

**Understanding Homelessness and Housing Stability  
Experienced by Adults in  
Waterloo Region's Urban Areas**

**April 2007**

**Social Planning, Policy and Program Administration**



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by Adults in Waterloo Region's Urban Areas**

by

Social Planning, Policy, and Program Administration  
Regional Municipality of Waterloo

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### ***What is the purpose and scope of the report?***

**U**nderstanding Homelessness and Housing Stability Experienced by Adults in Waterloo Region's Urban Areas provides a comprehensive analysis of the current and future need for services to maintain housing stability (including services that meet immediate needs like emergency shelter and street outreach services; shorter term housing stability programs including transitional or time-limited housing; and longer term housing stability programs) for people accessing non-youth-specific services who are experiencing or at-risk of homelessness or who require longer term housing stability programs in urban Waterloo Region (i.e., Cambridge, Kitchener and Waterloo). Youth, older adults, rural issues and economic-based homelessness are the subjects of separate reports. *All Roads Lead to Home: A Homelessness to Housing Stability Strategy for Waterloo Region* will synthesize all seven background reports and include an action plan for housing stability service providers, the Regional Municipality of Waterloo (the Region) and the Homelessness and Housing Umbrella Group with its member groups.

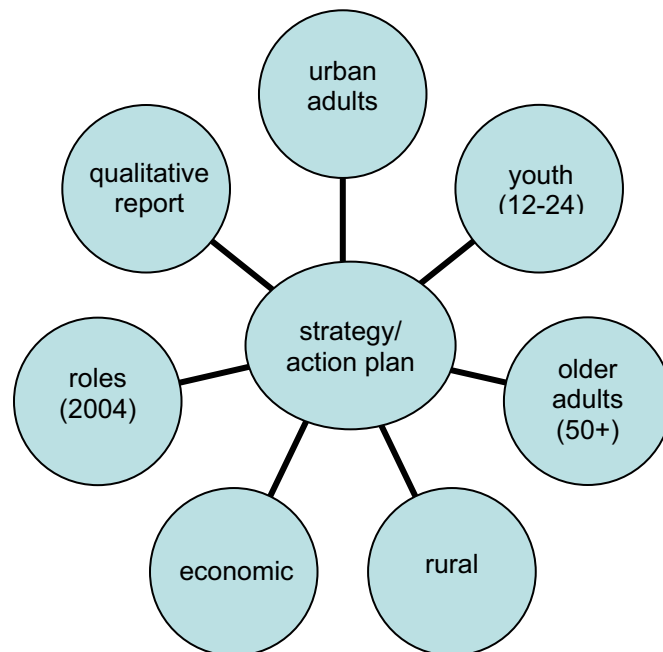


Figure 1. The development of a *Homelessness to Housing Stability Strategy* and an action plan for the future.

***Why is this report important?***

*Understanding Homelessness and Housing Stability Experienced by Adults in Waterloo Region's Urban Areas* is both significant and timely for a number of reasons. It provides support for other 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 2005, input has been solicited from a variety of people affiliated with the housing stability system in Waterloo Region, including people with lived homelessness experience, service providers, and Regional staff. Four main sources of knowledge were used: focus groups and interviews (see *Qualitative Data Report for Waterloo Region Sheltering Needs Assessment* by CREHS, 2005); a literature review of promising principles and practices; analyses of community trends and the *Inventory of Services for the Housing Stability System in Waterloo Region* (a document profiling over seventy programs published in 2006); and comparison of preliminary findings with results from other community-based studies. In addition, four open community sessions were held at different points in 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.

Research insights 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 insights. 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 homelessness? What is housing stability?**

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). The Canada Mortgage and Housing Corporation (2004a) 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 household<sup>1</sup>), and affordable (e.g., costs less than 30% of before-tax household income).

The following definitions of homelessness are used in this report<sup>2</sup>:

Table 1. Definitions of homelessness.

at-risk of homelessness	hidden homelessness	absolute homelessness
people who are in jeopardy of losing their housing because it is unaffordable, unsafe, overcrowded, insecure, inappropriate, and/or inadequately maintained; it also refers to cases where the person lacks necessary supports to maintain housing stability	the experience of living in temporary accommodation not meant for long-term housing (e.g., staying in time-limited transitional housing programs; with family, friends, or acquaintances; or in residential treatment programs or withdrawal management centres)	the experience of living or sleeping in indoor or outdoor spaces not intended for habitation (e.g., in streets, parks, abandoned buildings, stairwells, doorways, cars, or under bridges) and/or emergency shelter residence

<sup>1</sup> According to the Canada Mortgage and Housing Corporation (2004a), 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).

<sup>2</sup> These definitions were adapted from *The Region’s Role in Addressing Homelessness: A Discussion Document* (2004a) and edited following feedback at a community forum in November 2006. The definitions will be refined based on further community consultation in 2007.



A standard definition for housing stability also does not exist in the literature. This report uses a four-part description of housing stability, where the term is defined based on the perspective of the individual (not from the perspective of the community or the system as a whole):

1. Housing must be considered acceptable by the individual. The element of choice is critical to housing stability; it is understood that this criteria is subjective based on the perspective of the individual.
2. Housing must be both physically and geographically accessible, adequately maintained, of suitable size, and safe (within the housing itself as well as within the surrounding neighbourhood).
3. The household must have sufficient income and support services (formal and/or informal).
4. Access to housing is continuous with security of tenure.

### ***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* (investing in affordable housing and individualized support systems to address homelessness over the long-term, for example) rather than *homelessness* (which often encourages shorter-term “stop gap” measures like emergency shelters) allows for a solutions-based perspective. Moreover, 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 by focusing on housing stability over the long-term is, in itself, a promising practice. It is recognized that the housing stability system is one of many within an inter-related network of systems serving community members, where each system has its own resource model (see Figure 2 below). All systems in the community are influenced by social, political, environmental, and economic factors and by each other.

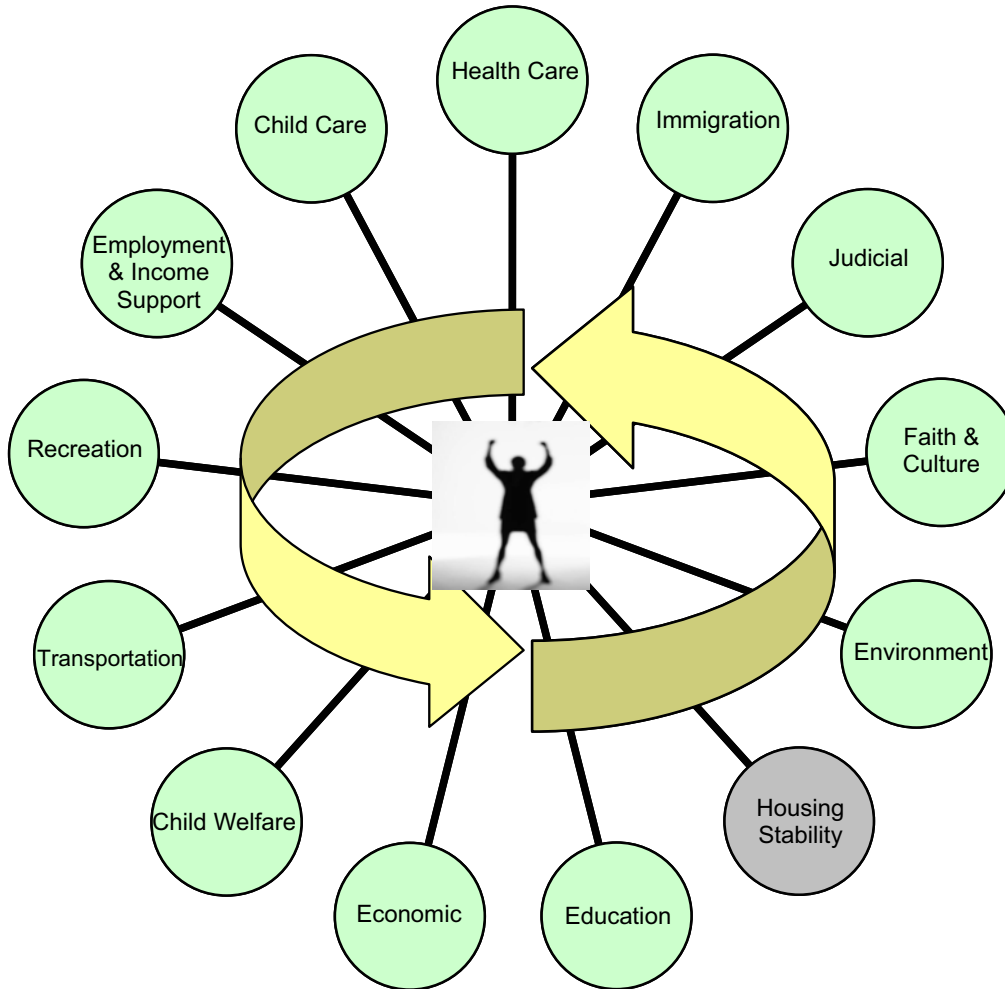


Figure 2. Community network of systems.

There are two main components of the housing stability system: resources that are *not necessarily* continuous and resources that are *intended* to be continuous. Each is defined briefly below:

Housing stability resources that are *not necessarily* continuous:

- *Services that meet immediate needs* include emergency shelters (both formal and other recognized services) and street outreach services (both fixed drop-ins and mobile street outreach). Street outreach programs may be used sporadically over a

longer period of time; that is, people tend to return for services again at some point in the future.

- *Shorter term housing stability programs* tend to be accessed over a shorter period of time. For example, locally, programs in this part of the system with service use guidelines tend to indicate a limit of up to one year of continuous support (e.g., short-term case management services, transitional housing).

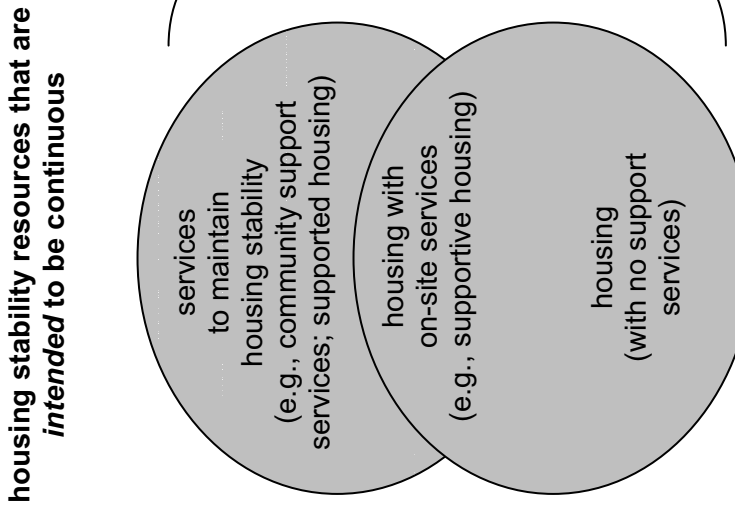
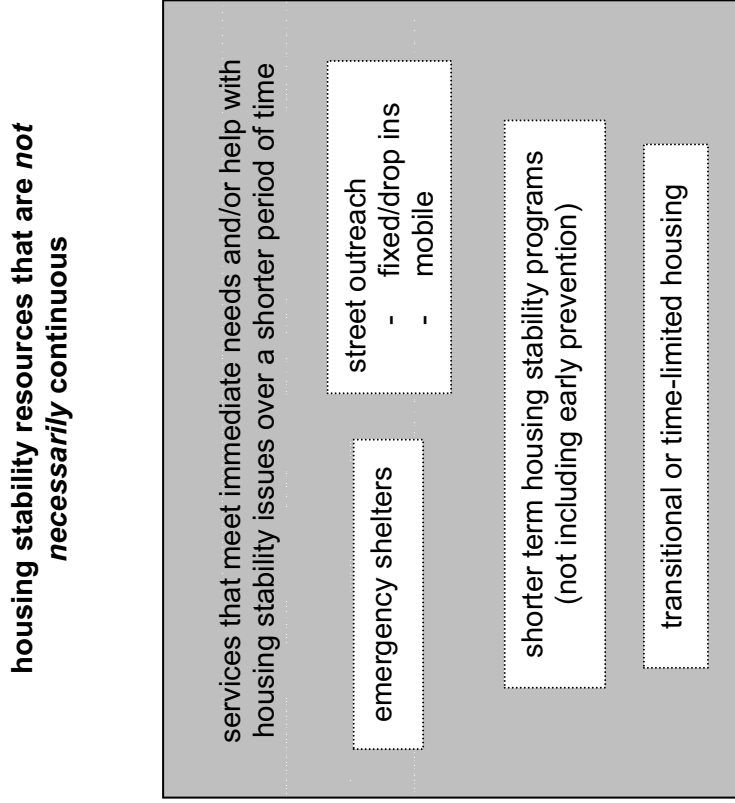
Housing stability resources that are *intended* to be continuous:

- *Longer term housing stability programs* are support systems that meet the needs of people who require ongoing assistance to maintain housing stability. Those who are best served by longer term housing stability programs (e.g., housing with support services) include people with lifelong disabilities (e.g., physical disabilities, developmental disabilities) and people with conditions that may be expected to create housing stability challenges over a longer period of time (e.g., mental health issues, substance use issues, concurrent disorders). The intention is that people will use these services continuously over a longer period of time.
- Readers should refer to the Region's *Waterloo Region in the 21<sup>st</sup> Century: A Community Action Plan for Housing* (2005a) for a complete review of housing in the community.

The following diagram illustrates the homelessness/housing stability system resource model<sup>3</sup>.

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<sup>3</sup> This model is currently in draft form. It will be refined based on further community consultation in 2007.



**all** longer term resources need to be affordable

**Notes:**

- services for early prevention of homelessness are not included in this model
- this model is not meant to show a continuum of services – the model illustrates what resources exist

Figure 3. Homelessness/housing stability system resource model for continued discussion.

### ***What are the findings?***

What follows is a summary of the report's key findings (for more detail and sourcing, please refer to the body of the report). Contextual information is outlined first (including community trends, population trends, and a review of system-wide findings), followed by a review of findings from each component of the housing stability system (resources that are *not necessarily* continuous including emergency shelter services, street outreach services and shorter term housing stability programs, and transitional housing are presented first, followed by resources that are *intended* to be continuous such as longer term housing stability programs).

### **CONTEXT FOR HOUSING STABILITY SYSTEM**

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

#### *Local 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. In addition, with the loss of higher paying manufacturing positions and the growth of the “tech industry”, it can be very challenging to help people experiencing homelessness to re-enter the labour market – current conditions leave people with limited skills few options outside of minimum wage, seasonal and/or sporadic employment.

In the last reported year<sup>4</sup>, 4,410 individuals<sup>5</sup> accessed non-youth-specific emergency shelter services, of which approximately 15% experienced persistent homelessness

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<sup>4</sup> In most cases, but not all, data was provided for the 2005 calendar year.

<sup>5</sup> There may be some duplication in the emergency shelter statistics, as people may have used a variety of services (e.g., both formal and other recognized emergency shelters) in the last reported year.

(e.g., they had at least three emergency shelter intakes/periods of residence over the course of one year<sup>6</sup>).

*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.

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; being banned from services and unable to reenter the system). 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:

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<sup>6</sup> This proxy of persistent homelessness was used partly because it aligns with how data was collected for this report. Future research should aim to verify the best measure of persistent homelessness in Waterloo Region.

- **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.
- **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. In cases where the individual has been banned from services, help them get reconnected and, if needed, use a neutral “facilitator” to negotiate the reengagement process between the individual, housing stability services and/or other mainstream systems. 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.

#### *Housing Stability System as A Whole: Findings*

A common misconception is that *all* people experiencing homelessness should ideally 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” urban myth:

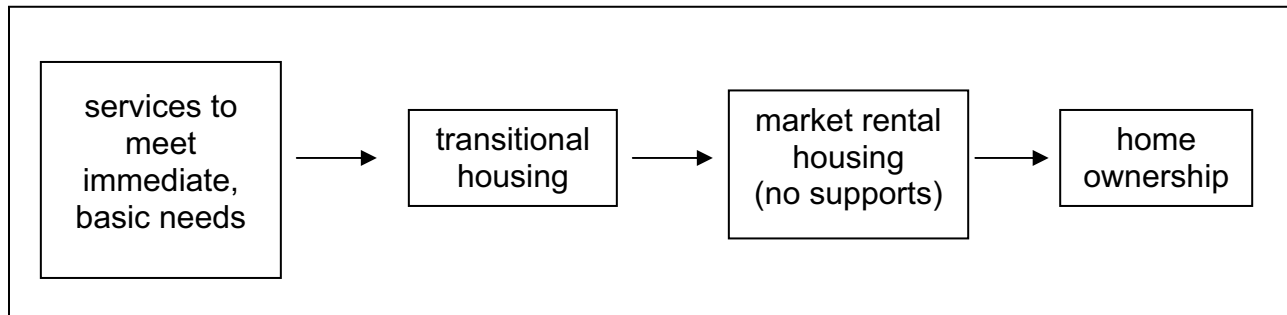


Figure 4. The “homelessness to home ownership” urban myth<sup>7</sup>.

In terms of addressing homelessness at the level of the system, Housing First is a preferred approach, which means that people experiencing homelessness access housing as a first priority rather than services to address any pre-existing issues. In support of this approach, resource allocation should aim to strengthen its three main components:

- 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.

<sup>7</sup> As designed by the Community Editorial Group (July 2006).



In addition, findings from the literature review highlight eight key strategies that can help to strengthen the housing stability system: adopting common values and principles; ensuring access to services; addressing discrimination and stigma; providing comprehensive services; ensuring coordination of services; conducting research and evaluating outcomes; securing funding; and building staff capacity. In a variety of ways, these principles and practices can help to mitigate the challenges identified in the literature that compromise system-wide efforts (e.g., lack of funding; lack of permanent, affordable housing and other available services; lack of proven approaches to effectively serve people experiencing homelessness with complex needs; system fragmentation; interagency “turf battles”; lack of resources to support information needs; the size and complexity of the service system; lack of political will and mechanisms to channel public support; and legislative and political opposition).

### **FINDINGS FROM EACH COMPONENT OF THE HOUSING STABILITY SYSTEM**

As reviewed earlier (see Figure 3), there are two main components of the housing stability system. Housing stability programs are categorized by these two components. Resources that are *not necessarily* continuous include: emergency shelter services, shorter term housing stability programs, street outreach services, and transitional housing. Resources that are *intended* to be continuous include longer term housing stability programs. Findings for each type of service are discussed briefly below.

#### **Resources that are *not necessarily* continuous:**

##### *Emergency Shelter Services: Findings*

Emergency shelters have been defined in Provincial legislation as the provision of board, lodging, and services 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 (applicable to non-youth-specific services) that emerged from the literature and local findings which should be addressed within an optimal system: the importance of fostering a sense of safety; service specific needs of transgendered individuals; planning, sustainable 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 women abuse). Overall, Waterloo Region has a *year-round capacity* of 214 beds, four self-contained family units plus access to motel units 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 motel units in times of overflow for people experiencing homelessness ages 16 and over<sup>8</sup>.

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 (15%) experience persistent homelessness.

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<sup>8</sup> This capacity does not include Women's Crisis Services or youth-specific services.

It was estimated that 35-40% of people experiencing homelessness using formal emergency shelter services in Waterloo Region have mental health issues; this estimate increased to 80% for guests of Kitchener-Waterloo Out of the Cold. Therefore, it appears that mental health issues are more common among guests of Kitchener-Waterloo Out of the Cold than among residents of the formal emergency shelters. At Charles Street Men's Hostel and YWCA-Mary's Place it was estimated that 25% of their residents have substance use issues, where the Cambridge Shelter estimated that 75% of their residents have substance use issues and Kitchener-Waterloo Out of the Cold estimated that 80% of their guests have substance use issues. Based on these data, it appears that more people with substance use issues are accessing the formal emergency shelter located in Cambridge and Kitchener-Waterloo Out of the Cold rather than the two formal emergency shelters located in Kitchener. However, the fact that agencies have not established common definitions in this area likely accounts for the large range in reported numbers served with substance use issues. It is also understood that there are differences between agencies in terms of internal emergency shelter policies, where Kitchener-Waterloo Out of the Cold, the Cambridge Shelter and YWCA-Mary's Place adopt a harm reduction approach in their service provision, and Charles Street Men's Hostel has strict rules about admitting males under the influence of substances. These policy differences may also have an impact on the number of people served with active substance use issues at each agency.

As illustrated in the graph below, there has not been a steady increase in bed nights over the six year period for which there is comparable data<sup>9</sup>. 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

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<sup>9</sup> Data includes bed nights from YWCA-Mary's Place, Charles Street Men's Hostel, Salvation Army Booth Centre, and Cambridge and Kitchener-Waterloo Out of the Cold 1999-2005.

substantial number of days in overflow capacity; however, they also experience periods of under capacity.

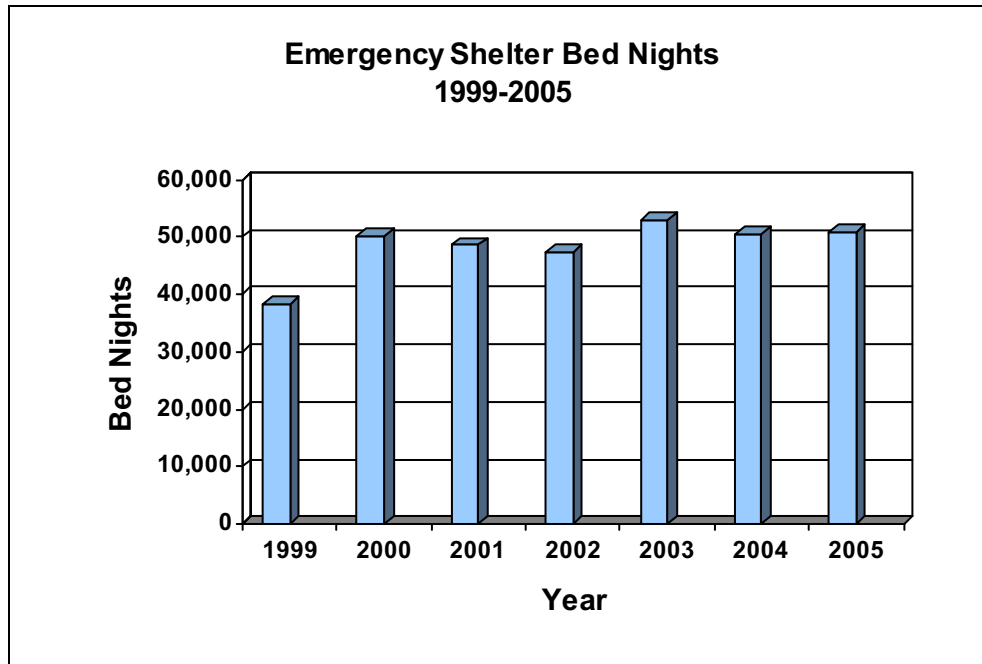


Figure 5. Emergency shelter bed nights 1999-2005.

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 programs that assist individuals with accessing and maintaining permanent, affordable housing (with or without support services, depending on the individual). 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.

#### *Shorter Term Housing Stability Programs and Street Outreach Services: Findings*

Street outreach services and shorter term housing stability programs help people that are street-involved, people experiencing homelessness, and/or people at-risk of homelessness to maintain, and/or transition into, stable housing conditions. Street outreach services include fixed drop-ins and mobile street outreach, both offering a variety of supports designed to improve the quality of life for people experiencing or at-risk of homelessness. These programs may be used sporadically over a longer period

of time; that is, people tend to return for services again at some point in the future. Shorter term housing stability programs assist people with building skills and gaining resources that help them to find and/or maintain housing. These programs tend to be accessed over a shorter period of time (e.g., programs with service use guidelines indicate a limit of up to one year of continuous support). The pattern of use differentiates programs in this part of the system from longer term housing stability programs, where the intention is that people will use the services continuously over a longer period of time (e.g., housing with support services).

Street outreach (including both fixed/drop-in and mobile services)

Street outreach is the initial and most critical step in connecting or reconnecting a street-involved person 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, and/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 be suffering from severe mental health and/or substance use issues or from past abuse) but have little or no support to help them stabilize their lives and reduce their vulnerability. 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 and some have been banned from other services in the community. It is expected that some street-involved people experience persistent homelessness.

There are five *drop-in services* in Waterloo Region. Across all drop-ins, about 625 people can be assisted at any one time<sup>10</sup>. In Cambridge, drop-in services are available in some form throughout each day and night. In Kitchener, during the weekdays drop-in services accessible by men are available *except* from 10pm to 8am and 5pm to 7pm. In Kitchener, during the weekdays drop-in services accessible by women are available *except* from 1pm to 7pm on Mondays, Tuesday and Fridays, from 4pm to 7pm on Wednesdays and Thursdays, and from 10pm to 8am each day. During the weekend in Kitchener, there are only three hours of service available on Saturday from 1pm to 4pm for men and women; men can also access services from 11am to 5pm and from 7pm to 10pm at Charles Street Men's Hostel. Fixed outreach services are currently not available in the City of Waterloo. Sixty percent of clients accessing drop-in services were considered to be experiencing or at-risk of homelessness (percentages ranged from 50% to 70%). People with mental health issues were estimated to represent 53% of the total clientele. In addition, it was estimated that over half (56%) of the individuals served had substance use issues.

There are five *mobile street outreach services* in Waterloo Region (four have main offices in Kitchener and one has a main office in Cambridge). Services are usually provided during the weekdays only. Agencies indicated that many clients are experiencing or at-risk of homelessness. The average number of clients that returned for services for three programs averaged 64% (with a range of 60-70%). Forty-two percent of clientele were estimated to have mental health issues and sixty percent were 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; understanding clients' needs; connecting clients with long-term housing and support services; and following up with clients after placement in housing), utilizing a team approach, using

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<sup>10</sup> This does not include Psychiatric Outreach clinic services as the capacity of this program is currently under review.

peer models, and developing an outreach coalition. Many of these strategies are already being used in Waterloo Region.

#### Shorter term housing stability programs

Although there are many different types of shorter term housing stability programs, 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 fifteen shorter term housing stability programs in Waterloo Region. It was estimated that over 90% of the clients who access these services are experiencing or at-risk of homelessness. It was estimated that 72% of clients have mental health issues and that 46% have substance use issues.

Findings from the literature highlighted the importance of social support (e.g., informal connections and relationships).

#### *Transitional Housing: Findings*

Transitional housing is meant to provide a safe, supportive environment where residents can address the issues that lead to homelessness or that kept them homeless, and begin to rebuild their support network. 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 89 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 suggests 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. There is also a need for tailored transitional housing during the early substance use recovery stages. Currently there is no transitional housing in Waterloo Region for people recovering from trauma (e.g., domestic violence), for women released from correctional facilities, for men released from Provincial correctional facilities, for men or women released from non-correctional institutions, or for Aboriginal people moving between reserves and urban areas. There is also no transitional housing for people that need pre and post substance use treatment services in Waterloo Region. The need for such housing programs locally requires further research.

It is recognized that there are certain life experiences that present a heightened risk of homelessness for which transitional housing provides valuable resolution. However, as echoed throughout this report, for individuals experiencing homelessness that do *not* belong to one of the groups for which transitional housing has proven effective in the literature, permanent, affordable housing (with or without supports, depending on the individual) may be more appropriate as it provides an immediate end to homelessness.



**Resources that are *intended* to be continuous:**

*Longer Term Housing Stability Programs: Findings*

Promising principles and practices prioritize the role of providing permanent, affordable housing with support services in the development of community-wide strategies to end homelessness. Historically, people with disabilities (cognitive<sup>11</sup> disabilities, physical disabilities, and/or mental health issues) were at a very high risk of homelessness. Over time, recognized systems 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, but not complex, issues) 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, service providers in the present day do not tend to perceive their clientele to be at-risk of homelessness, even should their services not exist. Yet, longer term housing stability programs do play an important role in maintaining housing stability for people with issues that are lifelong and complex. For example, as history has shown, many people currently accessing housing with support services would, in fact, experience homelessness without these supports<sup>12</sup>.

People who remain at a higher risk of homelessness tend to be individuals with mental health and/or substance use issues and individuals with milder or more complex disabilities (because systems of support do not exist or are less developed for these populations). People are also more at-risk in cases where they are unable to receive a diagnosis or choose not to align with the designated service systems (to avoid the associated stigma and discrimination or, perhaps, due to a lack of awareness of their condition). While longer term housing stability programs for people with mental health issues are in the process of becoming more fully recognized (and resourced), people with cognitive disabilities that are not well understood (e.g., FASD), complex issues and/or mild to moderate disabilities of all types are currently underserved. There are

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<sup>11</sup> Cognitive disabilities can include developmental disabilities, acquired brain injuries, and Fetal Alcohol Spectrum Disorders.

<sup>12</sup> Some service 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.

also no longer term housing stability programs for people with substance use issues in the community. The goal is to develop recognized systems for all vulnerable groups, so the risk of homelessness is equally low among all people requiring support to maintain housing stability over the long-term. Non-specific longer term housing stability programs<sup>13</sup> are part 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 more complex needs, people with mild to moderate disabilities, people with substance use issues).

Figure 6 summarizes the discussion as it relates to the link between homelessness and the recognized and emerging systems of housing with support services for adults with disabilities:

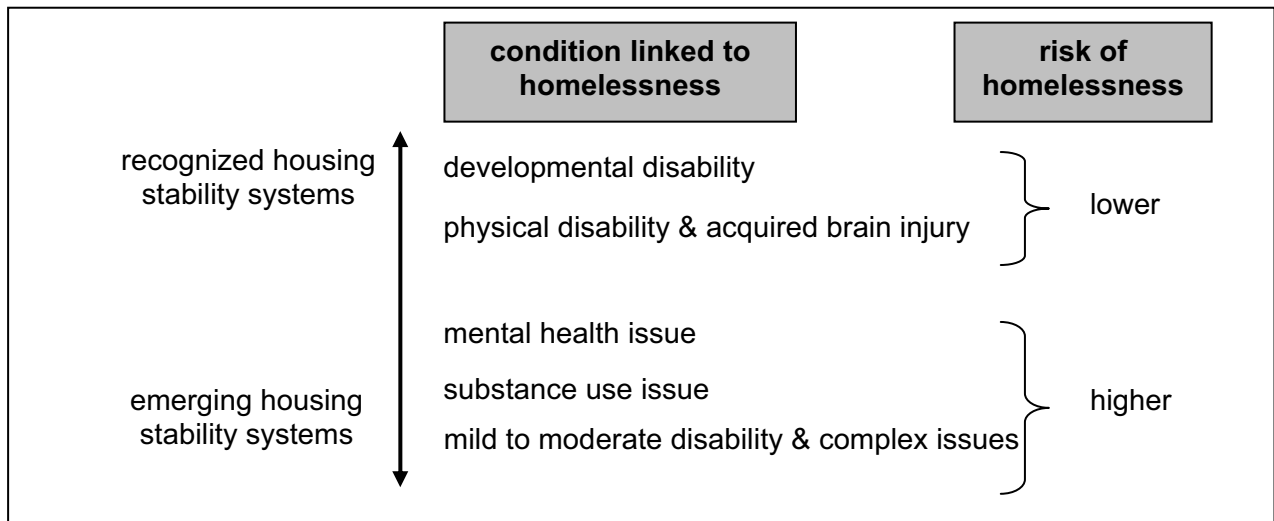


Figure 6. Connection between systems of housing with support services and homelessness.

*Models of Housing with Support Services*

Longer term housing stability programs are support systems that meet the needs of people who require ongoing assistance to maintain housing stability. Those who are best served by longer term housing stability programs (e.g., housing with support services) include people with lifelong disabilities and people with conditions that may be

<sup>13</sup> In Waterloo Region, *non-specific* longer term housing stability programs refer to the fact that funding sources do not apply to a specific disability; the target population includes people who are “hard to house” that may experience persistent homelessness. Note that “alternative” housing is a subcategory of non-specific longer term housing stability programs (where Eby Village and Lincoln Road are local examples).

expected to create housing stability challenges over a longer period of time (e.g., mental health issues, substance use issues, concurrent disorders). Providing permanent, affordable housing with support services 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. Providing long-term housing with support services has been found to 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 and mental health issues.

There are different housing models that fall along a continuum between institutional living and independent living, each with varying degrees of independence as illustrated below<sup>14</sup>:

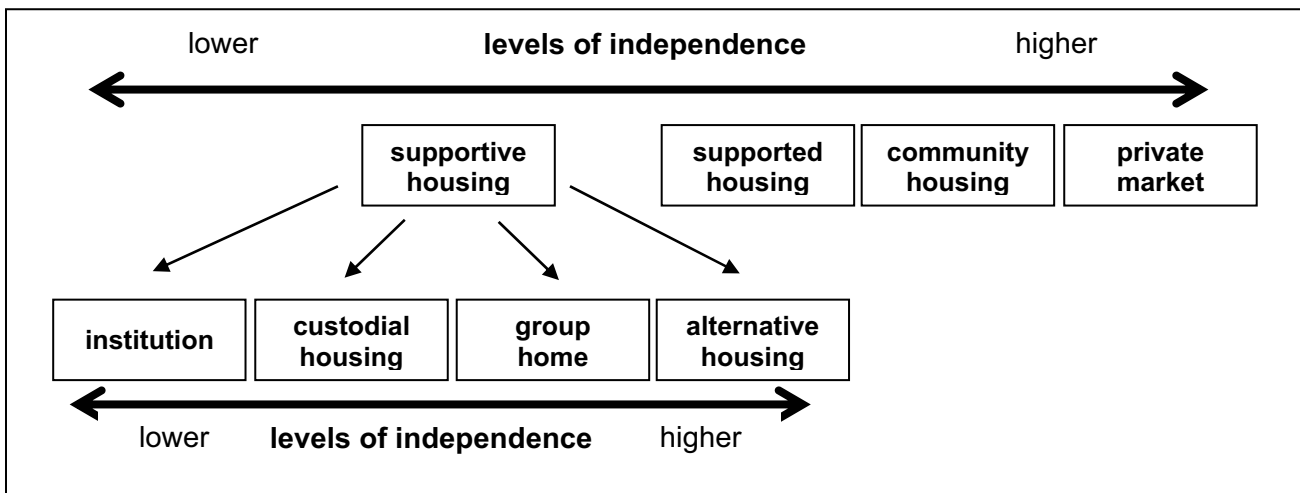


Figure 7. Levels of independence associated with different housing models

It is understood that *all* housing models need to be affordable. In addition, whether services are offered on-site (as with supportive housing) or at the person’s home in the

<sup>14</sup> Note that the current report does not include full analyses of institutional or private market housing.

community (through community support services/supported housing), all community members need access to supports and community activities to maintain a high quality of life.

While many programs for adults focus on providing housing with support services to a particular population, others serve a mix of groups that may include people living with long-term health issues, individuals with various disabilities (e.g., cognitive disabilities, physical disabilities, mental health issues), older adults, people with substance use issues, people with lower income, the formerly homeless, ex-offenders, women who have experienced violence, and, more recently, families. People experiencing persistent homelessness have been recognized as an especially vulnerable population in the homelessness literature; in many cases, these individuals are plagued by a host of complex issues which prevent them from accessing housing and maintaining housing stability over the long-term. For this population, the combination of decent, affordable housing and carefully managed networks of care has been found to significantly reduce the need for institutional care, incidences of physical or psychiatric emergencies, and renewed street involvement.

Although a wide range of housing studies have advocated for either supported or supportive models (as each have unique benefits and challenges), the call to develop more custodial, semi-institutional housing was not found in the literature. In fact, several reports promoted reform of the custodial housing model. Researchers and academics have cited results from a variety of consumer choice evaluations to substantiate their arguments about which model is best. Overall, *choice* surfaced as the key principle in action with respect to which model is preferred. Other principles and practices include: providing holistic and comprehensive care, maximizing opportunities for empowerment, and using a capacity-building model. The benefits of housing with support services in many domains have been well documented (e.g., improvement on housing, social, community, economic, health outcomes). Providing housing with support services is deemed to be more cost-effective than serving people experiencing homelessness in

emergency shelters, correctional facilities, mental health institutions, and medical hospitals.

This report divides Waterloo Region's longer term housing stability programs into the following five categories based on governance: 1) non-specific; 2) developmental disability; 3) physical disability and/or acquired brain injury; 4) mental health; and 5) substance use. Findings related to each category are reviewed below<sup>15</sup>.

Note that, beyond the formal programs, which will be outlined as above, there are also a number of private rooming houses in the community that provide affordable accommodation with supervised support (i.e., the rooms are often available to rent from within people's private homes). In addition, many people receive support from family and/or friends that helps them to maintain housing stability. 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 *Residential Tenancies 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 Longer Term Housing Stability Programs: Findings*

There is no core governance for the various non-specific<sup>16</sup> longer term housing stability programs in Waterloo Region. There are 501 non-specific longer term housing units in the community that have support services attached; of these spaces, 68% are within domiciliary hostels. In addition to these housing units, community support services are offered through the Region's Community Relations Workers and the Community Care Access Centre (CCAC) to Waterloo Region residents; the capacity of each program fluctuates depending on level of need and funding.

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<sup>15</sup> While the numbers of supportive housing spaces are identified, it is not possible to quantify capacity related to community support services because capacity fluctuates based on level of need.

<sup>16</sup> In Waterloo Region, *non-specific* longer term housing stability programs refer to the fact that funding sources do not apply to a specific disability; the target population includes people who are "hard to house" that may experience persistent homelessness. Note that "alternative" housing is a subcategory of non-specific longer term housing stability programs (where Eby Village and Lincoln Road are local examples).

There are currently 46 individuals waiting for services through CCAC's Homemaking and Nursing Services Act Program. Four supportive housing programs are part of Waterloo Region's Community Housing and have waiting lists administered by the Waterloo Region Coordinated Access System. In early 2007, 430 individuals (unduplicated) were on a wait list for these programs (where 45 individuals had special priority or urgent status<sup>17</sup>). Turnover of non-specific longer term housing stability programs in general appears to be very low largely because some people stay connected to housing and/or supports for life. More than half of the agencies believed that *all* of their residents/clients would be at-risk of homelessness without access to these programs. While all forms of disability were thought to be represented in the average clientele, it was estimated that 39% of residents have mental health issues and 12% of residents have substance use issues.

## *2. Longer Term Housing Stability Programs for People with Developmental Disabilities: Findings*

The Ministry of Community and Social Services is responsible for policy and funding for people with developmental disabilities. There are 525 housing units with support services available in the community for people with developmental disabilities. The Developmental Services Access Centre also provides community support services; the capacity of this program fluctuates depending on level of need and funding.

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 January 2007, 106 people were on the list for housing with support services (these are individuals who would accept residential placement immediately if it were available). People with mental health issues (i.e., dual diagnoses) were estimated to represent 8% of the residents and people with physical disabilities were estimated to represent over a third of the population served.

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<sup>17</sup> Special priority applicants are in process of leaving domestic violence. Urgent status refers to applicants who are homeless, living in unsafe living conditions, awaiting release from the hospital to adequate housing, or may be a family that is separated by Family and Children's Services until adequate housing is obtained.

Agencies vary in terms of their perspective on whether residents 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. Longer Term Housing Stability Programs 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. There are 70 housing units with support services available in the community for people with physical disabilities and acquired brain injuries. Of these, only six spaces are designated to people with acquired brain injuries. Community support services are also available; the capacity of each program fluctuates depending on level of need and funding.

There are a total of 42 people on the waiting list for housing with support services attached. In addition, 54 people were waiting for community support services. Clients can use the services as long as their needs do not exceed the support level provided.

Clientele with mental health issues were estimated to represent about 7% of the clients served. The representative from Participation House's supportive housing program indicated that 100% of their clients would be at-risk of homelessness without the services. Moreover, it was estimated that up to 70% of clients that access a local drop in for people with acquired brain injury require longer term housing stability services to avoid homelessness.

### *4. Longer Term Housing Stability Programs 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. Overall, Waterloo Region has 118 agency owned or managed housing units (51 through Homes for Special Care and 67 through Waterloo Regional Homes for Mental Health Inc.) and 174 housing subsidies with support

services (5 through Canadian Mental Health Association and 169<sup>18</sup> through Waterloo Regional Homes for Mental Health Inc. – however, it should be noted that many of these units are still in the development stage). This is far less than the Ministry of Health and Long-Term Care’s estimated need of 866 supportive housing spaces in Waterloo Region for people with serious mental health issues. Community support services are also available; the capacity of each program fluctuates depending on level of need and funding.

The length of time that residents/clients used the longer term housing stability programs services varied widely – from a few years to more than 16 years; some people stay connected to housing and/or supports for life. There are 58 individuals on a waiting list for community support services, 208 individuals on a waiting list for a housing subsidy and support services, and 110 individuals on a waiting list for agency owned or managed housing.

While all forms of disability were thought to be represented in the average clientele, it was estimated that 38% of residents have concurrent disorders, i.e., substance use issues (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. Longer Term Housing Stability Programs for People with Substance Use Issues: Findings*

The Ministry of Health and Long-Term Care is responsible for policy and funding for people who have substance use issues. With respect to meeting the longer term housing stability 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) 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

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<sup>18</sup> Waterloo Regional Homes for Mental Health Inc. also has access to 50 non-dedicated subsidized units through Waterloo Region Housing; however, the number of units fluctuates over time so it is not included in the capacity assessment.



housing strategies have helped individuals who are unable or unwilling to achieve sobriety to get and stay housed, reconnect with family, and return to work.

*Overall Longer Term Housing Stability Program Research Insights*

Increased longer term housing stability resources are required in Waterloo Region, as illustrated in Table 2 below. As there are currently no longer term housing stability programs in Waterloo Region for people with substance use issues, there is also a need to explore the development of different models of permanent housing with supports for this vulnerable population – particularly models that emphasize harm reduction strategies. An overall mix of different housing models is recommended to meet the diverse needs of people experiencing or at-risk of homelessness.

Table 2. Current unmet need and projected future demand for longer term housing stability programs

Category	Type of Program	Number of Households on Waiting Lists	Projected Unmet Need 2011	Projected Unmet Need 2021	Projected Unmet Need 2031
Non-Specific	Community Support Services	46	50	57	62
	Housing Units with Support Services	430	472	532	579
Developmental Disability	Community Support Services	0	0	0	0
	Housing Units with Support Services	106	116	131	143
Physical Disability/Acquired Brain Injury	Community Support Services	54	59	67	73
	Housing Units with Support Services	42	46	52	57
Mental Health Issues	Community Support Services	58	64	72	78
	Housing Subsidy & Support Services	208	228	257	280
	Agency Owned or Managed Housing	110	121	136	148

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. For example, the Community Housing Access Centre reviews the eligibility of all the households on the Region of Waterloo Coordinated Access System waiting list on an annual basis. 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.

### ***WHAT WERE THE MAIN FINDINGS?***

The report clearly outlines seven key strategies for ending homelessness in Waterloo Region, as outlined below.

#### **Key Strategies:**

- planning to end homelessness is best achieved through a focus on housing stability, effectively shifting the paradigm of service provision;
- people experiencing homelessness should access housing as a first priority, rather than services to address any pre-existing issues;
- approaches should be tailored to degrees of homelessness; initial efforts should focus on addressing persistent homelessness;
- there is a need for more longer term housing stability programs, 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;
- individuals experiencing homelessness that do *not* belong to one of the groups for which transitional housing has proven effective should be placed in permanent housing (with or without supports, depending on the individual), which provides an immediate end to homelessness; and

- given the significant number of people experiencing homelessness who have substance use issues in Waterloo Region and the lack of services tailored to meet the needs of this population, a harm reduction approach to services is recommended wherever possible.

### **WHAT'S NEXT?**

The findings of this report will be used to inform the development of a *Homelessness to Housing Stability Strategy*, an overview document providing a comprehensive description of the system, a synthesis of capacity, trends and gaps, a summary of key insights, and an action plan. The report will serve as a community resource concerning the future direction of the housing stability system. It is anticipated that the *Homelessness to Housing Stability Strategy* will be launched in the fall of 2007.