



CITY OF LONDON, HOMELESS PREVENTION
REQUEST FOR QUOTATION
‘GRAPHIC DESIGNER’

SUBMISSION CLOSING – August 7, 2014

Deadline to submit an electronic proposal is no later than midnight August 7, 2014.

All proposals are to be submitted to homelessprevention@london.ca

REQUEST FOR QUOTATION — GRAPHIC DESIGNER

INTRODUCTION AND INVITATION

The City of London, Homeless Prevention is the Project Manager for a national project entitled 'A Canadian Model for Housing and Support for Veterans Experiencing Homelessness'.

The City of London is seeking quotations from qualified Graphic Designers to develop preliminary and final designs for publication of a peer manual; a research and evaluation report; and, a program manual.

BACKGROUND/PROJECT SUMMARY

The Canadian Model for Housing and Support for Veterans Experiencing Homelessness is a two year pilot project to develop and evaluate a model of housing and individualized programming which best meets the unique needs of Canadian Veterans experiencing homelessness or Veterans at risk of homelessness. The goal of this project is to assist the participating Veterans who are experiencing homelessness to achieve a successful transition to housing stability.

GRAPHIC DESIGNER REQUIREMENTS

In consultation with the Homeless Prevention Team, the Graphic Designer will:

- develop preliminary and final drafts of layout and design of the peer manual; research and evaluation report; and, program manual, including the revision of existing materials developed in any of the three documents;
- ensure the design of all three products will complement each other and reflect a similar design despite the difference in content;
- incorporate ideas, text and any artwork provided by the City, for approval by the Manager, Homeless Prevention; and,
- prepare and submit to the City and/or directly to the designated printer, upon the City's consent, final camera-ready artwork and electronic files of artwork with all-print specifications.

The following outlines the maximum number of pages expected for each product:

1. Peer Manual – 40 pages at approximately 300 words per page
2. Research and Evaluation Report – 80 pages at approximately 400 words per page
3. Program Manual – 100 pages at approximately 300 words per page

Attached you will find samples of the existing content, it being noted that the content will go through a thorough review and edit.

TIMELINES

This project will be completed by September 30, 2014.

REQUEST FOR QUOTATION — GRAPHIC DESIGNER

SUBMISSION REQUIREMENTS

We are requesting a Graphic Designer who has:

- at least 3-5 years of experience in graphic design of print and digital/web products;
- demonstrated ability to interpret project requirements and provide work examples, suitable for those requirements;
- demonstrated ability to work well with City staff in the development of published materials and digital design work;
- demonstrated ability to provide digital graphic materials that render appropriately on all technology platforms, devices and browsers, and are appropriately formatted for web posting; and,
- demonstrated ability to meet tight deadlines with consistently high quality work.

The Graphic Designer will outline their qualifications, quality control practices and provide two references. The Graphic Designer will provide a cost proposal showing the proposed cost. Incomplete submissions will not be considered.

SCHEDULE

The following is a schedule of key dates:

Proposal Close Date	August 7, 2014
Evaluation/Award of Proposals	August 13, 2014

SUBMISSION CLOSING - August 7, 2014 – no later than midnight

SUBMISSIONS TO

All proposals are to be submitted to homelessprevention@london.ca. Deadline to submit an electronic proposal is no later than midnight August 7, 2014.

Specific Requirements

Interested Graphic Designers are invited to submit a Proposal for consideration. Graphic Designers may be invited for an interview.

Contact Information

This includes the Graphic Designers legal name, address, email address and telephone number of the principal contact person.

For More Information

Please send an email to homelessprevention@london.ca outlining your request for more information no later than 12:00 noon August 5, 2014.

to assist clients to sustain their housing and work towards recovery and reintegration into the community.”¹

Housing First puts housing stability in their own home for people who experience homelessness as a defining priority without concern for the person’s state of readiness. A variety of housing options can be provided, maximizing choice for the tenant. Housing First programs apply highly individualized and unique supports to increase a person’s housing stability where they live. With the stability of a home, people are more likely to begin to address often co-occurring health and social challenges and move on with their lives.

The primary goals of a Housing First program for Veterans experiencing homelessness are:

- To assist Veterans who are homeless or at risk of homelessness access and retain long-term housing.
- Once housed, to support Veterans through warm transfers to community and social services programs and resources to help them improve their overall housing stability including independent living skills, general health and well-being, and social interests.

Developing a successful Housing First program for formerly homeless Veterans requires a Veteran mix of supports and services offered by:

- Qualified professional staff
- Peers
- Community-based agencies
- Volunteers

“It takes 90% of the worry that you have about where you’re going to be every morning... so without that worry, now you can concentrate on “I’m an addict” myself and you can concentrate on trying to clean up and get your life back together.” Veteran Participant

Harm Reduction Within a Housing First Approach

Housing First focuses directly on housing people regardless of current patterns of substance use. Within this context, substance use is **not** a barrier to accessing housing. Homeless individuals with substance use problems are offered the same options and rights as other people experiencing homelessness. As such, **harm reduction** is a key principle of Housing First.² According to the Harm Reduction Coalition, harm reduction:³



- Is a set of practical strategies that reduce negative consequences of substance use and other high-risk behaviours.

¹ Employment and Social Development Canada (ESDC). (2014, January 27). *Housing First*, Retrieved April 23, 2014, from <http://www.esdc.gc.ca>

² B. Pauley et al

³ *Fundamentals of Harm Reduction in Housing First, National Conference on Ending Homelessness, Ottawa, October 2013*

SAMPLE PAGES FROM THE PEER MANUAL

- Four pilot sites were selected to implement housing with support for Veterans experiencing homelessness.

Site Location	# Of Housing Units	Sponsor Group
Victoria	11	Cockrell House – South-Mid Vancouver Island Zone Veterans Housing Society
Calgary	15	Calgary Homeless Foundation – Alpha House
London	10	Unity Project for the Relief of Homelessness in London / London CARES
Toronto	20	Mainstay Housing
Total Number of Units	56	

• What is the Role of a Peer?

- Within the context of providing a **‘Housing First Program for Veterans Who Previously Experienced Homelessness’** Peers offer the benefit of their lived experiences, providing encouragement and support to Veterans housed in the program to support positive change. Generally, Peers have some kind of ‘insider’ knowledge through a similar lived experience that can be beneficial to the Veteran.

- Peers actively listen and support Veterans in making meaningful choices to identify and achieve their goals. Being a Peer can take many forms – phone calls, emails, meetings, home visits, going for walks together, and attending activities or appointments.

- Building a relationship with another person who has similar lived experiences or interests can be beneficial for Veterans in supporting their housing and health stability. Receiving support from a Peer can help the Veteran transitioning to housing and with addressing other challenges the Veteran may be facing. Research indicates that peer support can help a person feel more hopeful and begin to gain greater control over their lives.⁴

“Peer support is a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful. Peer support is not based on psychiatric models and diagnostic criteria. It is about understanding another’s situation empathically through the shared experience of emotional and psychological pain.”

Peer Support Guidelines, Mental Health Commission of Canada

⁴ Ochocka, J., Nelson, G., Janzen, R., Trainor, J. (2006). A longitudinal study of mental health consumer/survivor initiatives: Part III – A qualitative study of impacts on new members. *Journal of Community Psychology*, 34, pp. 273-283.

**Addressing Homelessness Among Canadian Veterans:
Evaluation of the 4-City Project
Executive Summary**

The issue of homelessness among Canadian Forces (CF) veterans is an area of increasing concern however, little is actually known about the nature and extent of this problem including the reasons that place this population at risk. Similarly, while it is clear that the needs of CF veterans who are homeless have different characteristics, desires and needs compared to the general homeless population, there is little research to date within the Canadian context to guide housing interventions and related support for this population.

The Study:

- This demonstration project tested application of key principles in 4 Canadian cities: Calgary, London, Toronto and Victoria with an overall purpose to develop an appropriate Canadian model for addressing veteran homelessness;
- Initial principles of importance were identified through the work of Milroy (2009) and Ray and Forchuk (2011) to address homelessness among CF veterans, including: housing with support, peer support, provision of services separate from the general shelter/homeless population, promoting self-respect, providing structure, and providing a transition process to housing while addressing co-occurring mental illness, addiction and trauma related issues;
- Local community agencies collaborated with federal partners including HRSDC, Veterans Affairs Canada (VAC) and other Veteran specific organizations to provide housing and support to 56 veterans who were homeless or at imminent risk of homelessness;
- Each site adhered to these principles while using different strategies to enact in order to evaluate the utility of these principles in practice as well as determine the success of the different strategies used for implementation.

<i>A brief understanding of the sites:</i>					
<i>Location</i>	<i>Capacity</i>	<i>Staffing</i>	<i>Housing Model</i>	<i>Housing & Supports</i>	<i>Peer Support</i>
Calgary	15	On site 24/7	Cluster (single) site: 1 bedroom units in one building	Combined	Informal
London	10	Daily support plus 24/7 on call	Scattered site: Private Sector	Landlord and supports by program	OSSIS
Toronto	20	Daily support plus 24/7 on call	Cluster site: 2 bedroom units in one building	Combined	Mental Health Peer Support
Victoria	11	Daily	Shared (cluster) accommodations and some private sector	Combined	By Vets for Vets, OSSIS

SAMPLE PAGES OF THE RESEARCH AND EVALUATION REPORT

- Each site varied in capacity and availability of on site staffing support which ranged from daily with after hours on call support to a twenty-four hours seven days per week staffing presence. Staff support in all models involved a case management approach which was tailored to the individual veteran's need and encompassed basic life skills, assistance in connecting with income supports and appropriate mental health treatment and/or medical care as well as addressing leisure/recreation needs. Veterans were also linked with a case manager through VAC for assistance and support regarding service related benefits as well as a clinician through the Operational Stress Injury Clinic (OSIC) for assessment and treatment of mental health and/or medical concerns arising as a result of military service. Housing models included a range of single, private sector (scattered site) apartment units, single apartments within one building (cluster model), and two and three bedroom apartments within one building (cluster model). Three out of four sites allowed for tenants to come and go freely whereas one site adopted a controlled access model where tenants checked in with staff as they entered or left the building. Efforts to link veterans with peer support were made at all sites; in some cases, this involved formal veteran peer support through the Operational Stress Injury Social Support (OSISS) program or the Royal Canadian Legion while at other sites, informal peer support was offered by community volunteers with a history of military service (eg. students, police officers with maintained a connection to the project). One site procured a formal mental health peer support worker on staff. These variations in housing model and supports allowed for examination of the strengths and limitations of each approach as well as offered an opportunity to compare the unique adaptations that evolved within each setting and community.

Evaluation of this pilot project included assessment of process and outcome measures using a mixed methods approach:

- Quantitative evaluation: A standardized set of valid, reliable questionnaires were administered by staff at each site with veterans who were enrolled in the project at baseline, 3, 9 and 15 months to assess access and attachment to stable, affordable accommodations (transitional or permanent). These questionnaires included: 1) a Demographic questionnaire; 2) Housing History; 3) Quality of Life Enjoyment and Satisfaction – Short Form; and 4) Health, Social, Justice Service Use form.
- Qualitative evaluation: Three cycles of focus group interviews were conducted with veterans, staff and stakeholders at each site (2012-2014).

The Findings:

- *Quantitative findings* (N=63) revealed a pattern of chronic homelessness with tremendous physical and mental health consequences occurring many years following release from active service.
- The study sample was predominantly male (92.1% versus 7.9% female) with an average age of 52.8 years. Only sites with some scattered units successfully housed females.
- Participants served an average of 8.1 years in the CF with 39.7% having been deployed overseas. Time since release from CF service averaged 28.4 years.