Health, 21*, 1514. doi:10.1186/s12889-021-11561-7

Gray, S.M. Franke, T. Sims-Gould, J. & McKay, H.A. (2022). Rapidly adapting an effective health promoting intervention for older adults-choose to move-for virtual delivery during the COVID-19 pandemic. *BMC Public Health, 22*(1). doi:10.1186/s12889-022-13547-5

Green, R.D., Kouassi, M., Venkatachalam, P., & Daniel, J. (2013). The impact of housing stressors on the mental health of a low-income African-American population. *The Review of Black Political Economy, 40*(1), 53–100. doi:10.1007/s12114-011-9109-z

Grier, K., Hill, J.L., Reese, F., Covington, C., Bennette, F., MacAuley, L., & Zoellner, J. (2015). Feasibility of an experiential community garden and nutrition programme for youth living in public housing. *Public Health Nutrition*, *18*(15). doi:10.1017/S1368980015000087.

Grimshaw, J. (2010). *Chapitre sur la synthèse des connaissances*. Instituts de recherche en santé du Canada. URL: https://cihr-irsc.gc.ca/f/41382.html [April 15, 2024].

Gonçalves-Bradley, D.C., Maria, A.R.J., Ricci-Cabello, I., Villanueva, G., Fønhus, M.S., Glenton, C., et al. (2020). Mobile technologies to support healthcare provider to healthcare provider communication and management of care. *Cochrane Database of Systematic Reviews* (8), CD012927. doi:10.1002/14651858.CD012927.pub2

Gottlieb, L. (*2013*). *Strengths-based nursing care: Health and healing for person and family*. New York, NY: Springer Publishing.

Gouvernement du Québec. (2022a). *Cadre de référence sur le soutien communautaire en logement social et communautaire*. https://publications.msss.gouv.qc.ca/msss/fichiers/2022/22-704-02W.pdf [April 15, 2024].

Gouvernement du Québec. (2022b). *Politique gouvernementale de prévention en santé — Lancement du Plan d'action interministériel 2022-2025 pour agir en amont du développement des problèmes de santé*. https://www.msss.gouv.qc.ca/ministere/politique-prevention-sante/ [April 15, 2024].

Gouvernement du Québec. (2007). *Cadre de référence sur le soutien communautaire en logement social : Une intervention intersectorielle des réseaux de la santé et des services sociaux et de l'habitation*. http://www.habitation.gouv.qc.ca/fileadmin/internet/centredoc/NS19808.pdf [April 15, 2024].

Groenhart, L., & Burke, T. (2014). What has happened to Australia's public housing? Thirty years of policy and outcomes, 1981 to 2011. *Australian Journal of Social Issues*, *49*(2), 127–149.

Higgins, J.P.T., Thomas, J., Chandler, J., Cumpston, M., Li, T., Page, M. J., & Welch, V.A. (Eds.). (2022). *Cochrane handbook for systematic reviews of interventions version 6.3*. www.training.cochrane.org/handbook [April 15, 2024].

Iorio, S. *et al.* (2023). Pathways for therapy and urban health in the field of mental suffering. Illness narratives from a residential complex for public housing assistance in Rome, Italy. In Battisti, A., Marceca, M., Ricotta, G., Iorio, S. (Eds.), *Equity in health and health promotion in urban areas.* Springer, Cham: Green Energy and Technology. doi:10.1007/978-3-031-16182-7_5 [April 15, 2024].

Jacobs, K., & Flanagan, K. (2013). Public housing and the politics of stigma. *The Australian Journal of Social Issues, 48*(3), 319–337. doi:10.1002/j.1839-4655.2013.tb00285.x

Hong, Q.N., Pluye, P., Fabregues, S., Bartlett, G., Boardman, F., Cargo, M., et al. (2018). *Mixed method appraisal tool (MMAT) version 2018. User guide*. http://mixedmethodsappraisaltoolpublic.pbworks.com/w/file/fetch/127916259/MMAT_2018_criteria-manual_2018-08-01_ENG.pdf [Apri 15, 2024].

Horn, K., Dearfield, C.T., Beth Johnson, S., Krost, K., Rincon Gallardo Patino, S., Gray, T., et al. (2021). Smoking cessation intentions and attempts one year after the federally mandated smoke-free housing rule. *Preventive Medicine Reports, 24.* doi:10.1016/j.pmedr.2021.101600

Jacobs, K., & Flanagan, K. (2013). Public housing and the politics of stigma. *Australian Journal of Social Issues*, *48*(3), 319–337.

Jassal, M.S., Oliver-Keyser, J., Galiatsatos, P., Burdalski, C., Addison, B., Lewis-Land, C., & Butz, A. (2020). Alignment of medical and psychosocial sectors for promotion of tobacco cessation among residents of public housing: A feasibility study. *International Journal of Environmental Research and Public Health*, *17*(21), 7970. doi:10.3390/ijerph17217970

Kim, J., Gray, J.A., Ciesla, J.R., & Yao, P. (2022). The impact of an internet use promotion programme on communication, internet use, and the extent of social networks among low-income older adults. *Ageing international*, *47*(2), 348–371. doi:10.1007/s12126-021-09422-0

Landis, J.R., & Koch, G.G. (1977). An application of hierarchical kappa-type statistics in the assessment of majority agreement among multiple observers. *Biometrics*, *33*(2), 363–74.

Lapierre, J., Croteau, S., Gagnon, M. P., Caillouette, J., Robichaud, F., Bouchard, S., et al. (2021). Télésanté en contexte de pandémie et de déconfinement : pratiques infirmières innovantes et partenariats pour des communautés équitables, sécuritaires et durables. *Global Health Promotion*, *28*(1), 89–97. doi:10.1177/1757975920980720

Li, T., Higgins, J.P.T., & Deeks, J. J. (Eds.). (2022). Collecting data. In J.P.T. Higgins, J. Thomas, J. Chandler, M. Cumpston, T. Li, M.J. Page, & V.A. Welch (Eds.), *Cochrane handbook for systematic reviews of interventions version 6* (Chapter 5). www.training.cochrane.org/handbook [April 15, 2024].

Linz, S., Jackson, K.J., & Atkins, R. (2022). Using mindfulness-informed photovoice to explore stress and coping in women residing in public housing in a low-resourced community. *Journal of Psychosocial Nursing & Mental Health Services*, *60*(7), 23–31. doi:10.3928/02793695-20211214-01

Liu, J., Chen, H., Chen, Y., & Li, Z. (2018). Emotional well-being and social support in social housing neighbourhoods in China. *Journal of International Medical Research*, *46*(8), 3209–3218. doi:10.1177/0300060518774718

Marinescu, L.G., Sharify, D., Krieger, J., Saelens, B.E., Calleja, J., & Aden, A. (2013). Be active together: Supporting physical activity in public housing communities through women-only programs. *Progress in Community Health Partnerships: Research, Education, and Action*, *7*(1), 57–66. doi:10.1353/cpr.2013.0003

Mmako, N.J., Capetola, T., & Henderson-Wilson, C. (2019). Sowing social inclusion for marginalised residents of a social housing development through a community garden. *Health Promotion Journal of Australia*, *30*(3), 350–358. doi:10.1002/hpja.225

Morris, A., & Verdasco, A. (2021). Loneliness and housing tenure: Older private renters and social housing tenants in Australia. *Journal of Sociology*, *57*(4), 763–779. doi:10.1177/1440783320960527

Ortega, K.E., & Mata, H. (2020). Our homes, our health: Strategies, insight, and resources to support smoke-free multiunit housing. *Health Promotion Practice*, *21*(1). doi:10.1177/1524839919881144

Page, M.J., McKenzie, J.E., Bossuyt, P. M., Boutron, I., Hoffmann, T.C., Mulrow, C. D., et al. (2021). The PRISMA 2020 statement: An updated guideline for reporting systematic reviews. *BMJ*, *372*(71). doi:10.1136/bmj.n71

Paisi, M., & Allen, Z. (2023). New home, new you: A retrospective mixed-methods evaluation of a health-related behavioural intervention programme supporting social housing tenants, *Health Expectations*, *26*, 752–764. https://onlinelibrary.wiley.com/doi/epdf/10.1111/hex.13700 [April 15, 2024].

Parent, A., A., Tourillon-Gingras, S., & Smith-Lauzon, E. (2019). L'intervention en HLM : une pratique sous tension? *Nouvelles pratiques sociales*, *30*(2), 137–152.

Pope, C., Mays, N., & Popay, J. (2007). Synthesizing qualitative and quantitative health evidence: A guide to methods. Maidenhead, UK: Open University Press.

Rethlefsen, M.L., Kirtley, S., Waffenschmidt, S., Ayala, A.P., Moher, D., Page, M.J., Koffel, J.B., & PRISMA-S Group. (2021). PRISMA-S: An extension to the PRISMA statement for reporting literature searches in systematic reviews. *Systematic Reviews*, *10*, 39. doi:10.1186/s13643-020-01542-z

Romeo-Gurruchaga, M., Otaegi, J., & Rodríguez-Vidal, I. (2023). New temporary public housing typology in the Basque country: A legislative and design response to the new requirements of the 21st century society. *Architecture*, *3*(1), 33–55. doi:10.3390/architecture3010002

Rothman, J., Erlich, J.L., & Troman, J.E. (2001). *Strategies of community interventions*. Itasca, IL: Peacock Publisher. https://is.muni.cz/el/1423/podzim2010/SPP815/um/15.rothman.pdf [April 15, 2024].

Rogers, C., Johnson, J., Nueslein, B., Edmunds, D., & Valdez, S. R. (2018). "I love fruit but I can't afford it": Using participatory action research to develop community-based initiatives to mitigate challenges to chronic disease management in an African American community living in public housing. *Journal of Racial and Ethnic Health Disparities*, *5*, 1315–1327. doi:10.1007/s40615-018-0480-3

Russell, E., McKerchar, C., Thompson, L., & Berghan, J. (2023). Māori experiences of social housing in Ōtautahi Christchurch. Kōtuitui, *New Zealand Journal of Social Sciences Online,* 1–18. doi:10.1080/1177083X.2023.2180762

Russell C. L. (2005). An overview of the integrative research review. *Progress in Transplantation*, *15*(1), 8–13. doi:10.1177/152692480501500102

Saiz, A. (2023). *The global housing affordability crisis: Policy options and strategies*. MIT Center for Real Estate Research Paper No. 23/01. Springer Publishing Company. doi:10.2139/ssrn.4402329 [April 15, 2024].

Saegert, S., & Winkel, G. (1996). Paths to community empowerment: Organizing at home. *American Journal of Community Psychology*, *24*(4), 517–555. doi:10.1007/BF02506795

Sandelowski, M., & Barroso, J. (2006). *Handbook for synthesizing qualitative research*. New York, NY: Springer.

Sheppard, C. L., Gould, S., Austen, A., & Hitzig, S. L. (2022). Perceptions of risk: Perspectives on crime and safety in public housing for older adults. *The Gerontologist*, *62*(6), 900–910. doi:10.1093/geront/gnab155.

Shelton, R. C., McNeill, L. H., Puleo, E., Wolin, K. Y., Emmons, K. M., & Bennett, G. G. (2011). The association between social factors and physical activity among low-income adults living in public housing. *American Journal of Public Health*, *101*(11). doi:10.2105/AJPH.2010.196030

Smith, I., & White, B. M. (2021). Barriers and facilitators to adhering to the American Heart Association's life's simple 7 for African American women living in public housing. *Journal of Health Care for the Poor and Underserved*, *34*(4), 2012–2029. doi:10.1353/hpu.2021.0179

Srivarathan, A., Høj Jørgensen, T.S., Lund, R., Nygaard, S.S., & Kristiansen, M. (2023). "They are breaking us into pieces": A longitudinal multi-method study on urban regeneration and place-based social relations among social housing residents in Denmark. *Health & Place*, *79*, 102965. doi:10.1016/j.healthplace.2023.102965

Srivarathan, A., Lund, R., Christensen, U., & Kristiansen, M. (2020). Social relations, community engagement and potentials: A qualitative study exploring resident engagement in a community-based health promotion intervention in a deprived social housing area. *International Journal of Environmental Research and Public Health*, *17*(7), 2341. doi:10.3390/ijerph17072341

Stoeckel, D., Brkić, M., & Vesić, Z. (2022). Supported housing services for people with intellectual disabilities and mental health problems in Serbia—Social and community integration or "mini-institutions." *Health & Social Care in the Community*, *30*(5), 2917–2927. doi:10.1111/hsc.13736

Suto, M.J., Smith, S., Damiano, N., & Channe, S. (2021). Participation au jardinage communautaire : pour semer les graines du bien- être. *Canadian Journal of Occupational Therapy*, *88*(2), 142–152. doi:10.1177/0008417 421994385

Thomas, J., & Harden, A. (2008). Methods for the thematic synthesis of qualitative research in systematic reviews. *BMC Medical Research Methodology*, *8*(1), 45–54. doi:10.1186/1471-2288-8-45

Thompson, J., & Costello, P. (2021). Discover wellness: Feasibility of a health and wellness program for aging in place. *The American Journal of Occupational Therapy*, *75*(01). doi:10.5014/ajot.2021.75S2-PO116

Tremblay, M., Kingsley, B., Gokiert, R., Blums, T., Mottershead, K., & Pei, J. (2023). Using photovoice to explore teen parents' perspectives on raising healthy children. *Journal of Adolescent Research*, *38*(2), 332–364. doi:10.1177 /07435584211034871

Tsuang, H.C., Ko-Chiu, W., & Kuang-Hui, P. (2021). Social housing residents' community participation under the impact of lease period restrictions. *International Review for Spatial Planning and Sustainable Development*, *9*(1), 30–46. doi:10.14246/irspsd.9.1_30

Vorobyova, A., Braley, M.S., Burgess, H., Grieve, S., Lyndon, S., Wesseling, T., & Parashar, S. (2022). Depressive symptoms among people living with HIV in permanent supportive housing: Findings from a community-based participatory study in Vancouver, Canada. *Journal of Community*, *50*, 3778–3791. doi:10.1002/jcop.22871.

Wiese, L.K., Williams, C.L., Hain, D., Newman, D., Houston, C.P., Kaack, C., & Galvin J.E. (2021). Detecting dementia among older, ethnically diverse residents of rural subsidized housing. *Journal of Geriatric Nursing*, *42*(2), 524–532. doi:10.1016/j.gerinurse.2020.09.005

Winer, M., Dunlap, S., St. Pierre, C., McInnes, D. K., & Schutt, R. (2021) Housing and social connection: Older formerly homeless veterans living in subsidized housing and receiving supportive services. *Clinical Gerontologist*, *44(*4), 460–469. doi:10.1080/07317115.2021.1879336

Woodard, R., & Rossouw, A. (2021). An evaluation of interventions for improving pro-environmental waste behaviour in social housing. *Sustainability*, *13*(13). doi:10.3390/su13137272

Yu, H.C., Lin, T.H., & Dąbrowski, M. (2022). Beyond conditionality: Community placemaking in Taiwanese social housing management. *Planning. Practice & Research*, *38*(1), 43–61. doi:10.1080/02697459.2022.2079804

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