

Supportive HOUSING

Summary Report

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This report is designed to help enhance an understanding of homelessness and the role supportive housing can play within a larger strategy to end chronic homelessness. It provides an overview of chronic homelessness; references supportive housing strategies that help people with the most complex mental health and addiction needs to stabilize their housing; and offers strategic actions for consideration to support the Huron and Perth communities towards achieving their goals of eradicating chronic homelessness and supporting their most vulnerable citizens.



Social Research &
Planning Council

Operated by United Way Perth-Huron



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What Is Homelessness?

Homelessness is not strictly an issue of housing instability. The Canadian government defines homelessness as follows:

“Homelessness is the situation of an individual or family who does not have a permanent address or residence; the living situation of an individual or family who does not have stable, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it.

It is often the result of what are known as systemic or societal barriers, including a lack of affordable and appropriate housing, the individual/household’s financial, mental, cognitive, behavioural or physical challenges, and/or racism and discrimination.”

Chronic homelessness refers to episodes of homelessness that typically become more entrenched and ingrained in people’s daily lives due to their long duration, which may be continuous or episodic. The Canadian government defines chronic homelessness as “individuals who are currently experiencing homelessness AND who meet at least 1 of the following criteria:

- They have a total of at least six months (180 days) of homelessness over the past year*
- They have recurrent experiences of homelessness over the past 3 years, with a cumulative duration of at least 18 months (546 days)”*

The Canadian Observatory on Homelessness (COH) further illuminates the complexity of the range of homelessness by categorizing peoples’ experiences of homelessness into four typologies:

 **Unsheltered** or absolutely homeless and living on the streets or in places not intended for human habitation (often referred to as “living rough”).

 **Emergency Sheltered** including those staying in overnight shelters for people who are homeless, as well as shelters for youth and those impacted by family violence.

 **Provisionally Accommodated** (often referred to as ‘couch surfers’ and ‘hidden homeless’) refers to those whose accommodation is temporary or lacks security of tenure

 **At Risk of Homelessness** referring to people who are not homeless, but whose current economic and/ or housing situation is precarious or does not meet public health and safety standards

Introduction

If we are to eradicate homelessness, a robust housing system must be more than just buildings. The system must include flexible health and social supports that help people at the level they need, when they need it. Solutions will require particular focus on supporting people with the most persistent, pressing, and complex needs.

Fortunately, the housing and homelessness system is in a transformational process of review at the local, provincial, and national levels. Recent examples that illustrate a commitment to the change agenda include (but are not limited to):

- Detailed Housing and Homelessness Plans for both Perth County and Huron County service areas were created in 2014 and recently updated.
- The Ministries of Health, Long-Term Care, Municipal Affairs and Housing, and Children, Community and Social Services, conducted joint consultations with stakeholders across the province to seek input into improving and transforming the supportive housing system.
- Government partners have released updated policy initiatives with specific goals to end chronic homelessness and are backing their commitments with practical frameworks, resources, and funding.



Source: HOMELESSNESS-AWARE: Bethany, 19, for The Couch Project. Photo: Barry Smith 310815BSG04

The definitions of homelessness encourage a visceral understanding of the challenges faced and the pain endured by those experiencing homelessness. However, even a thoughtful and well-designed definition cannot capture the breadth and complexity of homelessness. Acknowledging that different groups of people are affected differently by homelessness, and that their collective experience is unique. As local communities design solutions these differences should be understood and honoured.

How does Supportive Housing help to address homelessness?

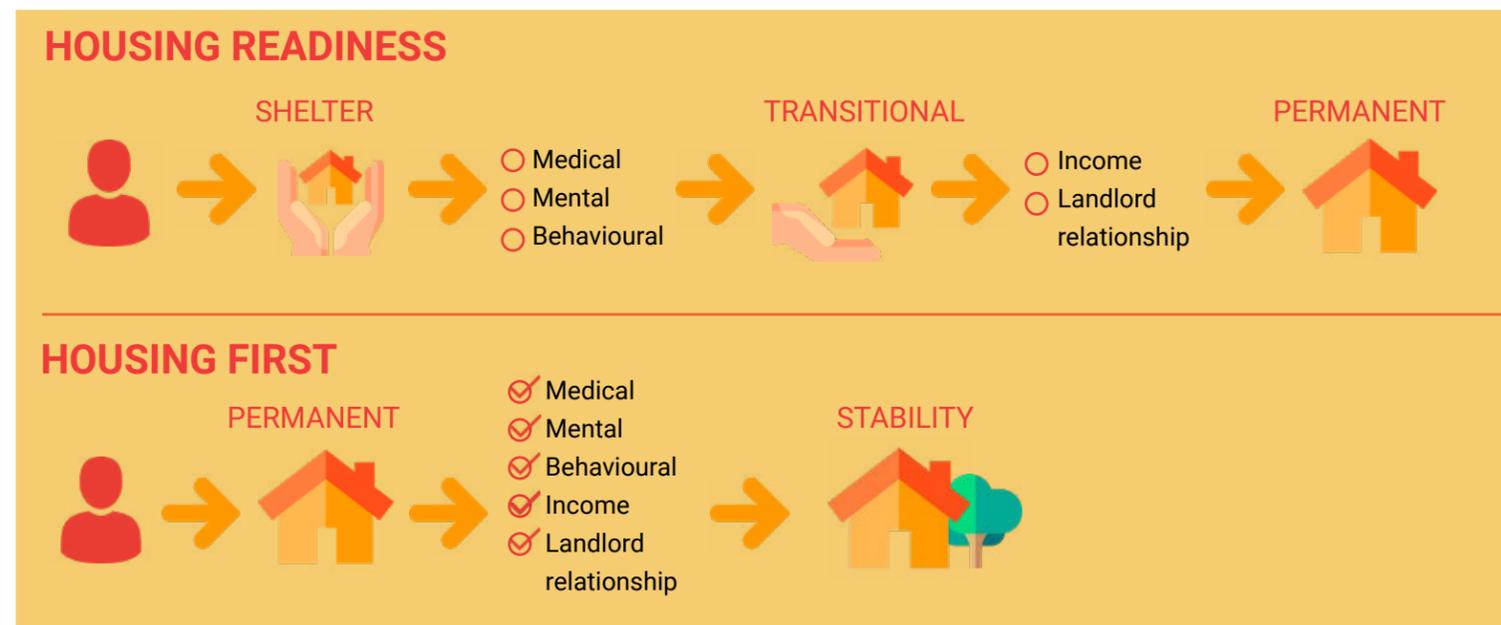
For people with a history of homelessness, combined with a severe and persistent mental illness, an addiction challenge, and/or another disability, the path to housing stability can be overwhelming and impossible to achieve alone. "In recent years, Housing First has emerged as a key response to homelessness in many parts of the world including the United States, Europe and across Canada. It is considered to be a highly significant policy and practice innovation that has had a dramatic impact on how homelessness is addressed."

Housing First

When people have housing, they no longer need to worry about meeting that basic need. With their housing burden alleviated, it becomes possible to solve the issues that contributed to their experience of homelessness in the first place.

How can people begin to think about education goals or launching a job search when their days are filled with worries about where they will rest their head at night and whether they will eat today? The Housing First model provides housing and supports for people experiencing chronic homelessness with no housing readiness requirements (meaning having housing is not conditional on a person's sobriety or abstinence) "Rather, it is a rights-based intervention rooted in the philosophy that all people deserve housing, and that adequate housing is a precondition for recovery." The Housing First model is very adaptable. Communities can devise programs to meet their specific needs, considering cultural, policy and structural differences in social, health, welfare, and housing supports.

"Housing First does not promise to be the only response necessary to end homelessness in a given community – ideally it plays an important role alongside other interventions, including prevention, emergency services, and other models of accommodation and support (including effective transitional and supportive housing models that lead to permanent and adequate housing)." There is no instant or magic solution to a longstanding and complex societal problem like homelessness. Communities realize the greatest outcomes when they pair the core Housing First elements of housing and supports with other interventions that help people nurture supportive relationships and become meaningfully engaged in their communities.



Supportive Housing

As community dialogue about supportive housing increases, so does the confusion about what exactly is supportive housing? It is a good question without a short and tidy answer. As defined by the Province, "Supportive housing generally refers to a combination of housing assistance and supports that enable people to live as independently as possible in their community". Housing assistance can come in many forms including rent geared-to-income,

a defined rent supplement, or a housing allowance, and housing types (e.g., dedicated buildings, individual units). Supports also take a variety of forms and vary in intensity based on people’s unique needs. A few examples of supports include counselling, personal support, case management, income support and assistance with applying for social assistance, assistance with medication, and life skills training (e.g., purchasing food/meal preparation, and money management).”

Supportive Housing encompasses a variety of support programs and styles. It can be transitional or permanent. Across Ontario supportive housing programs serve a wide range of people, including high-risk seniors, persons with mental health related needs, serious mental illness, and/or problematic substance use, persons with physical disabilities, persons with developmental disabilities, persons with acquired brain injuries, persons with terminal/chronic illness, persons who have a history of homelessness or are at risk of homelessness; youth at risk; and survivors of domestic violence.

Supportive Housing services are widely recognized as key elements that assist people who are homeless, or at risk of homelessness, and who face multiple barriers to housing stability. Support services include both clinical and non-clinical services to help people remain stably housed. Supportive Housing services are provided across a range of settings, including, in an apartment building setting where all the units therein provide supportive housing; offered as a rent subsidy in scattered apartments in the private sector; in group home settings; and through rent-geared-to-income apartments in non-profit and co-op housing, and in boarding homes.

For those with mental health and addiction issues, supportive housing is particularly necessary to support and maintain their recovery. Supportive Housing is an ideal option for people who have a persistent or serious mental health illness and need to be provided with support services as part of their living arrangement.

In contrast, social housing (or community housing) is rent-geared-to-income (RGI) housing aimed at assisting low-income individuals or families. It was originally designed as an economic solution to poverty related housing problems not as a therapeutic intervention.



Across Ontario access to social housing and RGI subsidy is the responsibility of Service Managers who maintain Centralized Waitlists for their service area. The essential qualifier for rent-geared-to-income subsidy is household income level. Centralized Waitlists are based on a chronological ‘first-come-first-serve’ policy with sub-categories determined by depth of financial need and for people fleeing domestic violence. “With social housing, supports are not guaranteed unless there is an established program with the municipality or the Local Health Integration Network (LHIN) region, or if the individual is already connected to a mental health service provider.”

Supportive housing is especially important to those who are homeless or at risk of homelessness, staying in places that may not be promoting their recovery, or who have just been discharged from hospitals.

Study after study concludes that providing people with appropriate housing coupled with flexible supports not only helps to reduce and prevent homelessness, but it also reduces unnecessary emergency room visits, hospital admissions, and involvement with the criminal justice system.

In other words, supportive housing is also cost effective. Housing stability reduces the likelihood of street-based interactions between people who are homeless and the police. All of which leads to a reduction in the use of expensive institutional services. In 2016 the Auditor General of Ontario reported one study that found for every \$10 invested in housing and supporting a client, an average saving of \$15.05 for a high-needs client and \$2.90 for a moderate-needs client can be realized. A 2018 cost analysis of the initiative found that the average cost savings per diem for high-support housing for patients with severe mental illness over inpatient hospitalization were between \$140 and \$160. This would result in an annual cost savings of approximately \$51,000 to \$58,000 per client.

A supportive housing system that includes a variety of approaches and supports, provides people with choice and results in better outcomes. AMHO found broad consensus on the effectiveness of supportive housing in achieving good mental health and addiction

SUPPORTIVE HOUSING



Figure 1: 10 Categories of Services that must be provided within Supportive Housing (AMHO)
Source: Addictions and Mental Health Ontario (2017).

outcomes and recognition that 'supportive housing works, that it is a key social determinant of health, and that it is essential to supporting recovery and/or housing stability for individuals who have mental health and addiction issues.'

AMHO identified a set of Guiding Principles for the planning and provision of supportive housing for people with mental health and addiction issues:

- a. Flexibility:** Supports provided should be flexible to meet the different needs of individuals
- b. Customization:** Supports should be customized to the unique needs of the individuals
- c. A Range of Core Services:** A set of core services should be provided in each supportive housing program
- d. Community Integration:** Housing is integrated into the community to foster social engagement and connections to the community
- e. Housing Readiness:** Potential tenants are not required to be 'Housing Ready' at the time they are housed.
- f. A Range of Services:** A range of complimentary services are available to each individual
- g. Funding Priority:** Priority is given to potential tenants with the highest and greatest needs - For government to meet its commitment to ending homelessness by 2025, supportive housing



should be readily available to anyone who needs it by that date.

The AMHO study also identified ten broad categories (Figure 1) of services that provide a strong supportive housing model includes variety of services and supports that can be wrapped around the client and ebb and flow as circumstances change.

Model Examples with Varying Levels of Support

Permanent Supportive/Supported Housing (PSH) combines rental or housing assistance with individualized, flexible, and voluntary support services for people with moderate to severe needs related to physical or mental health, developmental disabilities, or substance use.

PSH is one option to house chronically homeless individuals with high acuity. (High housing acuity meaning a person needs significant supports, often 24/7, to maintain their housing and cope with daily life).

Scattered Site Housing is a housing model that utilizes individual rental units located throughout the community, typically owned by private market landlords. Rent supplements are typically applied.

Place-based Supportive Housing (P-BSH) is a form of congregate supportive housing with supports embedded within the housing and refers to a situation where an entire building is occupied by tenants in need of supportive housing (as opposed to just a small percentage of a building's units being occupied by a specific population group). Place-based supportive housing can make it more efficient to offer core services to a larger group of people (e.g., 24/7 on-site supports and medication management). Additionally, P-BSH models can offer important assistance with guest management and make it relatively easy to have meal programs, as well as group social activities, such as exercise and art classes.

PSH and P-BSH programs are supported by a multidisciplinary team, including a mix of clinical and non-clinical community supports. Some programs supporting individuals with more complex health challenges, provide on-site clinical/nursing staff.

Transitional/Interim Housing is intended to offer a supportive living environment for its residents, including offering them the experience, tools, knowledge, and opportunities for social and skill development to become more independent. It is considered an intermediate step between emergency shelter and permanent supportive housing and has limits on how long an individual or family can stay. Rapid-Rehousing is described by the Canadian Government as targeted and time-limited financial assistance, system navigation, and support services to individuals and families experiencing homelessness to facilitate their quick exit from shelter.



With regards to serving people with severe and chronic mental health and addictions challenges, it is important to note that permanent supportive housing does not cancel out the need for access to inpatient mental health beds. Even with the best permanent supportive housing program in place, some residents will experience periods of acute mental crisis throughout their lifetime that require temporary inpatient care and treatment. With a permanent supportive housing unit, a resident will not lose their home because they had to go to the hospital. When inpatient care is necessary, it is important that intensive case management and supportive housing aftercare is available to support people to transition back to their home and community and prevent future homelessness.

Strategic Actions

The following actions are presented for consideration as part of the ongoing development of a supportive housing system for the Huron and Perth service area. Further, it is recognized that much of this work in these action areas has been planned for and/or initiated in varying degrees.

- 1. Foster effective communication and planning** among stakeholders by developing a common language and definitions.
- 2. Enhance community knowledge of existing resources** by creating a detailed inventory and service map of local housing programs and supports that is inclusive of the entire Huron-Perth region.
- 3. Identify opportunities** to enhance, repurpose and create new local resources by conducting a gap analysis of the existing system.
- 4. Improve Access** for people experiencing homelessness or who are at risk of homelessness by continuing to support Huron County in the development and maintenance of a quality by-name list and a system of coordinated access; and, by supporting the City of Stratford including Perth County and St. Marys, to further develop and expand its coordinated access system.
- 5. Enhance and Expand Planning of the local Housing System of Care** by continuing the development of and support implementation of a recognized and thorough process for collecting and tracking Coordinated Access system data and outcomes, including region-wide common assessment tools and measurable outcomes to support evidence-based policy.

6. Improve efficiencies and communication across the region by mirroring the Province's expectation of inter-ministerial collaboration. Advance regional cooperation and collaboration opportunities, including, but not limited to, hosting joint Service Manager meetings with community partners.

7. Expand local housing planning tables by including representatives from *Ontario Health Team* including healthcare and hospital partners, especially with regards to design and planning of supportive housing for people with severe and persistent mental health and addictions challenges and to continue on-going inter agency collaborations and coordinated resource distribution.

8. Create housing options for the region's most vulnerable people who experience chronic homelessness, frequently access institutional services, and require the highest level of care to live independently in the community by championing the development of permanent and/or place-based supportive housing.



Read the full report at perthhuron.unitedway.ca/research/



Full report includes:

- How to improve access
- How to identify people in need
- How to match people with support
- How to identify housing need
- References



Social Research & Planning Council
Operated by United Way Perth-Huron

About the SRPC

The Social Research and Planning Council (SRPC), operated by United Way Perth-Huron, is comprised of community representatives who are dedicated to the collection, analysis, and distribution of information relating to social trends and issues in Perth and Huron Counties. The SRPC approaches its work in two ways:

- a. Commissioning research into specific social issues.
- b. Developing recommendations for community improvement based on local findings and working collaboratively with community members to implement change.

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