

**SOCIAL SERVICES****Social Planning, Policy and Program Administration**

TO: Chair Jane Brewer and Members of the Community Services Committee

DATE: August 22, 2006 **FILE CODE:**

SUBJECT: DRAFT REPORT "UNDERSTANDING THE HOUSING STABILITY SYSTEM FOR ADULTS IN WATERLOO REGION'S URBAN AREAS"

RECOMMENDATION:

THAT the Regional Municipality of Waterloo approve for fall 2006 consultation the draft report, *Understanding the Housing Stability System for Adults in Waterloo Region's Urban Areas (August 2006)* as outlined in Report SS-06-048, dated August 22, 2006.

SUMMARY:

Nil

REPORT:**1.0 Background**

In March 2006, a report to Community Services Committee (SS-06-08) provided an update on Social Planning, Policy and Program Administration's progress on the development of a sheltering needs assessment. The purpose of undertaking a sheltering needs assessment is to provide a comprehensive analysis of the current and future need for sheltering services in Waterloo Region (including emergency shelter, transitional supports/housing and supportive/supported housing). Staff has been working with the community over the past year and a half to complete a draft report.

The report entitled, *Understanding the Housing Stability System for Adults in Waterloo Region's Urban Areas* is the first of a series of background reports which will be used to create a homelessness system plan to be completed in the spring of 2007. Further background reports will focus on topics that this report was unable to address including youth, older adults, rural, and economic-based homelessness. The report is over 400 pages long and as such, only the table of contents, the executive summary and the summary of recommendations are attached as Appendix A, B and C respectively. The full report can be made available upon request.

2.0 Consultation Process

To-date, community stakeholders have had the opportunity to participate in three open meetings to provide input at key milestones in the process. Furthermore, draft materials have been reviewed by key stakeholders, the voluntary Community Editorial Group with representation from different types of sheltering services across the Region and the internal steering team which includes representatives from Public Health, Housing and Social Services.

The consultation process on the completed draft report will seek to share and confirm the data and recommended actions and to identify who should take the lead and be involved in moving actions forward. The consultation process will take place between September and December 2006. In addition to placing the report on the Region's website and inviting feedback, staff will meet with specific groups and key stakeholders who have expressed interest in being consulted and will hold an open community meeting in November 2006. Based on the feedback received, the report will be

revised and again be reviewed by the Community Editorial Group and the internal steering team before being finalized and presented to Community Services Committee in early 2007.

3.0 Interim Actions

Four of the recommended actions have been identified for immediate implementation. It was identified that these interim actions are either important for inclusion in the final report or could be initiated and/or accomplished in the fall of 2006. Each of these interim actions can be completed within existing resources. They are as follows.

Action #3: Develop a statement of values, principles, and goals for working with people experiencing homelessness to be included in the final report as identified from the promising principles and practices literature and the Province's new Consolidated Homelessness Prevention Program.

Action #5: Continue implementation of the Homelessness Family and Information System (HIFIS) within formal emergency shelter services.

Action #6: Create a group with a mandate to develop concrete strategies to address persistent homelessness to be included in the final report in early 2007.

Action #9: Develop formal protocols between formal emergency shelter services in order to enhance coordination and communication between services.

Actions #3 & #6 are related to items that are important for inclusion in the final report. Action #3 is related to developing shared statements related to values, principles and goals in working with people experiencing homelessness. These values, principles and goals will be drafted and will be incorporated into the consultation process. A finalized statement of values, principles and goals will be included in the final report. Action #6 is related to gathering community stakeholders to focus specifically on the issue of persistent homelessness. If approved, specific and open invitations to an initial meeting will be sent in early September. It is hoped through the work of this group that a more specific recommended action will be included in the final report.

Actions #5 & #9 are related to formal emergency shelter services. Action #5 relating to HIFIS is the subject of another report to Community Services Committee on August 22, 2006. Action #9 is related to developing protocols between the various shelters that have a purchase of service agreement with the Region. With the introduction of the Cambridge Shelter, there are now shelters serving similar populations with more opportunities for referrals and cross-usage. The formal emergency shelters have requested that this action be pursued sooner rather than later.

CORPORATE STRATEGIC PLAN:

This report is consistent with the Region's Corporate Strategic Plan, Focus Area 2 to enhance community health and social well-being through identifying resources and gaps in the existing service system increasing the community's capacity to more effectively address issues of homelessness.

FINANCIAL IMPLICATIONS:

Expenditures related to staff time for the interim actions, completing the report and incidental costs associated with the consultation meetings will be covered within the existing Social Services approved budget.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

Staff from Planning, Housing and Community Services and Public Health participate on the report steering team and have been guiding the development of the Sheltering Needs Assessment and the framing of the consultations.

ATTACHMENTS

Appendix A – Table of Contents
Appendix B – Executive Summary
Appendix C – Summary of Recommended Actions

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APPENDIX A
DRAFT REPORT “*UNDERSTANDING THE HOUSING STABILITY SYSTEM FOR ADULTS
IN WATERLOO REGION’S URBAN AREAS*”
TABLE OF CONTENTS

EXECUTIVE SUMMARY

1. INTRODUCTION

2. LOCAL COMMUNITY TRENDS

- Introduction
- Background to Waterloo Region
- Growth
- Housing affordability
- Substandard housing
- Income and poverty
- Food security
- Local labour market factors
- Homelessness

3. POPULATION TRENDS

- Introduction
- Aboriginal population
- New Canadians
- Gay, lesbian, bisexual, and transgender (GLBT) individuals
- People with substance use issues
- People with disabilities
- Women and families
- Persistent homelessness
- Analysis and recommended action

4. THE HOUSING STABILITY SYSTEM AS A WHOLE

- Introduction
- Governance
- Promising principles and practices
- Analysis and recommended actions

5. SYSTEM COMPONENT: EMERGENCY SHELTER SERVICES

- Introduction
- Governance
- Emergency shelters in Waterloo Region
- Promising principles and practices
- Analysis and recommended actions

6. SYSTEM COMPONENT: TRANSITIONAL/SUPPORTIVE SERVICES

- Introduction
- Governance
- Street outreach services in Waterloo Region
- Street outreach promising principles and practices
- Street outreach outcomes and effectiveness
- Transitional/supportive services in Waterloo Region
- Other transitional/supportive services promising principles and practices

Analysis and recommended actions for all transitional/supportive services

7. SYSTEM COMPONENT: TRANSITIONAL HOUSING

- Introduction
- Governance
- Transitional housing in Waterloo Region
- Promising principles and practices
- Analysis and recommended action

8. SYSTEM COMPONENT: SUPPORTIVE/SUPPORTED HOUSING

- Introduction
- Historical perspective on supportive/supported housing
- General promising principles and practices for supportive/supported housing
- Outcome assessments
- Cost-benefit analyses
- Specific categories of supportive/supported housing
 - Non-specific supportive/supported housing
 - Supportive/supported housing for people with developmental disabilities
 - Supportive/supported housing for people with physical disabilities and/or acquired brain injuries
 - Supportive/supported housing for people with mental health issues
 - Supportive/supported housing for people with substance use issues
 - Supportive/supported housing for people with Fetal Alcohol Spectrum Disorders
- Overall analysis and recommended action
- What housing model is best for Waterloo Region?

9. SUMMARY OF RECOMMENDED ACTIONS

GLOSSARY

REFERENCES

APPENDICES

APPENDIX B
 DRAFT REPORT “*UNDERSTANDING THE HOUSING STABILITY SYSTEM FOR ADULTS
 IN WATERLOO REGION’S URBAN AREAS*”
 EXECUTIVE SUMMARY

What is the purpose and scope of the report?

Understanding the Housing Stability System for Adults in Waterloo Region’s Urban Areas provides a comprehensive analysis of the current and future need for services to maintain housing stability (including emergency shelter, transitional/supportive services, transitional housing, and supportive/supported housing) for people aged 18-65 who are experiencing homelessness or who require supportive/supported housing in **urban** Waterloo Region (i.e., Cambridge, Kitchener, and Waterloo). Youth, older adults, rural, and economic-based¹ homelessness will be the subjects of subsequent reports. *All Roads Lead to Home: A System Plan for Housing Stability in Waterloo Region* will synthesize all backgrounder reports (including *The Region’s Role in Addressing Homelessness: A Discussion Document* published in 2004) into a prioritized action plan for the future (see Figure 1 below).

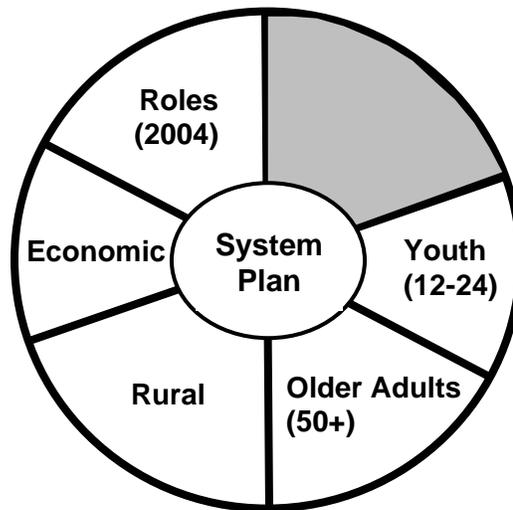


Figure 1. Background reports contributing to *All Roads Lead to Home: A System Plan for Housing Stability in Waterloo Region*.

¹ Factors such as poverty, living wage, housing affordability, income support programs (Ontario Works, Ontario Disability Support Program), and other related factors will be the focus of the economic-based homelessness report.

Why is this report important?

Understanding the Housing Stability System for Adults in Waterloo Region's Urban Areas is both significant and timely for a number of reasons. It provides support for other Regional planning initiatives, assists staff to prioritize resources, provides a review of cost effective solutions to homelessness, provides a comprehensive housing stability system resource, identifies methods to continue tracking trends, and profiles the importance of housing stability in Waterloo Region. Findings from this research suggest that the housing stability system is a critical factor in protecting and enhancing the community's health and well-being. Homelessness is a very costly social issue and has been linked to several very negative outcomes, including higher risk of mortality.

How was this report developed?

Since early 2005, input has been solicited from a variety of people affiliated with the housing stability system in Waterloo Region, including service providers, people with lived homelessness experience, and Regional staff. Four main sources of knowledge were used: focus groups and interviews (see *Qualitative Data Report for Waterloo Region Sheltering Needs Assessment*); a literature review of promising principles and practices; analyses of community trends and the *Inventory of Services* (a document profiling sixty-nine housing stability programs in Waterloo Region); and comparison of preliminary findings with results from other community-based studies. In addition, three open community sessions were held at different points of the development of the report, plus several key informant meetings. The report also includes governance research which provides a rich understanding of the historical and current context for homelessness and the housing stability system in Waterloo Region.

Recommended actions were developed by comparing and contrasting what was found through each source and drawing evidence-based conclusions. Feedback from the community consultations helped to further refine the analysis and recommended actions. A Community Editorial Group (with representation from all geographic areas of the region and a blend of different types of sheltering services) provided guidance and editorial support to the project, as did Regional staff from Planning, Housing and Community Services, Public Health, and Social Services.

What is the housing stability system?

Adopting the term “housing stability system” to characterize Waterloo Region’s response to homelessness creates a critical paradigm shift in the way that homelessness is defined, understood, and addressed. Focusing on housing stability rather than homelessness allows for a solutions-based perspective. Promising principles and practices to address homelessness promote planning for outcomes; that is, focusing on the goal of ending homelessness, particularly persistent homelessness. In essence, assuming this “outcomes perspective” regarding homelessness is, in itself, a promising practice.

There are three main components of the housing stability system: services that assist people to transition from experiencing, or being at-risk of, homelessness to states of increased housing stability (i.e., emergency shelter, transitional/supportive services, and transitional housing); supports to maintain housing stability (e.g., supportive/supported housing); and housing (e.g., the private market and publicly funded housing, which is referred to as *community housing* in Waterloo Region). This report primarily includes a review of the first two components. Readers should refer to the Region’s *Waterloo Region in the 21st Century: A Community Action Plan for Housing* for a review of the third component of the housing stability system. The following diagram illustrates how all of the components interrelate:

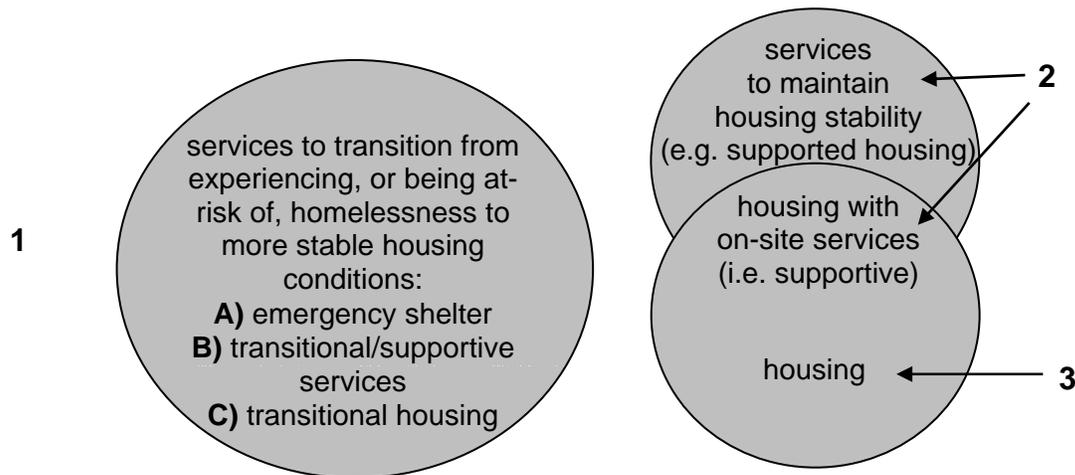


Figure 2. The three components of the housing stability system.

What is homelessness?

While a standard definition of homelessness does not exist in the literature, several sources have documented various aspects of the term. For example, the *United Nations General Assembly for the International Year of Shelter for the Homeless* (1987) separated homelessness into two parts: *absolute* (i.e., people living on the streets and victims of disaster; those without homes) and *relative* (i.e., people housed in dwellings that fail to meet basic standards, such as: adequate protection from the elements; access to safe water or sanitation; secure tenure and personal safety; access to employment, education, and health care; and affordability) (Raising the Roof, 2001). CMHC (2004) defined *acceptable housing* as that which is adequate (e.g., not requiring major repairs), suitable (e.g., is large enough for the size and make-up of the resident household²), and affordable (e.g., costs less than 30% of before-tax household income).

For the purpose of this report, the state of being homeless includes living or sleeping in indoor or outdoor spaces not intended for inhabitation, emergency shelters, and/or temporary accommodation not meant for long-term housing³. This definition includes both *absolute* and *hidden* homeless states. Absolute homelessness is defined as the experience of living or sleeping in indoor or outdoor spaces (e.g., in streets, parks, abandoned buildings, stairwells, doorways, cars, or under bridges) and/or emergency shelter residence. Hidden homelessness is defined as the experience of living in temporary accommodation not meant for long-term housing (e.g., staying in transitional housing programs; with family, friends, or acquaintances; or in residential treatment programs or withdrawal management centres). At-risk of homelessness refers to people who are in jeopardy of losing their housing because it is unaffordable, unsafe, and/or inadequately maintained; it also refers to cases where the person lacks necessary supports to maintain housing stability.

² According to CMHC (2004), National Occupancy Standards indicate that “enough bedrooms” means that there is one bedroom for each: cohabitating adult couple, unattached household member 18 years of age and older, same-sex pair of children under age 18, and additional boy or girl in the family. Two opposite-sex siblings under 5 years of age can share a bedroom. A household of one individual can occupy a bachelor unit (i.e., a unit with no bedroom).

³ This current draft definition was adapted from the definition of homelessness in *The Region’s Role in*

How does supportive/supported housing impact homelessness?

Promising principles and practices prioritize the role of supportive/supported housing in the development of community-wide strategies to end homelessness. Historically, people with disabilities (cognitive⁴ disabilities, physical disabilities, and/or mental health issues) were at a very high risk of homelessness. Over time, recognized systems of supportive/supported housing were developed to meet the housing stability needs of these vulnerable groups. While there are gaps in the current system, people with developmental disabilities, physical disabilities, and acquired brain injuries (particularly those with more severe disabilities) generally do have access to programs that enable them to live as independently as possible in the community of their choice. As a result of these recognized systems, supportive/supported housing providers in the present day do not tend to perceive their service clientele to be at risk of homelessness, even should their services not exist. Yet, supportive/supported housing does play an important role in maintaining housing stability for people with issues that are lifelong and complex. As history has shown, many people currently housed in supportive/supported housing would, in fact, experience homelessness without the provision of housing and supports⁵. People who remain at a higher risk of homelessness tend to be individuals with mental health and/or substance use issues, individuals with milder disabilities, and/or those who are unable to receive a diagnosis or choose not to align with the designated supportive/supported housing system (to avoid the associated stigma and discrimination or, perhaps, due to a lack of awareness of their condition).

While the supportive/supported housing system for people with mental health issues is in the process of becoming more fully recognized (and resourced), people with other cognitive disabilities (e.g., FASD) and/or mild to moderate disabilities of all types are currently underserved by the recognized supportive/supported housing systems. There is also no dedicated supportive/supported housing for people with substance use issues in the

Addressing Homelessness: A Discussion Document.

⁴ Cognitive disabilities can include developmental disabilities, acquired brain injuries, and Fetal Alcohol Spectrum Disorders.

⁵ Some supportive/supported housing providers have suggested that family members would provide the necessary housing and supports if there were no other options. It is argued that, while this may be an option for some, many individuals would not have adequate resources to fill this need.

community. The goal is to develop recognized supportive/supported housing for all vulnerable groups, so the risk of homelessness is equally low among all people requiring housing and supports to maintain housing stability over the long-term. Non-specific supportive/supported housing⁶ is an example of an emerging housing stability system that seeks to assist people from all vulnerable groups that have “fallen through the cracks” of the other systems (e.g., people with mild to moderate disabilities).

The following diagram summarizes the discussion as it relates to the link between homelessness and the recognized and emerging supportive/supported housing systems for people with disabilities and substance use issues:

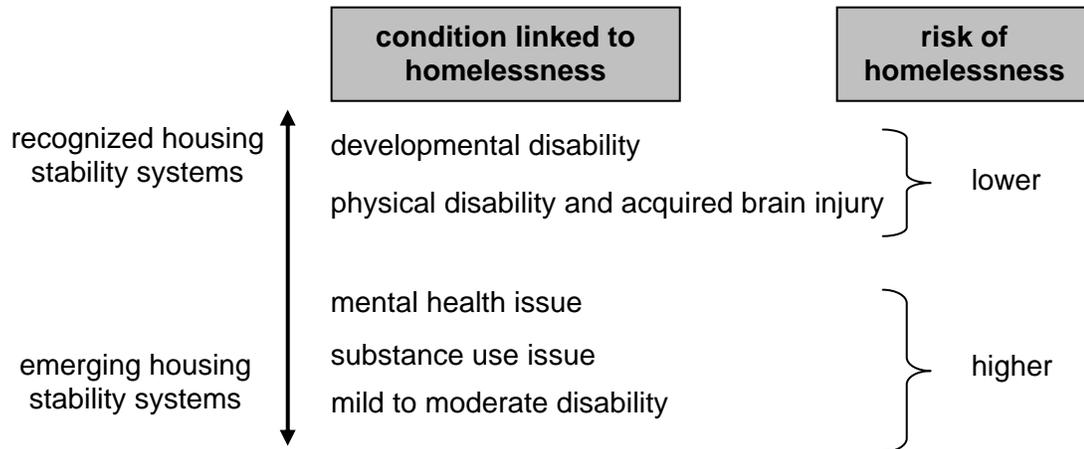


Figure 3. Connection between supportive/supported housing component of housing stability system and homelessness.

What are the findings?

What follows is a summary of the report’s key findings. Background information is outlined first (including community trends, population trends, and a review of system-wide findings), followed by a review of findings from the two components of the housing stability system featured in this report (i.e., services that assist people to transition from experiencing, or being at-risk of, homelessness to states of increased housing stability and supportive/supported housing).

CONTEXT FOR HOUSING STABILITY SYSTEM

⁶ In Waterloo Region, non-specific or “alternative” supportive/supported housing providers refer to the fact that funding sources do not apply to a specific disability.

Information that provides a context for the housing stability system includes three aspects: community trend analysis, population trend analysis, and a brief review of findings specific to the housing stability system as a whole.

1. Community Trends: Findings

While local residents benefit from a wide range of opportunities and resources, current social and economic trends highlight fundamental inequities between certain segments of the population. Poverty is the undercurrent to many of these challenges, which include lack of housing affordability, substandard housing, and food insecurity. For example, housing affordability remains an ongoing challenge for people with fixed or low income and for one-parent, individual, and tenant households in Waterloo Region. Securing employment that provides a stable, sufficient income is more challenging in current socio-economic conditions, where demand exists primarily for workers with higher levels of skill and educational attainment.

In the last reported year, 2,653 individuals⁷ used emergency shelter services, of which approximately 11% experienced persistent homelessness (i.e., they had at least three emergency shelter intakes/periods of residence over the course of one year).

2. Population Trends: Findings

For a variety of reasons, there appears to be certain groups of people who are at a higher risk of homelessness and, in effect, are over represented in the homeless population. **A scan of the homelessness literature yielded six distinct groups** (that fall within the scope of this report, i.e., urban adults) **that are at a relatively higher risk of homelessness in North America compared to the general population: Aboriginal persons; New Canadians; people with substance use issues; people with disabilities; transgendered individuals; and women and families.** In addition to these six groups, there are also people that experience persistent homelessness. People who experience persistent homelessness have complex issues, often shaped by a mix of mental health issues, physical ailments, disabilities and/or substance use issues. It is safe to assume that all at-risk populations are in need of access to the full range of services within the housing stability system.

⁷ There may be some duplication in the emergency shelter statistics, as people may have used a variety of

A shared reality appears to exist among these vulnerable groups, such as higher levels of poverty, higher levels of unemployment/underemployment, lower educational attainment, more mental and/or physical health issues, discrimination and stigma from the public and/or mainstream systems, and systemic barriers to housing and/or supports (e.g., lack of access to services tailored to meet each population's specific needs, sometimes linked to ineffective social policies). A few groups also experience higher levels of racism, involvement with the criminal justice system, and lack of social support or increased isolation.

Moreover, many groups also face unique challenges and require specialized supports within the housing stability system. To address these needs, the following key promising principles are recommended in the literature:

- **For all populations experiencing or at-risk of homelessness:** Use a capacity-building model, which emphasizes the principle of empowerment.
- **Aboriginal persons:** Provide culturally accessible and appropriate services in all the areas that impact levels of homelessness (e.g., income, housing, and support).
- **New Canadians:** Provide services that are both culturally and linguistically accessible, considering the unique needs of New Canadian women.
- **People with substance use issues:** Adopt a harm reduction approach (which promotes reducing the negative consequences of use, not necessarily abstinence), support individuals where they are at in the recovery and relapse continuum, and incorporate peers with histories of recovery in the process.
- **People with disabilities:** Use multidisciplinary teams, tailor services to level of disability, practice good communication techniques, and build social support.
- **Transgendered individuals:** Avoid gender-based barriers and ensure non-heterosexist service provision.
- **Women and families:** Provide access to women-only accommodation, and police protection and legal services.

services (e.g., both formal and other recognized emergency shelters) in the last reported year.

- **People experiencing persistent homelessness:** Tailor responses to degrees of homelessness and accommodate a lengthy engagement process that emphasizes outreach, help with basic needs, and a slow development of trust. Utilize other promising principles and practices defined above, such as providing enhanced peer and social support, using multidisciplinary/multi-agency teams, ensuring cultural relevance in service provision, and focusing on capacity-building. When working with people that have concurrent disorders, adopt an integrated approach (not parallel or sequential); also provide access to dual recovery/self-help programs in addition to treatment. Coordinate service provision for people with dual diagnosis.

3. Housing Stability System As A Whole: Findings

A common misconception is that *all* people experiencing homelessness should move along a linear path from emergency shelter services to transitional housing to independent rental housing, with the ultimate achievement of home ownership. Not only does this myth place a high level of expectation on individuals and families to be independent and self-sufficient, regardless of the contexts of their personal lives, but it also perpetuates the misunderstanding of the needs of people experiencing homelessness (i.e., housing stability for the long-term, sometimes requiring ongoing individualized, flexible supports). The following diagram illustrates the “homelessness to home ownership” myth for people experiencing homelessness:

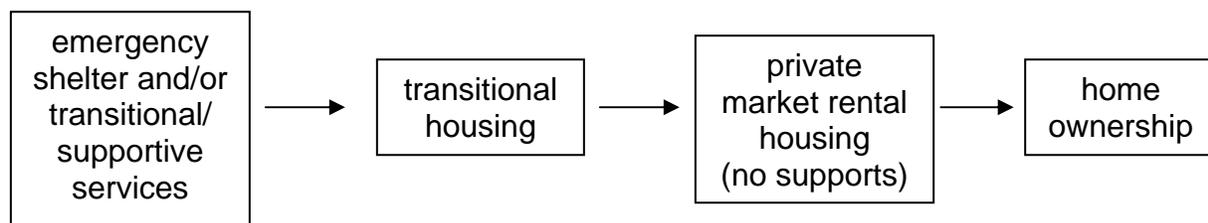


Figure 3. The housing continuum myth for people experiencing homelessness⁸.

Housing First is a preferred approach to addressing homelessness at the level of the system. Resource allocation should aim to strengthen the three main components of this model:

⁸ As designed by the Community Editorial Group (July 2006).

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- i) meeting immediate, crisis needs through assessment and emergency services;
 - ii) providing assistance with finding or providing affordable, permanent (i.e., not time-limited) housing; and
 - iii) providing case management to coordinate services that meet identified needs, a stable source of income, and help with problem solving to prevent any threats to housing stability.

In addition, there are seven key overall system-level aspects which should be addressed: values; comprehensive services; coordination of services; access; discrimination and stigma; funding, research and education; and strategies to end homelessness. These principles and practices can help to mitigate the challenges identified in the literature that compromise system-wide efforts (e.g., system fragmentation; lack of funding; lack of permanent, affordable housing; and lack of proven approaches to effectively serve people experiencing homelessness with complex needs).

FIRST COMPONENT OF THE HOUSING STABILITY SYSTEM

The first component of the housing stability system includes emergency shelter services, transitional/supportive services, and transitional housing – these components assist people to transition from experiencing, or being at-risk of, homelessness to states of increased housing stability. Findings related to each are discussed briefly below.

A. Emergency Shelter Services: Findings

Emergency shelters have been defined in Provincial legislation as the provision of board, lodging, and services (e.g., meals) to meet the personal needs of people experiencing homelessness on a short-term, infrequent basis. While it may be argued that emergency shelters should also serve additional roles, such as acting as a key access point to a range of services, providing access to case management, or preparing people for permanent housing, it is well understood that **emergency shelters should not serve as permanent housing**.

There are five key emergency-shelter specific themes that should be addressed within an optimal system: the importance of fostering a sense of safety; service specific needs of transgendered individuals; planning, funding and evaluation; coordination of services; and

interaction between local shelters.

A number of different types of emergency shelter services exist within Waterloo Region. There are those considered formal emergency shelters which are funded under a purchase of service agreement with the Region that follow the Region's *Emergency Shelter Guidelines* (2004) and are intended to serve people experiencing homelessness (e.g., YWCA-Mary's Place). There are other recognized emergency shelters within Waterloo Region that do not have a purchase of service agreement with the Region as they are funded through other sources, are not eligible, or have not sought an agreement (e.g., Out of the Cold). Other recognized shelters may or may not be intended for homelessness (e.g., Women's Crisis Services for women fleeing domestic violence). Overall, **Waterloo Region has a year-round capacity of 214 beds, four self-contained family units plus access to motels in times of overflow, and a winter season capacity (when Out of the Cold is in operation) of 285 spaces, four self-contained family units plus access to motels in times of overflow for people experiencing homelessness.**

The majority of individuals using formal emergency shelter services for people experiencing homelessness stay for less than three weeks on average, with families tending to use services for longer periods of time. Furthermore, the majority of individuals and families using formal emergency shelter services for people experiencing homelessness have only one intake – that is, they experience homelessness only once during the year. A smaller number of residents experience episodic homelessness, and an even smaller proportion of individuals and families (11%) experience persistent homelessness. Moreover, it is estimated that 35-40% of people experiencing homelessness using formal shelter services have mental health issues and 25% have substance use issues. It is also estimated that 60% of Out of the Cold guests have mental health issues and 80% have substance use issues.

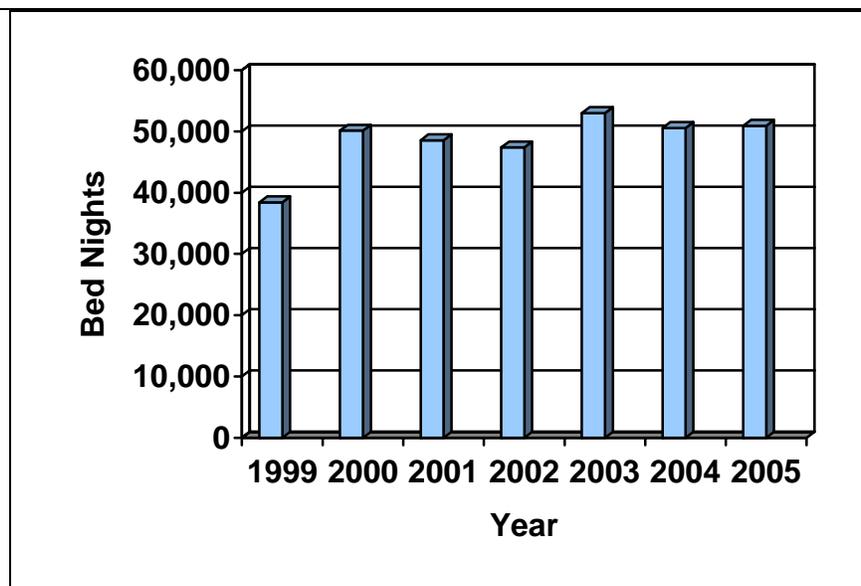


Figure 4. Emergency shelter bed nights 1999-2005.

As illustrated in the graph above, there has not been a steady increase in bed nights over the six year period for which there is comparable data. Analysis of bed night trends shows that fluctuations in bed nights generally cannot be attributed to one particular emergency shelter. While some fluctuations in bed nights can be directly attributed to service changes within the emergency shelters and/or loosely attributed to key trends or events in the community, definitive reasons for the variation in numbers are not easily explained. Historically, formal emergency shelters have experienced a substantial number of days in overflow capacity; however, they also experience periods of under capacity.

From a systems perspective, expanding emergency shelter services is neither a cost-effective nor appropriate approach to meeting the goal of ending homelessness. Resources should focus on sustaining, enhancing and/or expanding transitional/ supportive services and supportive/supported housing. Nevertheless, regardless of efforts to prevent homelessness, there will always be times where people find themselves in a crisis situation without housing. As such, **sustaining and enhancing current emergency shelter services remains a priority in the housing stability system.**

B. Transitional/Supportive Services: Findings

Transitional/supportive services help people who are street-involved, people experiencing homelessness, and/or people at-risk of homelessness to transition into more stable housing conditions. They include the following services: street outreach (e.g., mobile street outreach

and fixed drop-ins, both offering a variety of supports) and other transitional/supportive services (e.g., services that assist people with building skills and gaining resources that help them to find and maintain housing).

Street outreach

Street outreach is the initial and most critical step in connecting or reconnecting people who are street-involved to housing, health, social and income support services. It is viewed as a process rather than an outcome, with a focus on relationship-building and, eventually, engaging people in the services they need and will accept. Street outreach programs meet the needs of individuals experiencing or at-risk of homelessness that are not being served, are being underserved, or who are unable or unwilling to access services through any other means. Street-involved persons contacted through outreach are often disengaged from all other forms of support (formal, informal and personal) and, as a result, have greater need for services (e.g., they may have severe mental health and/or substance use issues). These individuals also tend to have difficulty accessing services through traditional service providers because they often don't meet minimum eligibility requirements (e.g., they may not have identification or formal diagnoses, and they have few, if any, financial resources) and/or they may not have the capacity to adhere to standard social norms associated with service provision (e.g., they may be unable to make or keep appointments). Outreach clients frequently have had negative past experiences with traditional service providers. It is expected that some street-involved people experience persistent homelessness.

There are four *drop-in services* in Waterloo Region. **Across all drop-ins, about 625 people can be assisted at any one time.** In Cambridge, drop-in services are available *except* from 5:00p.m. to 6:30a.m. on the weekdays (although staff is on-call during the evenings); no services are available on Saturdays or Sundays. In Kitchener, drop-in services are available *except* from 10:00p.m. to 9:00a.m. and 5:00p.m. to 7:00p.m. on weekdays; during the weekend, there are only three hours of services available on Saturdays from 1:00p.m. to 4:00p.m. Fixed outreach services are currently not available in the City of Waterloo. Sixty percent of clients accessing drop-in services are estimated to be experiencing or at-risk of homelessness; within the average clientele, people with mental health issues are estimated to be highly represented at 43% and almost half are estimated

to have substance use issues.

There are five *mobile street outreach services* in Waterloo Region. No services are available from 12:00a.m. to 9:00a.m. and they are usually provided during the weekdays only. Agencies indicated that many clients are experiencing or at-risk of homelessness; a third of the average clientele are estimated to have mental health issues and two-thirds are estimated to have substance use issues.

Findings from a recent literature review for street outreach highlighted four key strategies: providing comprehensive services at all stages of the outreach process (i.e., locating people who live on the street; engaging clients in services; assessing clients' needs; linking clients to long-term housing, treatment, and support; and following up with clients after placement in housing), utilizing a team approach, using peer models, and developing an outreach coalition.

Other transitional/supportive services

Although there are many different types of other transitional/supportive services, most tend to focus on three key aspects: increasing access to housing (e.g., recruiting landlords, providing clients with access to telephones and transportation); helping clients retain their housing (e.g., providing support when a problem arises, advocacy); and providing direct or indirect financial assistance (e.g., one-time funds to cover move-in costs or avoid eviction, ongoing rent subsidies, assisting with applying for income support or benefits).

There are twelve programs in Waterloo Region that provide transitional/supportive services outside of street outreach. **It is estimated that over 90% of the clients who access these services are experiencing or at-risk of homelessness. People with mental health issues are estimated to be very highly represented in the average clientele at 88% and people with substance use issues are also estimated to be highly represented (51%).**

Findings from the literature reviewed for other transitional/supportive services highlighted **the importance of social support.**

C. Transitional Housing: Findings

Within the housing stability system, transitional housing lies as an intermediate step between emergency shelter use and placement in permanent housing (with or without supports). Unlike emergency shelter services, transitional housing requires a planned intake and offers support that is longer-term, more service-intensive and more private. Unlike permanent housing, transitional housing is time-limited. The optimal outcome is that, following successful completion of the program, participants will have the skills and resources to fully integrate into the community, maximize their self-sufficiency, and maintain housing stability in the long-term.

In Waterloo Region, there are eighty-nine transitional housing units or spaces available overall. A very low percentage of residents return for services and, on average, they tend to stay for a few months.

The literature does suggest that transitional housing can be helpful for certain groups of people experiencing homelessness, including: people recently released from institutions (e.g., correctional or mental health facilities) with little or no independent living experience, people recovering from traumas (e.g., domestic violence), people settling into new communities (e.g., immigrants, refugees), and Aboriginal people moving between reserves and urban areas. Currently there is no transitional housing in Waterloo Region for people recovering from trauma, for women released from correctional facilities, for men or women released from non-correctional institutions, or for Aboriginal people moving between reserves and urban areas.

For individuals experiencing homelessness who are not truly in transitional situations, transitional housing is not warranted. Rather, such **individuals should be placed in permanent housing (with or without supports, depending on the individual), which provides an immediate end to homelessness.**

SECOND COMPONENT OF THE HOUSING STABILITY SYSTEM

The second component of the housing stability system is supportive/supported housing. While supportive housing offers a living environment with on-site staff and/or services that are tied to the housing units (e.g., group homes, domiciliary hostels), supported housing

provides services that assist the individual to maintain housing stability wherever he or she lives. The term supportive/supported housing is used to highlight that there are many different ways to offer housing and supports (e.g., they can be offered independently or they can be offered together, and they can blend different principles and practices in program provision). Findings related to supportive/supported housing are reviewed below⁹.

The Supportive/Supported Housing Model

Supportive/supported housing is a permanent support system that meets the needs of people who require assistance to maintain housing stability. It is an appropriate and effective response to homelessness that keeps vulnerable people housed. **For many people that have complex issues (e.g., one or more disabilities, substance use issues) affordable housing on its own is a necessary but not always sufficient means of ensuring housing stability.** Supportive/supported housing has been found to keep people off the streets, reduce inappropriate use of emergency services like hospitals and shelters (thus saving costs), re-establish social networks for isolated individuals, provide the opportunity for community re-engagement, and help people cope with their physical, mental or social health issues.

Supportive/supported housing lies on a continuum between institutional living and independent living. There are three main models of housing that fall along this continuum: supportive, custodial (which is a specific type of supportive housing), and supported. The following diagram illustrates the levels of independence found in various housing models:

⁹ Within the supportive/supported housing summaries, numbers of individuals served in the last reported year are identified; however, note that these numbers do not necessarily represent unduplicated counts. In addition, while the numbers of supportive housing spaces are identified, it is not possible to quantify capacity related to supported housing services because capacity fluctuates based on level of need.

holistic and comprehensive care, maximizing opportunities for empowerment, and using a capacity-building model. **The benefits of supportive/ supported housing in many domains have been well documented** (e.g., improvement on housing, social, community, economic, health outcomes). **Supportive/supported housing is also deemed to be more cost-effective than serving people experiencing homelessness in emergency shelters, correctional facilities, mental health institutions, and medical hospitals.**

Waterloo Region's supportive/supported housing is divided into the following six categories: non-specific, developmental disability, physical disability and/or acquired brain injury, mental health, substance use, and Fetal Alcohol Spectrum Disorder. Findings related to each category of supportive/supported housing are reviewed below.

Note that, beyond the formal supportive/supported housing as defined above, there is also informal supportive/supported housing in the community (e.g., private rooming houses, support from family and/or friends). It was not possible to assess the capacity of these supports. While some challenges exist (e.g., no set standard of care, no protection under the Tenant Protection Act, issue of aging parents), suffice it to say that this part of the system is invaluable and serves to reduce the overall levels of homelessness in Waterloo Region.

1. Non-Specific Supportive/Supported Housing: Findings

There is no core governance for non-specific¹⁰ supportive/supported housing. **In the last reported year, one agency provided supported housing for over 500 individuals¹¹ with non-specific disabilities or other issues that create housing stability challenges in Waterloo Region. There are also 502 supportive housing spaces in the community offered through six different programs; of these spaces, 68% are within domiciliary hostels.**

Four programs have waiting lists administered by the Waterloo Region Coordinated Access

¹⁰ In Waterloo Region, the term non-specific supportive/supported housing (referred to by some as "alternative" housing) refers to the fact that funding sources do not apply to a specific, diagnosed disability but rather to anyone requiring support to maintain housing stability.

¹¹ As Community Care Access Centre was not able to provide an annual total of the number of individuals

System; in early 2006, **1,081 applications were on file for these supportive housing spaces**. There was also a six month waiting period for supported housing services through the Community Care Access Centre. Turnover of non-specific supportive/supported housing in general appears to be very low, largely because some people stay connected to housing and/or supports for life. **More than half (63%) of the agencies believe that all of their residents/clients would be at-risk of homelessness without supportive/supported housing**. While all forms of disability are estimated to be represented in the average clientele (physical disabilities at 12%, developmental disabilities at 7%), mental health remains the highest at 40% of individuals. People with substance use issues are estimated to represent only 10% of the population served.

2. Supportive/Supported Housing for People with Developmental Disabilities: Findings

The Ministry of Community and Social Services is responsible for policy and funding for people with developmental disabilities. **In the last reported year, nine agencies provided supportive/supported housing for 785 people with developmental disabilities in Waterloo Region. There are 517 supportive housing spaces available in the community for this population.**

Individuals remain in their placements indefinitely; once people enter the agencies they are involved for the better part of their lives. Waiting lists are administered by the Developmental Services Access Centre; as of early 2006, eighty-six people were on the list for supportive housing. People with mental health issues (i.e., dual diagnoses) are estimated to represent 8% of the residents/clients and people with physical disabilities are estimated to represent over a third of the population served.

Agencies vary in terms of their perspective on whether residents/clients would be at-risk of homelessness without the programs (estimates range from 20% to 100% of their clientele), although this population has experienced high levels of homelessness in the past.

3. Supportive/Supported Housing for People with Physical Disabilities/Acquired Brain Injuries: Findings

The Ministry of Health and Long-Term Care is responsible for policy and funding for people with physical disabilities or acquired brain injuries. **In the last reported year, two agencies**

provided supportive/supported housing to 282 people with physical disabilities or acquired brain injury in Waterloo Region. There are seventy-two supportive housing spaces available in the community for this population, and a drop-in specifically for people with acquired brain injury.

In early 2006, there were thirty-nine people on the waiting list for supportive housing, with a wait time ranging from two to six years. Forty-three people were waiting for supported housing services, with an average wait time of six months to a year for one agency. Clientele with mental health issues are estimated to represent about 8% and 5% of the clients served within supportive and supported housing programs, respectively. **One agency indicated that 100% of their clients would be at-risk of homelessness without the program. It is also estimated that up to 70% of drop-in clients with acquired brain injury require supportive/supported housing to avoid homelessness.**

4. Supportive/Supported Housing for People with Mental Health Issues: Findings

The Ministry of Health and Long-Term Care is responsible for policy and funding for people with mental health issues. **In the last reported year, four agencies provided services to 560 people with mental health issues in Waterloo Region, either through supportive/supported housing or long-term case management provided in emergency shelters or on the street. There are 118 supportive housing spaces available in the community for this population.**

The length of time that residents/clients use the supportive/supported housing services varies widely; some people stay connected to housing and/or supports for life. In early 2006, there were 244 adults on a waiting list for supportive/supported housing through Waterloo Regional Homes for Mental Health, the Canadian Mental Health Association, and Homes for Special Care. The Assertive Community Treatment Team had a waiting list of three months for services at that time. All other forms of disability are estimated to be represented in the average clientele (physical disability at 6% and developmental disability at 9%). There is a very high estimated prevalence of people with substance use issues (i.e., concurrent disorders) at 38% (although the estimates ranged from 25% to 60%). Overall, agencies indicated that 83% of the service population is either experiencing or at-risk of homelessness.

5. Supportive/Supported Housing for People with Substance Use Issues: Findings

With respect to meeting the housing needs of people with substance use issues, a range of housing options and services is recommended (i.e., sober/dry, damp, and harm reduction/wet housing) because no single model or approach will meet the needs of every person. Housing First was also regarded as a promising practice for this population (rather than services, or treatment, first), which is considered a harm reduction approach. **Harm reduction housing strategies have helped individuals who are unable or unwilling to achieve sobriety to get and stay housed, reconnect with family, and go back to work.**

The Ministry of Health and Long-Term Care is responsible for policy and funding for people who have substance use issues. **As there are currently no supportive/ supported housing spaces in Waterloo Region, there is a need to explore the development of different models of permanent housing with supports for this vulnerable population – particularly those that emphasize harm reduction strategies.**

6. Supportive/Supported Housing for People with Fetal Alcohol Spectrum Disorder: Findings

There is no Provincial Ministry responsible for policy and funding for people with Fetal Alcohol Spectrum Disorder. This population often requires supportive/supported housing to maintain housing stability. Provision of non-specific supportive/supported housing is considered to be the most appropriate approach.

Overall Supportive/Supported Housing Recommended Action

More supportive/supported housing is required in Waterloo Region, particularly non-specific supportive/supported housing. **An overall mix of different housing models is recommended to meet the diverse needs of people experiencing or at-risk of homelessness.** The following table illustrates how the unmet need for supportive/supported housing may grow over time:

Table 1. Current Unmet Need and Projected Future Demand for Supportive/ Supported Housing

Type of Supportive/ Supported Housing	Number of Households on Waiting Lists in 2006	Projected Unmet Need 2011	Projected Unmet Need 2021	Projected Unmet Need 2031
Non-Specific	1,081	1,189	1,356	1,478
Developmental Disabilities	86	95	109	119
Physical Disabilities/ Acquired Brain Injuries	82	90	103	113
Mental Health Issues	244	268	306	334

The accuracy of these projections depends largely on how closely waiting lists match current expressed need in Waterloo Region. Most agencies have systems in place to remove people from the waiting lists that are no longer requiring services. However, some agencies in the community do not track waiting lists and therefore, **these projections are likely to underestimate the overall unmet need in Waterloo Region.** Moreover, it is probable that people simply may not place themselves on the waiting lists (especially if they are very long). Yet, without a more reliable community-wide tool to assess unmet need, waiting lists are the only source available to make these types of future predictions for general planning purposes. **The clear trend is that non-specific supportive/ supported housing is in very high demand and that this demand is expected to grow.**

WHAT WERE THE MAIN FINDINGS?

The report clearly outlines five key strategies for ending homelessness in Waterloo Region.

Key Strategies:

- planning to end homelessness is best achieved through a focus on housing stability, effectively shifting the paradigm of service provision;
- approaches should be tailored to degrees of homelessness; initial efforts should focus on addressing persistent homelessness;
- there is a need for more supportive/supported housing, particularly non-specific but with less emphasis on the custodial model;
- while there is a need for emergency shelter services, resources should strengthen existing services rather than expand or create new ones; and
- transitional housing should not be used for people experiencing homelessness who are not in transitional situations.

WHAT'S NEXT?

There are nineteen recommended actions in the full report. Four interim recommended actions have been identified, to be initiated in the fall of 2006:

- develop a statement of values, principles, and goals for working with people experiencing homelessness to be adopted by the housing stability system;
- continue implementation of the Homeless Individual and Family Information System (HIFIS) with formal emergency shelters;
- create a group with a mandate to develop concrete strategies to address persistent homelessness; and
- develop protocols between formal emergency shelter services.

Following release of the draft report, further community consultation will take place over the fall. One of the key outcomes of this process will be the identification of lead organizations for each recommended action. It is expected that a final report will be submitted to Regional Council in early 2007.

APPENDIX C**DRAFT REPORT “UNDERSTANDING THE HOUSING STABILITY SYSTEM FOR
ADULTS IN WATERLOO REGION’S URBAN AREAS”
SUMMARY OF RECOMMENDED ACTIONS**

Nineteen specific recommended actions from the report are listed below, organized by the Table of Contents in Appendix A.

Chapter 3: Populations Trends

Action 1: Adopt the promising principles and practices as outlined for populations identified to be most at-risk of experiencing homelessness within the scope of this report (i.e., Aboriginal persons; New Canadians; people with substance use issues; people with disabilities; transgendered individuals; and women and families) throughout the process of exploring opportunities to sustain, enhance, and/or expand the housing stability system.

Chapter 4: Housing Stability System – As A Whole

Action 2: Work towards ensuring that the housing stability system meets the needs of people experiencing different degrees of homelessness. Support the use and, where necessary, the development of assessment tools to streamline referrals related to this recommended action.

Interim Action 3: Develop a statement of values, principles, and goals for working with people experiencing homelessness to be included in the final report as identified from the promising principles and practices literature and the Province’s new Consolidated Homelessness Prevention Program (i.e., to improve access to and connect households that are experiencing homelessness with the system of community services; to support households experiencing homelessness to obtain and keep longer-term housing; and to assist households at-risk of homelessness to maintain housing). The community should align resource allocation, programs, and policies with the statement of values, principles, and goals.

Action 4: Explore the creation of a coordinated educational campaign highlighting issues of housing and homelessness.

Action 5: Gain a greater understanding of the local population of people experiencing homelessness and the capacity of Waterloo Region to meet demand for services.

- **(Interim Action)** Continue to implement the Homeless Individuals and Families Information System (HIFIS) with formal emergency shelters. Explore options to expand use of HIFIS to other interested services within the housing stability system.
- Explore opportunities to enhance data collection methods within the housing stability system.
- Continue to expand common data collection procedures across programs that are funded by the Region.
- Connect with universities and other resources to explore opportunities for collaboration and enhanced capacity for outcome measurement, analysis of pilot projects, program evaluation, research, local system monitoring, and planning to strengthen the delivery of local services.
- Create a local clearinghouse for homelessness research.

Interim Action 6: Create a group with a mandate to develop concrete strategies to address persistent homelessness to be included in the final report in early 2007.

Action 7: Increase awareness of existing services within the housing stability system as a whole, for people experiencing or at-risk of homelessness, and among other community stakeholders.

- Continue to produce existing brochures targeted to service providers. Create a new brochure for transitional housing and transitional/supportive services targeted to service providers.
- Explore producing wallet cards across Waterloo Region with service information targeted to people experiencing homelessness.

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- Explore creating 24-hour access to information about the housing stability system through a community phone line.
 - Produce a monthly bulletin/newsletter for the housing stability system.
 - Explore creating a community website or portal for the housing stability system.
 - Consider providing a joint annual update and progress report to Regional Council from Planning, Housing and Community Services, Social Services, and Public Health regarding ways in which the Region is addressing issues of housing and homelessness.
 - Update the *Inventory of Services for the Housing Stability System in Waterloo Region* on an annual basis and post the document for public access on the Region's website.
 - Explore offering housing stability awards as part of National Housing Day.

Action 8: Explore staff training opportunities in common areas of interest across the housing stability system.

Action 9: Improve coordination of services through the development of formal protocols (both referral and/or discharge) for the following:

A. Emergency shelter services (in rank order):

1. **(Interim Action)** formal emergency shelters (those funded by the Region)
2. formal emergency shelters and Women's Crisis Services
3. formal emergency shelters and Kitchener-Waterloo Out of the Cold
4. formal emergency shelters and area hospitals
5. formal emergency shelters and Canadian Mental Health Association Mobile Crisis Response
6. formal emergency shelters and Family and Children's Services
7. formal emergency shelters and Waterloo Region Police Services
8. formal emergency shelters and supportive/supported housing providers
9. formal emergency shelters and transitional/supportive services
10. formal emergency shelters and transitional housing
11. formal emergency shelters and street outreach services (fixed and mobile)
12. formal emergency shelters and correctional facilities

B. Street outreach (fixed and mobile) services (in rank order):

1. street outreach services (where not already connected)
2. street outreach and Regional Social Services Employment and Income Support
3. street outreach and area hospitals
4. street outreach and Waterloo Region Police Services
5. street outreach and Withdrawal Management
6. street outreach and Canadian Mental Health Association Mobile Crisis Response

Action 10: Explore opportunities to support emergency planning (e.g., pandemic planning) within the housing stability system.

Chapter 5: Emergency Shelter Services – System Component

Action 11: Review and update the Region's *Emergency Shelter Guidelines* with special attention to:

- providing safety and security for residents and potential residents;
- providing choice and autonomy, and building capacity wherever possible;
- adding and augmenting access and service components to address the needs of the various populations experiencing or at-risk of homelessness as highlighted within this report;
- addressing the needs of people with pets;
- providing case management; and
- emergency planning.

Action 12: Provide sustainable resources to enable formal emergency shelters to effectively use motels or other options at times of overflow and special need circumstances.

Chapter 6: Transitional/Supportive Services – System Component

Action 13: Explore opportunities to ensure that both fixed (i.e., drop-ins) and mobile street outreach services exist within each urban area in Waterloo Region that:

- do not duplicate services;
- are welcoming to all within their mandate;

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- provide hours of operation outside of mainstream social services;
 - ensure access to public washrooms in core urban areas (where fixed outreach services are not open 24/7);
 - are linked with each other, where possible; and
 - use harm reduction principles.

Action 14: Develop an outreach coalition between existing outreach services and other services, where appropriate, that:

- shares resources, ideas, and information;
- shares efforts in client tracking;
- provides peer and/or joint clinical support; and
- develops common data collection methods.

Action 15: Explore opportunities to sustain, enhance, and/or expand transitional/supportive services in Waterloo Region, particularly those which enhance informal support systems for people experiencing homelessness.

Chapter 7: Transitional Housing – System Component

Action 16: Explore opportunities to sustain, enhance, and/or expand transitional housing for the following populations:

- people recovering from trauma (e.g., domestic violence);
- people leaving institutions that need assistance with re-integration into the community;
- immigrants and refugees during the initial settlement period; and
- Aboriginal people moving back and forth from reserves to urban areas.

Chapter 8: Supportive/Supported Housing – System Component

Action 17: Undertake a needs assessment of the domiciliary hostel program to determine the population characteristics of who is currently being served and their level of support needs.

Action 18: Create a working group to review and update the Region's *Domiciliary Hostels Guidelines* with specific attention to:

- exploring ways to better match residents' level of support needs with services;
- emergency planning;
- service standards;
- physical standards that provide for a quality living environment;
- an expected means of partnering with the community's support system to ensure that individuals build their capacity to the fullest potential; and
- monitoring processes.

Action 19: Advocate for increased supportive/supported housing resources based on current unmet need and projected future demand.

Table 1. Current Unmet Need and Projected Future Demand for Supportive/Supported Housing

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