



# RESEARCH REPORT

## HOMELESS APPLICANTS' ACCESS TO SOCIAL HOUSING



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**Homeless Applicants' Access to Social Housing:  
Final Report**

Submitted to:

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Canada Mortgage and Housing Corporation

February 14, 2005

**Oriole Research and Design Inc.**  
in partnership with  
**Connelly Consulting Services**

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Every effort has been made to ensure that the information about each organization and program mentioned in this report is accurate. We apologize for any errors or omissions that may have inadvertently occurred.

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February 14, 2005

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# Executive Summary

## Introduction

Canada Mortgage and Housing Corporation (CMHC) contracted Oriole Research and Design Inc., in partnership with Connelly Consulting Services, to undertake a study on how homeless applicants access social housing. The purpose of this research is two-fold:

- (1) Investigate how social housing providers presently accommodate homeless applicants, and
- (2) Assess how access to housing could be improved for homeless people.

## Methodology

This study of waiting list and application processes for social housing and the issues facing homeless applicants took place between April 2004 and February 2005. The research included a literature review, interviews with key informants, and data collection using survey tools and focus groups.

A total of 20 housing providers from four provinces (Alberta, British Columbia, New Brunswick and Ontario) were interviewed by phone or in person. The providers were chosen to include representation from both large and small housing providers, public housing providers, non-profit providers, co-ops, supportive and alternative housing providers, and those housing special needs groups. The sample included both providers with independent units and with shared housing. The providers had a variety of target populations, including singles, families, seniors, homeless and ‘hard to house,’ Aboriginal households, and special needs tenants including those living with mental illness, brain injuries, addictions, and physical disabilities.

Staff from ten agencies in the four provinces were also interviewed for the study, to provide perspectives from front-line organizations working with homeless or at-risk clientele. The sample of agencies was purposely diverse to seek input from a range of organizations, including shelters and transitional housing, multi-service agencies, health and mental health organizations, and housing help and access centres for social housing.

Two focus groups, involving a total of 14 participants, were held to obtain input from individuals and families who were homeless or had experienced homelessness. One focus group was held with residents of Ecuhome Corporation, a non-profit provider in Toronto housing homeless and ‘hard to house’ individuals. The second focus group was held with residents staying at the Peel Family Shelter in Mississauga, Ontario.

## Findings

The results of the literature review, interviews and focus groups highlighted a wide range of barriers facing homeless people in accessing social housing. These barriers fall into three categories: systemic barriers, obstacles at the community or organizational level, and personal issues or limitations.



## ***Systemic Barriers***

At the systemic level, the limited supply of subsidized units in the cities included in this study was the barrier to social housing most often mentioned by housing providers and agency staff. It was also noted by participants in one of the focus groups. A lack of social housing options, including housing with minimal rules and long-term supports, was also widely noted during the interviews as a barrier to housing homeless individuals.

A long wait time for subsidized units (especially for units in ‘regular’ non-profit housing, as opposed to supportive housing or shared units) was reported across the country by focus group participants and housing and agency staff. Some interviewees noted how a wait time of six months to a year does not meet the need of someone who is homeless.

Housing providers noted that homeless applicants can face barriers getting onto the waiting list for social housing and are disadvantaged when there is no local system for coordinating access to subsidized units. Waiting list management practices can disadvantage homeless applicants. For example, chronological lists, whether with an individual provider or system-wide can disadvantage homeless applicants who need immediate assistance. On the other hand, point score systems can be less favourable to some subsets of the homeless population such as singles or those exiting from transitional housing, who may not be considered highest priority.

A lack of consistency between immigration laws and practices and social assistance rules means some potential applicants are ineligible. Other rules, such as ineligibility due to outstanding debts to social housing providers and the requirement to have a source of income, are also barriers for some.

## ***Barriers at a Community or Organizational Level***

Many examples of barriers that occur at the community or organizational level were noted by housing providers, agency staff, and focus group participants including the following:

- Applicants perceived as non-conforming with support agency or housing provider expectations; waiting list procedures requiring regular updates from applicants in order for them to retain their place on the list; application procedures requiring interviews, home visits, or criminal record checks; and discrimination against applicants by social services or housing staff.
- Application procedures and the length of time on the waiting list.
- The role of front-line staff in selecting applicants to be interviewed, determining need and eligibility, awarding discretionary points, evaluating suitability and making decisions about the applicants’ support needs shows how decisions made during the processing of applications can result in barriers for some homeless applicants.

Other barriers facing homeless applicants at the community level identified in both the literature review and the data collection for this study include:

- Little capacity among some shelter services to provide one-on-one assistance to homeless individuals and families in their housing search;
- Few programs to help stabilize formerly homeless households once they have been re-housed;
- Rules that bar individuals from using certain services resulting in homeless people with complex mental health and addictions problems not obtaining help;
- Applicants identified from minimum-barrier homeless shelters being labelled and unable to access social housing units;
- Many social housing providers unable to offer housing to individuals with significant mental health or addictions problems due to lack of supports, and concerns about applicant's suitability within the existing tenant group;
- Requirement among many social housing providers that in-coming tenants be able to live independently and maintain their unit, or be able to broker any supports that they need; and
- Rules about pets, guests or substance use/abuse.

### ***Personal or Individual Barriers***

The literature and the information gathered in this study from interviews and focus groups provided examples of barriers which result from individual circumstances or limitations. These include:

- Non-compliance with the expectations of housing providers;
- Addictions, mental health and behavioural issues;
- Having mental and physical health support needs which housing providers can not meet;
- Not having a phone, access to voice mail, or an agency willing to field calls on one's behalf;
- Owing rent arrears to a social housing provider or having had a previous unsuccessful tenancy with the provider;
- Not having positive landlord references or a good credit rating;
- Not having a social support system;
- Being without linkages to health professionals and social support services;
- Lacking income or being unable to keep employment;
- Personality characteristics, such as being shy about talking on the phone, lack of confidence, or low self-esteem; and
- Language and cultural differences.

### ***Understanding the Practices that Create Barriers***

In examining the barriers that homeless people face in accessing social housing, it is useful to consider the operating environment and the context within which exclusionary practices emerge.

Decisions about waiting list management practices take into account the interests of stakeholders and the public. Homeless applicants are but one of the potential tenant groups for most public, non-profit or co-op housing providers. Funders want to know that waiting lists are managed in a way that is equitable and defensible. Providers and their boards want to feel they are fulfilling their mission and running their operations in a

fiscally responsible way. Many housing staff want to know that incoming tenants will have successful tenancies and will not be a burden on the resources of the organization. Tenant communities want to feel safe and secure and experience a sense of belonging.

Like waiting list management, decisions about application processing (home visits, eligibility assessments, suitability assessments, interviews at time of application and/or pre-offer, references, credit checks, and data collection) are indicative of an environment where housing providers are balancing many interests. Funders impose requirements on housing providers; the boards of co-ops and non-profits and their tenant/member selection committees have requirements; and housing staff have their own priorities when working with applicants including a responsibility to the applicant (not to set him or her up to fail in a new tenancy), to the tenant community as a whole and to their board of directors. The desire among housing providers to have some control and autonomy in their waiting list and tenant selection processes can lead to reluctance to support local initiatives for coordinated one-stop intake and processing of applications for subsidized units.

The message from housing providers who feel unable to house homeless individuals or individuals with complex support needs typically relates to their inability to house applicants quickly because of long waiting lists, the need for tenants to live independently while being part of a community, and the ability of vulnerable households to meet their obligations as tenants (for example with respect to unit maintenance, keeping their support systems in place, providing for their own needs, paying rent on time, and having respectful relations with neighbours). The limitations felt by some 'regular' housing providers in housing homeless or 'hard to house' clientele have created a niche and a need for providers who have a specialized mandate to house and support this population.

For the homeless applicant, the difficulties in accessing social housing have a significant impact on their path out of homelessness. The applicant can 'get lost in the system,' or experience endless referrals with no chance of being housed, or be denied access to help and treatment. Limited access to social housing can result in ghettoization of homeless or vulnerable households in substandard housing, in less desirable areas of cities, and in unsafe or overcrowded situations. Without adequate and affordable housing options, linked with supports tailored to individual needs, the possibilities of being re-housed and maintaining the housing are diminished.

### ***Helping Homeless Applicants Access and Retain Units in Social Housing***

Housing providers, agencies, and focus group participants provided examples from their own experience of ways to assist homeless applicants to access and retain social housing. These themes are also echoed in the literature on housing and homelessness.

#### **Greater housing choice:**

- Foster the development of housing providers with specific mandates, allowing providers to specialize in particular kinds of issues and client needs;
- Ensure homeless applicants can access a suitable range of housing choices without going through the regular waiting list procedures;

- Develop housing with minimal rules and housing suited to the complex needs of homeless people with mental health and/or addictions issues;
- Facilitate greater access to rent supplements.

**Multiple access points and coordination:**

- Have a range of access points in the community for homeless people to obtain emergency assistance and ‘get into the system’;
- Ensure homeless applicants have access to agencies and services where they can use phones and access a free voice mail system, or where staff will take messages for them;
- Facilitate homeless individuals’ access to advocates who can provide one-on-one assistance with housing searches and contact with social housing landlords;
- Strive for better coordination of information and referrals between agencies and housing providers to assist homeless applicants.

**Application processing and tenancy requirements:**

- Relax requirements to update application information in order for homeless applicants to keep their place on waiting lists;
- Establish referral agreements between housing providers and agencies who work with homeless or at-risk individuals;
- Make rapid processing of applications from homeless clientele a priority;
- Minimize requirements for credit checks, criminal record checks, landlord references;
- Use an ‘inactive’ waiting list to keep a record of applicants whose contact information becomes out-of-date, but who should not be penalized by losing their original application date.

**Adequate funding for providers housing homeless applicants:**

- Give housing providers higher maintenance budgets, to deal with unit turnover and repairs when tenants damage the units;
- Give funding to providers who are prepared to house homeless applicants so they can provide on-site support with higher staff/tenant ratios.

**Incentives to move out of social housing:**

- Implement initiatives that assist in-situ tenants to move out of social housing and into private market housing, thus freeing up units in social housing.

**Help for vulnerable households in maintaining their tenancy:**

- After-care programs, which help to stabilize the tenant in his/her new home;
- Partnerships between housing providers and support agencies, to provide case management support to vulnerable tenants;
- Trusteeship programs and initiatives so that the housing portion of social assistance is paid directly to the social housing landlord to help prevent eviction due to non-payment of rent;
- On-site staff support linked to housing;

- Assistance or training for households in unit maintenance;
- Eviction prevention strategies.

## **Conclusion**

The practices described above, while successful within the context of particular communities, are only partial solutions to a larger problem. The overarching issue is that the social housing system is being pulled in many different directions, with not enough properly funded dedicated supportive housing.

While the social housing sector was the primary focus of this study on homelessness and access to housing, an underlying message throughout the course of the work was the importance of cross-sector collaboration. For many housing providers, collaboration either on a formal or informal basis with local agencies across many sectors including mental health, services for homeless people, support services, community care and others was valued for networking, referrals, and assistance in helping tenants stay housed. This sentiment may be a useful starting point in identifying new ways to help homeless applicants obtain housing that responds to individual needs and circumstances.

## **Topics for Further Investigation**

There are some important questions arising from this work that point to topics for future investigation.

### ***Who is responsible for housing homeless people?***

A clear delineation of the expectations of social housing providers with respect to housing the homeless is needed as political and public pressure to identify local solutions to the homelessness crisis in Canada mounts. Policy debate on what part of the housing system is best suited to proactively house the homeless could then lead to focussing on how to effectively support the operations of housing providers who are dedicated to housing the homeless and how to ensure that communities have a range of housing options available for homeless and at-risk households.

### ***What can housing providers gain from local agencies?***

To what extent is there a trend underway for social housing providers to formally or informally partner with agencies for referral and support needs? What are the most innovative supports being offered through support agencies, how have they been evaluated and how can they be replicated in other communities?

### ***As the social housing sector continues to evolve, how can new directions in housing homeless people be supported?***

The needs of homeless individuals and households are not homogeneous, and there are many paths in and out of homelessness that impact on the suitability of one housing type over another. How can communities be supported in identifying and responding to the needs of subsets of the homeless population with a view to developing variations on the housing types and access systems that currently exist?

## Résumé

### Introduction

La Société canadienne d'hypothèques et de logement (SCHL) a conclu un contrat avec Oriole Research and Design Inc. pour que cette dernière, en collaboration avec Connelly Consulting Services, effectue une étude sur l'accès des sans-abri aux logements sociaux, et ce, dans deux buts :

- (1) déterminer dans quelle mesure les fournisseurs de logements sociaux répondent actuellement aux besoins des demandeurs sans abri,
- (2) trouver des moyens de faciliter l'accès au logement pour les sans-abri qui en font la demande.

### Méthode

Cette étude sur les listes d'attente et les processus de demande concernant les logements sociaux et sur les problèmes qu'éprouvent les demandeurs sans abri a eu lieu d'avril 2004 à février 2005, et comprenait une recherche documentaire, des entrevues auprès des principaux informateurs, ainsi que la collecte de données au moyen d'instruments de sondage et de groupes de discussion.

En tout, on a interrogé, au téléphone ou en personne, 20 fournisseurs de logements dans quatre provinces (Alberta, Colombie-Britannique, Nouveau-Brunswick et Ontario). L'échantillon était diversifié (gros et petits fournisseurs de logements publics ou sans but lucratif, coopératives, fournisseurs de logements en milieu de soutien ou non traditionnels, ou pour groupes ayant des besoins spéciaux) et visait les logements tant individuels que partagés. Les fournisseurs s'adressaient à divers segments de la population, tels que les célibataires, les familles, les personnes âgées, les sans-abri et les personnes « difficiles à loger », les ménages autochtones, ainsi que les locataires aux besoins spéciaux, y compris ceux qui éprouvent des troubles mentaux, les victimes de traumatismes crâniens, les toxicomanes et les personnes ayant une déficience physique.

On a également interrogé le personnel de dix organismes des quatre provinces, afin de recueillir les opinions d'intervenants de première ligne auprès des sans-abri ou de personnes à risque. L'échantillon de répondants choisis à cette fin était sciemment diversifié afin d'obtenir l'avis d'un large éventail d'organismes tels que des foyers d'hébergement et des maisons de transition, des organismes de services polyvalents, des organismes de santé physique et mentale, ainsi que des centres d'aide et d'accès au logement social.

Deux groupes de discussion, comportant au total 14 participants, ont été constitués pour recueillir les commentaires de personnes et de familles qui sont ou ont été itinérantes : d'abord les résidents d'Ecuhome Corporation, un fournisseur sans but lucratif de Toronto offrant des logements aux sans-abri et aux personnes « difficiles à loger », puis les résidents du Peel Family Shelter, à Mississauga (Ontario).

## **Constatations**

La recherche documentaire, les entrevues et les groupes de discussion ont fait ressortir que les sans-abri en quête d'un logement social se heurtent à divers obstacles de trois ordres : systémiques, organisationnels (ou de la collectivité) et individuels (ayant trait aux problèmes ou aux limites de nature personnelle).

### ***Obstacles systémiques***

Sur le plan systémique, le petit nombre des logements subventionnés dans les villes visées par l'étude était l'obstacle le plus souvent mentionné par les employés des fournisseurs et des organismes et il a aussi été signalé dans un des groupes de discussion. La majorité des personnes interrogées déplorait aussi le manque d'options dans ce domaine, par exemple des logements comportant peu de règlements et offrant du soutien à long terme.

Des participants aux groupes de discussion, de même que le personnel des organismes et des intervenants en matière de logement déplorait aussi les longues périodes d'attente pour obtenir un logement subventionné (surtout pour les logements situés dans des ensembles « ordinaires » sans but lucratif, par opposition aux milieux de soutien ou aux foyers), un phénomène qui sévirait dans tout le pays. Certaines personnes interrogées estimaient qu'une attente de six mois à un an ne convient pas aux besoins d'un sans-abri.

Les fournisseurs de logements considèrent que les demandeurs sans abri peuvent éprouver des difficultés à se faire inscrire sur les listes d'attente des logements sociaux et sont désavantagés par l'absence de système local coordonnant l'accès aux logements subventionnés. Les pratiques de gestion des listes d'attente leur sont parfois défavorables. Par exemple, les listes chronologiques propres à un fournisseur ou à tout un système peuvent défavoriser les demandeurs sans abri qui ont des besoins immédiats. Par ailleurs, les listes gérées en fonction d'un système de points peuvent pénaliser certaines catégories de sans-abri comme les célibataires ou ceux qui sortent de maisons de transition, car ceux-ci ne sont pas forcément considérés comme prioritaires.

La disparité des lois et pratiques sur l'immigration et des règles de l'assistance sociale rend certains candidats potentiels inadmissibles. Des dettes envers des fournisseurs de logements sociaux et l'absence d'une source de revenus peuvent avoir les mêmes conséquences.

### ***Obstacles sur le plan de l'organisation ou de la collectivité***

Des fournisseurs, des employés d'organismes et des participants aux groupes de discussion ont cité de nombreux exemples d'obstacles qui surviennent au niveau organisationnel ou de la collectivité, tels que :

- demandeurs jugés non conformes aux attentes des fournisseurs ou des organismes de soutien; exigence de mises à jour régulières des renseignements pour conserver sa place sur une liste d'attente; procédures de demande exigeant des entrevues, des visites à domicile ou des vérifications du casier judiciaire; et discrimination

- contre des candidats de la part des services sociaux ou d'employés de l'ensemble résidentiel;
- procédures de demande et durée de présence sur la liste d'attente;
  - le rôle des intervenants de première ligne (dans le choix des candidats à interroger, la détermination des besoins et de l'admissibilité, l'attribution de points discrétionnaires, l'évaluation de la compatibilité et la prise de décisions sur le soutien nécessaire aux candidats) montre comment les décisions prises pendant le traitement des demandes peuvent compliquer la tâche de certains itinérants.

Notre recherche documentaire et la collecte de données ont mis au jour d'autres obstacles avec lesquels les sans-abri sont aux prises dans la collectivité :

- certains services d'hébergement ne sont pas en mesure de fournir une aide personnalisée aux personnes et aux familles sans abri en quête d'un logement;
- peu de programmes contribuent à stabiliser des ménages antérieurement itinérants, une fois qu'ils sont relogés;
- des règles limitent l'accès à certains services, de sorte que des sans-abri souffrant de troubles mentaux complexes et de toxicomanie ne peuvent trouver de l'aide;
- des demandeurs issus de foyers pour sans-abri aux critères d'admission larges sont étiquetés en tant que tels et sont incapables d'obtenir un logement social;
- de nombreux fournisseurs de logements sociaux sont incapables, faute de soutien, d'héberger des personnes souffrant de graves troubles mentaux ou éprouvant des problèmes de toxicomanie et craignent que ces demandeurs ne parviennent pas à s'adapter aux autres locataires;
- de nombreux fournisseurs de logements sociaux exigent que les nouveaux locataires puissent vivre de manière autonome, entretenir leur logement ou se procurer toutes les formes de soutien nécessaires;
- règles interdisant les animaux familiers, les invités et la toxicomanie.

### ***Obstacles personnels ou individuels***

La recherche documentaire effectuée et l'information recueillie pendant cette étude, grâce à des entrevues et à des groupes de discussion, ont permis de relever des exemples d'obstacles découlant de circonstances ou de limitations personnelles, notamment :

- la non-conformité aux attentes des fournisseurs de logements;
- des problèmes de toxicomanie et de comportement, des troubles mentaux;
- le besoin de soutien en matière de santé mentale et physique que ne peuvent combler les fournisseurs;
- le fait de ne pas avoir de téléphone, ni d'avoir accès à une boîte vocale ou à un organisme disposé à faire suivre les appels;
- des antécédents de loyer non payé à un fournisseur de logements sociaux ou des problèmes antérieurs avec celui-ci;
- l'absence de recommandations de la part de propriétaires ou une mauvaise cote de crédit;
- l'absence d'un réseau de soutien social;
- l'absence de liens avec des professionnels de la santé et des services de soutien social;
- l'absence de revenu ou l'incapacité de conserver un emploi;



- les caractéristiques de la personnalité, par exemple, timidité au téléphone, manque de confiance ou faible estime de soi;
- différences linguistiques et culturelles.

### ***Comprendre les pratiques à l'origine des obstacles***

Lorsqu'on examine ce qui entrave l'accès des sans-abri aux logements sociaux, il est bon de tenir compte du milieu de fonctionnement et du contexte où naissent les pratiques d'exclusion.

Les décisions sur les pratiques de gestion des listes d'attente tiennent compte des intérêts des intervenants et du public. Les sans-abri ne sont qu'un des groupes de locataires potentiels pour la plupart des fournisseurs de logements publics, sans but lucratif ou coopératifs. Les bailleurs de fonds tiennent à ce que les listes d'attente soient gérées de manière équitable et défendable. Les fournisseurs et leurs conseils d'administration veulent avoir conscience d'exécuter leur mission et leurs opérations de manière financièrement responsable. Bon nombre d'intervenants en matière de logement veulent être sûrs que les futurs locataires ne causeront pas de problèmes et ne seront pas un fardeau pour les ressources de leur organisation. Pour leur part, les locataires souhaitent se sentir en sécurité et éprouver un sentiment d'appartenance.

Comme la gestion des listes d'attente, les décisions concernant le traitement des demandes (visites à domicile, évaluations de l'admissibilité ou de la compatibilité, entrevues au moment de la demande ou de l'offre préalable, références, vérifications du crédit et collecte de données) sont révélatrices d'un milieu où les fournisseurs tiennent compte de nombreux intérêts. Les bailleurs de fonds ont des exigences à leur égard; les conseils d'administration des coopératives et organismes sans but lucratif, ainsi que leurs comités de sélection formés de locataires ou de membres, ont aussi leurs critères; de plus, les intervenants en matière de logement ont leurs propres priorités à l'égard des demandeurs, y compris une responsabilité envers ceux-ci (assurer le succès des nouvelles occupations), et à l'égard de l'ensemble des locataires et de leur conseil d'administration. Soucieux de maintenir un contrôle et une autonomie dans les processus concernant les listes d'attente et le choix des locataires, les fournisseurs peuvent hésiter à appuyer des initiatives locales comme une façon uniforme et coordonnée d'accueillir et de traiter les demandes de logements subventionnés.

Les fournisseurs de logements qui s'estiment incapables d'accueillir rapidement des sans-abri ou des personnes ayant besoin d'un soutien complexe expliquent généralement cette situation par les longues listes d'attente, par la nécessité pour les locataires de vivre en autonomie au sein d'une collectivité, et par l'incapacité des ménages vulnérables d'honorer leurs obligations de locataires (par exemple, entretenir le logement, maintenir leurs réseaux de soutien, subvenir à leurs propres besoins, payer le loyer à temps et entretenir des relations respectueuses avec les voisins). Les limites invoquées par certains fournisseurs « ordinaires » à l'égard des sans-abri ou des personnes « difficiles à loger » ont créé un créneau et un besoin de fournisseurs spécialisés dans l'hébergement et le soutien de ces personnes.

Pour les demandeurs sans abri, la difficulté d'obtenir un logement social a de grandes répercussions sur leur capacité de sortir de l'itinérance. Ils peuvent « se perdre dans le système », ou se faire renvoyer sans cesse d'un endroit à un autre sans trouver de logement, ou encore se voir refuser aide et traitement. L'accès limité aux logements sociaux peut entraîner la ghettoïsation de ménages sans abri ou vulnérables dans des logements de qualité inférieure, dans des secteurs urbains peu recommandables, ainsi que dans des endroits dangereux ou surpeuplés. L'impossibilité de se loger convenablement et de façon économique, et l'absence d'un soutien adapté aux besoins individuels, diminuent les chances de trouver et de conserver un autre lieu d'habitation.

### ***Aider les sans-abri à trouver et à conserver des logements sociaux***

Les fournisseurs, les organismes et les participants aux groupes de discussion s'inspirent de leur vécu pour donner des exemples de moyens pour aider les itinérants à trouver et à conserver des logements sociaux. Ces thèmes sont également repris dans la documentation sur le logement et l'itinérance.

#### **Offrir un choix de logements plus étendu :**

- favoriser le développement de fournisseurs de logements ayant un mandat spécifique, en leur permettant de se spécialiser dans des types de client aux problèmes et besoins particuliers;
- veiller à ce que les demandeurs sans abri aient accès à un plus grand choix de logements convenables sans devoir passer par les listes d'attente habituelles;
- créer des logements où les règles sont minimales et qui sont adaptés aux besoins complexes des sans-abri souffrant de troubles mentaux et (ou) de toxicomanie;
- faciliter l'accès aux suppléments au loyer.

#### **Prévoir de multiples points d'accès et la coordination pertinente :**

- mettre en place de nombreux points d'accès dans la collectivité, grâce auxquels les sans-abri pourraient recevoir une aide d'urgence et « accéder au système »;
- s'assurer que les demandeurs sans abri ont accès à des organismes et à des services offrant des téléphones et un système gratuit de boîte vocale ou de prise de messages par le personnel;
- faciliter l'accès des sans-abri à des intervenants pouvant offrir une aide personnalisée à la recherche d'un logement, et des contacts avec des propriétaires de logements sociaux;
- s'efforcer de mieux coordonner l'information et les références entre les organismes et les fournisseurs pour aider les demandeurs itinérants.

#### **Assouplir les exigences en matière de traitement des demandes et d'occupation :**

- alléger les exigences de mise à jour de l'information à fournir, afin que les demandeurs sans abri conservent leur place sur les listes d'attente;
- établir des ententes de recommandation entre les fournisseurs et organismes qui travaillent avec les sans-abri ou les personnes à risque de le devenir;
- traiter rapidement et en priorité les demandes présentées par les sans-abri;
- réduire les exigences portant sur les vérifications du crédit ou du casier judiciaire, et sur les recommandations des propriétaires;

- utiliser une liste d'attente « inactive » pour y inscrire les noms des demandeurs dont les renseignements sur les personnes-ressources ne sont plus à jour, mais qui ne devraient pas pour autant être pénalisés en perdant la date de leur demande initiale.

**Prévoir un financement suffisant pour les fournisseurs hébergeant des demandeurs sans abri :**

- donner aux fournisseurs des budgets d'entretien plus élevés, pour assumer le roulement des locataires et les réparations lorsque des locataires endommagent les lieux;
- accorder un financement aux fournisseurs disposés à accueillir des demandeurs sans abri, afin qu'ils puissent assurer un soutien sur place avec un plus grand nombre d'employés pour les locataires.

**Prévoir des incitatifs pour encourager des locataires à sortir des logements sociaux :**

- appliquer des initiatives aidant les locataires sur place à sortir des logements sociaux pour passer à ceux du marché privé, cédant ainsi la place à d'autres personnes nécessiteuses.

**Aider les ménages vulnérables à conserver leur logement :**

- programmes de suivi, contribuant à stabiliser les locataires dans leurs nouveaux domiciles;
- partenariats entre fournisseurs et organismes de soutien, pour faciliter la prise en charge de cas concernant des locataires vulnérables;
- programmes et initiatives de fiducie afin que le segment de l'aide sociale consacré au logement soit versé directement au propriétaire de logement social en vue de contribuer à prévenir une éviction pour non-paiement du loyer;
- soutien sur place du personnel en matière de logement;
- aide ou formation à l'intention des ménages, portant sur l'entretien d'un logement;
- stratégies de prévention de l'éviction.

## **Conclusion**

Les suggestions ci-dessus, bien qu'utiles au sein de collectivités particulières, ne sont que des solutions partielles à un problème plus vaste. L'enjeu prédominant est que le système est éparpillé et ne compte pas assez de logements spécialisés, dûment financés, en milieu de soutien.

Même si cette étude sur l'accès des sans-abri à un logement porte surtout sur les logements sociaux, elle souligne en filigrane l'importance d'une collaboration entre plusieurs secteurs. De nombreux fournisseurs souhaitent une collaboration officielle ou officieuse avec des organismes locaux oeuvrant dans de nombreux secteurs (dont la santé mentale, les services aux sans-abri, les services de soutien et les soins communautaires), pour établir des réseaux d'entraide, faciliter l'aiguillage vers les différents services et aider les locataires à conserver leur logement. Cet état d'esprit pourrait être un bon point

de départ pour déterminer de nouveaux moyens d'aider les itinérants à trouver des logements adaptés à leurs circonstances et à leurs besoins individuels.

## **Thèmes d'enquêtes plus poussées**

L'étude a mis au jour des questions importantes susceptibles de faire l'objet d'enquêtes futures :

### ***Qui doit assurer l'hébergement des sans-abri?***

Il convient d'établir clairement les attentes des fournisseurs de logements sociaux à propos des sans-abri, à mesure qu'augmentent les pressions politiques et publiques en vue de trouver des solutions locales à cette crise au Canada. Un débat de politique, visant à déterminer quel volet du système de logement est le plus apte à accueillir préventivement les sans-abri, permettrait ensuite de trouver des moyens efficaces pour soutenir les activités des fournisseurs spécialisés dans l'accueil des sans-abri et de s'assurer que les collectivités offrent un éventail d'options de logement aux ménages sans abri ou à risque de le devenir.

### ***Quelle est l'utilité des organismes locaux pour les fournisseurs?***

Dans quelle mesure existe-t-il, chez les fournisseurs, une tendance à s'associer officiellement ou officieusement à des organismes pour répondre aux besoins en matière d'aiguillage et de soutien? Quelles sont les formes d'aide les plus innovatrices offertes par des organismes de soutien, comment sont-elles évaluées et comment peut-on les reproduire dans d'autres collectivités?

### ***Avec l'évolution du secteur des logements sociaux, comment imprimer de nouvelles orientations aux efforts effectués pour loger les sans-abri?***

Les besoins des personnes et ménages sans-abri ne sont pas homogènes, car les circonstances qui mènent à l'itinérance ou qui permettent d'en sortir sont nombreuses et celles-ci influent sur la pertinence d'un type de logement par rapport à un autre. Comment peut-on aider les collectivités à déterminer et à combler les besoins de certains sans-abri tout en diversifiant les types de logement et systèmes d'accès actuels?



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## 1.0 Introduction

In April 2004, Canada Mortgage and Housing Corporation (CMHC) contracted Oriole Research and Design Inc. in partnership with Connelly Consulting Services to undertake a study on how homeless applicants access social housing. This report presents the results of this study.

### 1.1 Purpose

The purpose of this research, as stated in the Request for Proposals issued by CMHC (2004), is two-fold:

- (1) Investigate how social housing providers presently accommodate homeless applicants, and
- (2) Assess how access to housing could be improved for homeless people.

This research included an investigation of policies and practices among co-op, non-profit and public housing providers. Within the non-profit housing sector, a variety of provider types are included to illustrate the differences and similarities in practices among supportive housing providers; providers with agreements with support service agencies; providers operating housing for seniors, families and singles; and organizations offering shared living versus independent units.

### 1.2 Research Questions

The following questions provided a framework for the study:

- *How has access to social housing for homeless individuals or families been identified as an issue by social housing providers?*
- *What are the barriers to homeless individuals or families in accessing social housing?*
- *What are the reasons behind these practices that create barriers? What effects (positive and negative) do these practices have for housing providers and their clients?*
- *What practices assist homeless individuals or families to access and retain social housing? What are the effects (positive and negative) of these practices?*

### 1.3 Definitions

In Canada, the term *social housing* is understood to include the following forms of housing:

(1) *public housing*: housing stock that is owned by government. In Canada, public housing is owned by agencies of the provincial governments, except in Ontario, where ownership of the public housing stock has been transferred to municipal or regional governments. Typically, public housing buildings are 100 percent rent-geared-to-income, with tenants paying approximately 25 to 30 percent of their income on housing charges.

(2) *non-profit housing*: rental housing owned by a non-profit organization, and managed by the non-profit, or managed under contract by another non-profit or for-profit

enterprise. Within the non-profit housing stock, there is much variation, including projects dedicated to groups with special needs (e.g. seniors or women and children fleeing abuse). Some non-profit organizations operate supportive or transitional housing specifically targeted to vulnerable populations and offer supports geared to their tenant population (for example ‘hard to house’ individuals, youth, or people with severe mental illness). In the case of supportive housing, the non-profit may provide both the housing and services to the tenants, or an outside support agency may deliver direct support services. Supportive and transitional housing within the non-profit sector is typically 100 percent rent-geared-to-income. Regular non-profit projects are typically mixed-income communities offering both market rent units and subsidized units.

(3) *co-operative housing*: rental housing owned and managed by the members of a co-operative association, who also live there. Some housing co-operatives have a specific focus (for example housing targeted to older women), but most are mixed communities. They may have a small number of units designated for individuals with special needs, with an outside agency providing services. A mix of market rent and subsidized units characterizes co-ops.

Consistent with the United Nations definition and commonly accepted definitions in recent Canadian literature, *homelessness* in this report is understood as a continuum of experiences, with *sleeping rough* (living and sleeping outdoors) at one end of the continuum and being at imminent risk of homelessness at the other end.

Canadian sources describe *literal homelessness* as having stayed in a shelter or hostel overnight, stayed in a room, apartment, or house paid for with emergency housing funds from any level of government, stayed overnight in a place not intended for habitation by humans (e.g. vacant building, outdoor, park, street, car); having a regular place to stay that is not one’s own (e.g. trading sex for a place to sleep, hotel, or hospital, and using a soup kitchen or food bank intended for the homeless).

Those *at risk of homelessness* are enduring conditions which can lead to quick and unplanned exits from housing. They may be facing eviction or expiry of lease, with no options of other housing in sight. They may be in an abusive relationship or experiencing violence in the family home, and needing to leave for safety reasons. They may be in hospital, a psychiatric facility, prison, or other institution or treatment facility with no housing to go to upon discharge.<sup>1</sup>

Other definitions which are pertinent to this discussion are offered in the sections that follow.

## 1.4 Methodology

This cross-Canada study of waiting list and application processes for social housing and the issues facing homeless applicants took place between April 2004 and February 2005. The research included a literature review, key informant interviews, and data collection

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<sup>1</sup> CAMH 2001: 4

using survey tools and focus groups. Compilation and discussion of the research findings take place within a framework provided by the research questions outlined above.

#### ***1.4.1 Review of the Literature***

A literature review, undertaken during the early stages of this study, provided a context for data collection and analysis. Academic and peer-reviewed journal articles and publications from Canada, the United States and the United Kingdom over the past decade were reviewed to identify common themes on:

- barriers facing homeless individuals and families in accessing housing;
- programs and practices that improve the ability of homeless individuals to access and retain housing;
- recommendations or policy directions from front-line agencies, governments or homeless populations for improving access; and
- criteria for evaluating ease of access to housing.

In addition, the literature review included community-based and government-funded reports that document particular issues facing homeless individuals when accessing housing and services in Canadian cities. See Section 2.2 of this report for a summary of key themes that emerged from the review. The full literature review and list of references can be found in Appendix 1.

#### ***1.4.2 Key Informant Interviews***

At the outset of the study, key contacts in the non-profit, co-op and public housing sectors were interviewed, as were a number of policy staff in municipal and senior levels of government. The purpose of these interviews was to:

1. Clarify regional differences in the regulatory environment governing housing providers; and
2. Identify how homeless individuals' access to social housing is dealt with through existing policy and regulations related to waiting list management and tenant selection.

From these information interviews, the researchers selected four provinces (Alberta, British Columbia, New Brunswick and Ontario) to be the focus of the study.

#### ***1.4.3 Housing Provider Interviews***

Twenty housing providers (five from each selected province) were identified to be interviewed for the study. The criteria for selecting housing providers included:

- Ensuring representation from non-profit, co-op, public housing, and urban native providers;
- Representation from supportive housing providers; providers operating with support service agreements with community agencies; providers with accommodation for seniors, families and singles; providers offering shared living as well as those offering independent living; and
- Representation from urban areas where municipal councils have identified a homelessness problem in concert with a lack of affordable housing, or increasing affordability problems for low-income families.



Table 1 is a list of the housing providers included in this study.

**Table 1: Housing Provider Interviews**

<b>Alberta</b>	<b>British Columbia</b>	<b>New Brunswick</b>	<b>Ontario</b>
Amisk	Affordable Housing Society	Heatherway Housing Co-op	Ecuhome
Calgary Housing Company	HFBC Housing Foundation	New Directions	Home Base Housing
Capital Region Housing Corporation	Elizabeth Fry Society	NB Housing	Houselink
Horizon Housing	Lore Krill Housing Co-op	Re-habitat	Native People of Thunder Bay
Norfolk Housing	Nelson Community Services Centre	Saint John Non-Profit Housing	Peel Living

Data collection among housing providers focussed on waiting list management and operational practices which may affect homeless individuals' access to social housing.

See Appendix 2 for a list of questions asked of housing providers. The interviews are summarized in the form of case studies, which can be found in Appendix 3.

#### ***1.4.4 Agency Survey***

Representatives from ten agencies serving homeless and at-risk clientele were interviewed in provinces where housing providers were also interviewed. The aim was to include a cross-section of agencies in this sample, including shelters, drop-in centres, hostel outreach programs, housing help centres, social housing registries, mental health agencies, and street outreach teams. Table 2 is a list of the agencies who participated in the study.

**Table 2: Agency Interviews**

<b>Alberta</b>	<b>British Columbia</b>	<b>New Brunswick</b>	<b>Ontario</b>
Bissell Centre	Fraserside Community Services Society	Hestia House	Canadian Mental Health Association - Sudbury
Mustard Seed Street Ministry	St. James Community Services Society	Salvation Army	Centre de santé communautaire de Sudbury
			Housing Help Ottawa
			Access Housing Connections Inc.

Refer to Appendix 2 for a list of the interview questions used with the agencies and Appendix 3 for the case study summaries of the interviews.

#### ***1.4.5 Focus Groups***

Two focus groups were held as part of this research to seek input from individuals who had experienced homelessness first hand. The first focus group was held with tenants at

Ecuhome, a large non-profit provider operating in downtown Toronto known for housing the ‘hard to house.’ The second focus group was held in Mississauga, Ontario, with residents of the Peel Family Shelter, a service operated by the Salvation Army. These individuals and their families were in the process of looking for housing or were waiting to move into a unit that they had recently obtained.

Participants in the focus groups received an honorarium for their contribution and refreshments were supplied during the session. The questions used during the focus group can be found in Appendix 4, and the findings are discussed in Section 5.0 of this report.

#### ***1.4.6 Synthesis, Analysis and Final Report***

This report presents the findings, analysis and conclusions stemming from this research. It addresses the questions posed at the outset of the study by providing a synthesis and analysis of the results coming from the literature review, housing provider and agency interviews, and the focus groups with individuals who have experienced homelessness.

### **1.5 Organization of Report**

The remainder of this report is organized as follows:

Section 2 provides background information and a context for the research through a discussion of key themes emerging from the literature on homelessness and access to social housing, and an overview of approaches to waiting list management among social housing providers in Canada.

Section 3 presents the findings of the interviews with housing providers. The results of interviews with agencies are discussed in Section 4 and Section 5 highlights key themes which emerged from the focus groups. Section 6 is a synthesis of the overall results of the study and a discussion of the findings as they relate to the research questions. Section 7 presents conclusions and areas for future research.

## 2.0 Context

This section provides a context for the research findings presented later in the report. The starting point is a brief synopsis of the emergence and expansion of social housing in Canada. Following this is a summary of key themes reflected in the review of literature on homelessness, access to social housing and supports to vulnerable tenants to maintain their tenancies. Section 2 concludes with an overview of common waiting list management practices among social housing providers.

### 2.1 Social Housing in Canada

Public housing was built in Canada through the fifties and sixties and in a few cases into the seventies. The development of non-profit and co-op housing began in Canada in the seventies and continued to a large extent into the early nineties, as a result of a myriad of senior government programs. This social housing stock can be seen as a community resource designed to ensure long-term affordability of housing for low- and moderate-income households with a wide range of housing needs and preferences. Since the mid nineties, however, there has been a withdrawal of senior governments from programs to create more social housing.<sup>2 3</sup>

With the withdrawal of senior governments from the development of new social housing, federal policy responses to homelessness shifted the emphasis during the nineties towards emergency shelter and support initiatives.<sup>4</sup> During this time, responsibility for identifying and responding to housing needs began to shift from senior levels of government to the municipal level.<sup>5</sup> Programs such as Human Resources Development Canada's *Supporting Communities Partnership Initiative*, announced in 1999, puts the responsibility for developing, implementing and monitoring community plans to address local homelessness squarely in the municipal arena.<sup>6 7</sup> By the mid- to late nineties, many municipal governments were beginning to seek multi-pronged and partnership strategies to increase or rehabilitate the supply of affordable housing in their communities.

Another longer-term trend with impacts on social housing was the de-institutionalization of health, social and criminal services in Canada and elsewhere. One result of this de-institutionalization process was, among other things, an increase in the number of people

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<sup>2</sup> Mayor's Homelessness Action Taskforce 1999: 144

<sup>3</sup> CMHC supported the new housing development under the post-1985 program until 1993. Ontario ended its unilateral development of social housing in 1995.

<sup>4</sup> For example, in the nineties, CMHC supported the construction of some shelters for battered women and Health Canada developed programming (Mason 1995:25).

<sup>5</sup> Mason 1995: ii

<sup>6</sup> For background information and description of the Supporting Communities Partnership Initiative (SCPI) see: [http://www.homelessness.gc.ca/initiative/scpi\\_e.asp](http://www.homelessness.gc.ca/initiative/scpi_e.asp)

<sup>7</sup> Similar trends are apparent in the US and the UK. In the US, federal legislation and programs provide incentives for planning and coordination at the state and local levels to respond to homelessness. (Hambrick and Rog 2000: 360.) In the UK, the Homelessness Act requires joint planning and operational co-operation at the local level as well (Williams 2002: 1).

with special needs requiring housing and community based support.<sup>8</sup> An increase in the need for housing linked with supports, combined with very limited new development of social housing in the past decade has contributed to a high demand for social housing, subsidized housing, and housing that is affordable to the lowest income earners in urban areas across Canada.

There is a growing body of literature on homelessness, social service delivery, housing and policy responses coming from the US and the UK and, to a lesser extent, Canada. Similar economic and social policy trends in these three countries make it useful to draw on the homelessness and housing research from all three countries to identify the barriers faced by homeless individuals in accessing social housing and the program or policy responses that can make a difference.

## **2.2 Key Themes from Literature Review**

A review of academic and community-based research on homelessness and access to social housing was undertaken in the early stages of this study. For the complete text of this review of Canadian, British and American literature and the list of references, refer to Appendix 1. The following is a summary of key themes which were apparent in recent studies on homelessness and access to social housing.

Recent literature on homelessness and housing describes the homeless population as heterogeneous. The ways that individuals experience homelessness and their pathways in and out of homelessness, are as diverse as their needs. A wide range of policy and program responses when working with homeless populations are documented. This diversity reflects the particular needs of subsets of the homeless population. One commonality among those who are homeless is that typically housing is only one of a number of needs they have. Other needs, reported by homeless individuals themselves, include: safety, education, job training, transportation, medical, dental, income assistance and childcare.

### ***2.2.1 Barriers to Housing***

Homeless individuals can experience significant barriers to affordable and appropriate housing on a systemic, community or organizational, or personal level. At a systemic level, one often-discussed barrier to accessing social housing is that the supply does not meet the demand. As a result of a shortage of social housing, there are mechanisms for rationing the housing to certain groups of applicants. Rationing can occur through eligibility rules (such as age rules, needing a source of income, or residency requirements). It also occurs as a result of waiting lists, especially when there are no provisions to give preference to homeless applicants. Another obstacle occurring at a systemic level is linked to difficulties in obtaining accurate information about housing options: if someone is unaware of social housing then they will not apply.

At the community or organizational level, homeless individuals are affected by trends in service delivery. Shelters which only provide minimal emergency services do not have

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<sup>8</sup> Mason 1995: 3

the resources to assist individuals in securing permanent accommodation, nor do they have the resources to assist a newly housed household maintain its tenancy. Similarly, the reliance in many communities on charity-run programs to respond to immediate overnight shelter needs means that clients of these services who lack identification or an income source, for example, will likely not receive the assistance they need to overcome the obstacles to re-stabilizing their lives. Among some agencies and institutions, there is a lack of discharge planning for homeless and at-risk clientele, which presents a barrier to securing appropriate housing. At an organizational level, some agencies exclude homeless individuals from their facility or programs for behavioural reasons. A lack of service is a further barrier to accessing housing or assistance finding housing.

The literature suggests that a number of barriers to access for homeless individuals and families can be observed among housing providers. Some housing providers deny access to individuals with certain behaviours (for example, due to mental health or substance abuse issues, proven or perceived anti-social behaviour, criminal activities, sex offences, and drug offences). In addition, various processes of informal rationing of housing can also be observed including *withholding information, deterrence, delay, dilution* and *discretion*. Withholding information refers to deliberately or accidentally withholding information which could help a person access housing. Deterrence includes strategies (such as daunting paperwork or long waits for appointments) that prevent people from making demands when resources are scarce. Delay includes the long periods spent on waiting lists. Dilution relates to the notion that sometimes there is a less than thorough investigation and processing of applications which result in some applicants not accessing housing. Discretion refers to the areas in which housing staff interpret policies and rules, for example as they relate to screening for priority need, granting and denying interviews, and screening out applicants with behavioural problems

Homeless individuals also experience significant barriers in accessing social housing that are of a personal nature. These personal barriers may be a result of economic, health, or social circumstances or experiences. Lack of positive landlord references, lack of income, difficulty applying for or qualifying for social assistance, and difficulty finding or keeping employment can be barriers to accessing social housing. Individuals with support needs that housing providers feel unable to meet face significant barriers. Physical and mental health issues or behaviours, including depression, lack of motivation, substance abuse and addictions can be obstacles for homeless individuals when applying for social housing; as can personal problems, which manifest themselves as poor hygiene, poor housekeeping skills, anti-social behaviour or foul language.

Additional personal barriers for homeless people when accessing social housing include:

- Lack of social supports (friends and family) to assist during times of difficulty
- Concerns about personal safety; and
- Length of time being homeless and patterns of shelter use.

The path into and out of homelessness, and the experience of homelessness is also affected by gender. Women and men have different experiences of homelessness and services, and face different barriers in securing affordable and suitable housing.

### ***2.2.2 Accessing Housing and Staying Housed***

The literature supports the notion that a variety of housing types are needed to respond effectively to the diverse circumstances of homeless individuals and families. While the concept of transitional housing (assisting individuals resolve personal issues before offering permanent accommodation) is useful for some, access to supportive housing, supported housing or permanent housing are options better suited to others.

Some subsets of the homeless population require more care and supports as time goes on. For these individuals, supportive housing is a better option than transitional housing, where the assumption is that the individual will ‘graduate’ and move on. Typical features of supportive housing include:

- Group home setting or low level of support in apartment units;
- Support service linked with the housing; and
- Residents participate in chores and house responsibilities and share in decision-making.

Supported housing implies case management services are provided as portable supports for vulnerable individuals (for example, individuals with serious mental illness).

Permanent housing with ‘regular’ social housing providers (non-profit, co-op or public housing providers not specializing in housing for special needs groups), is an option for homeless individuals who can live independently or who have been linked to an effective case management service or other community services to respond to their particular needs.

Having a range of housing choices available to homeless individuals and families also includes options such as:

- Sex-segregated housing (especially important for women dealing with significant concerns about personal safety);
- Housing designed to meet specific kinds of needs, such as those of elderly chronically homeless individuals, ‘hard to house’ individuals, and youth;
- Housing with tolerance for alcohol use and abuse, tolerance of poor hygiene, and with no expectation of overcoming addictions; and
- Housing integrated with programs to support employment readiness, assist residents with obtaining social assistance, identification, life skills, and support and treatment related to addictions.

Local coordination of housing and community services can positively affect homeless applicants for social housing. Benefits can include:

- Improved functioning of local resources;
- Identification of gaps in service;
- Timely access for homeless individuals to housing and supports; and
- Help to homeless individuals in navigating housing, social, health and emergency services to re-stabilize their lives.

One focus of this study is to identify strategies which are effective in helping formerly homeless households maintain their tenancies. The literature documents a range of eviction prevention strategies which are applicable to at-risk households living in social housing. These strategies range from access to emergency funds such as rent banks, to programs designed to empower tenants, to interventions aimed at enhancing residents' supportive ties to family, neighbours and community, opportunities to learn life skills, proactive steps to address safety concerns, programs offering open-ended individualized support to vulnerable households, economic development initiatives, and initiatives to assist housing providers in monitoring and responding to vulnerable tenants when needed.

Efforts to improve homeless individuals' access to social housing and initiatives to help tenants keep their housing should include concern for the discrimination faced by homeless and vulnerable households. Discrimination may be linked to, among other things, being homeless or poor, receiving social assistance, suffering from mental illness, using or abusing substances, poor hygiene, working in the sex trade, or racism.

The results of the literature review suggest that a number of factors influence how easy or difficult it is for homeless individuals to access social housing, when looking at this issue from the perspective of housing and community services systems. They can be summarized by the following questions:

- Does a coordinated information system on homeless people's health, mental health, community service, and housing options exist? Can it be accessed in various ways by homeless individuals as well as electronically by agency staff?
- Is there a wide range of social, transitional and supportive housing options available in the community?
- Are new units of supportive, transitional or social housing, which would meet the needs of homeless individuals, coming on stream? Does the turnover rate or vacancy rate in existing supportive, transitional and social housing create reasonable expectations that a homeless individual would be housed?
- Is it possible to get on waiting lists for multiple social housing and supportive housing projects with a single application?
- Does the application for social housing have to be updated at regular intervals, and what are the consequences of not updating it?
- Can homeless individuals access case managers or housing workers who can assist in the search for housing and continue to provide support after move-in?

These concepts are further explored through case studies of social housing providers and agencies serving homeless clientele in Canada.

As context for discussing access to housing from the perspective of housing providers, agencies and homeless applicants, the common approaches to waiting list management are outlined below.

## 2.3 Waiting List Management

The four most common approaches to tenant selection and waiting list management for subsidized units among social providers can be summarized as follows.<sup>9</sup>

### *Chronological or First Come, First Served*

Applicants who meet the income criteria for subsidized housing and who fall within the mandate of the housing provider are offered housing in order of their application date. No other criteria are used in ranking households on the waiting list. The rationale for a chronological system is that it is fair, since all applicants have an equal waiting time. This approach can be easy to explain to applicants and is more straightforward to administer than other systems.

### *Point Score*

Applicants' need for housing is evaluated and assigned a point score. Households in the greatest need are housed ahead of other applicants, regardless of application date. The rationale is that households with the greatest need have fewer choices, and are therefore at greatest risk of absolute homelessness. (This approach is related to the widespread view of public housing as "housing of last resort".) The result is that some applicants are housed relatively quickly, while others will stay on the waiting list for a very long time, with little or no possibility of being housed, even though they are eligible for a subsidized unit.

Typically points are awarded based on factors such as:

- how much the applicant is paying for current housing and utilities relative to her or his income;
- level of income (those with lower incomes have greater need);
- how urgently they must move;
- living in overcrowded or inadequate housing;
- violence or abuse in the home;
- requiring housing to accommodate mobility impairments; and
- length of time on the waiting list.

### *Modified Chronological*

This approach takes into account both time on the waiting list and need. While most applicants are housed in chronological order, a certain quota of units is reserved for applicants with specific needs. The rationale is that some applicants, such as youth, individuals being discharged from institutions and individuals who have become homeless are disadvantaged by a strictly chronological system, especially in areas where the wait for a subsidized unit is very long. There are variations in how modified chronological lists are managed. One approach is to take every other applicant from a points-based list, with the remainder coming from a chronological list. Another is to designate that a certain portion of vacancies will be filled by a particular sub group of applicants (e.g. individuals/families living in a shelter or homeless).

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<sup>9</sup> BC Housing. Housing Provider Kit. Chapter 1: Resident Relations pp 4-7.



### ***Priority Placement***

This approach, typically in combination with a chronological approach, designates certain groups as priorities for housing when units become available. An example is individuals fleeing domestic violence and abuse. Priority placement helps to remove barriers to accessing social housing for some applicants who are disadvantaged by a chronological system. A major difference between this system and modified chronological is that the priority placement approach has no quota of units. Theoretically, if enough people had priority status, they would fill all units coming vacant, leaving none to be filled from the chronological list.

Housing co-ops typically have criteria for resident selection that differ from non-profit and public housing providers. For example co-ops may consider the applicant's willingness to commit to the principles of the co-op, live within a diverse community and participate in the life of the co-op during their resident selection process.

### ***2.3.1 Across Canada Perspective***

Housing providers are required to comply with human rights legislation and landlord-tenant legislation throughout their operations. Legal requirements prohibit landlords from discrimination on the basis of race, religion, place of origin, gender, marital status, number of children and income. The following summarizes the general approach to waiting list management for social housing in Alberta, British Columbia, New Brunswick and Ontario.

#### ***Alberta***

The *Alberta Housing Act* sets out the standards for point-scoring applicants for public housing through the Social Housing Accommodation Regulation, giving consideration to size of household, rent-to-income ratio, housing situation, and accommodation detrimental to health. The public housing providers offer a one-stop, centralized application process to thousands of units.

Non-profit housing providers are responsible for developing their own waiting list and tenant selection policies, as specified in subsidy agreements. Providers maintain their own waiting lists, or have arrangements with service organizations for filling units and providing support to tenants.

#### ***British Columbia***

There is variation in the criteria for selecting residents among different housing providers. Housing providers establish their own policies outlining eligibility and the tenant selection process.

The various housing programs which led to social housing development have different requirements, which are set out in the housing providers' operating agreements. For example, groups funded under HOMES BC may adopt a first-come-first-served approach, a point score system, modified chronological or priority placement process, or some hybrid or variation on these approaches. Developments built between 1986 and 1992 under the federal/provincial program are required to use a point-score system.

The BC Non-Profit Housing Association partnered with BC Housing and a number of local housing providers to develop the Housing Registry, a centralized system for coordinating access to social housing waiting lists in the Lower Mainland. The registry has been in operation since Fall 2001. One application can be used to apply to many different social housing developments. Applicants can also be added to waiting lists by calling a central phone number. The application form can be downloaded from the Registry's web site. Participation by housing providers in the Housing Registry is voluntary.

### ***New Brunswick***

There are no legislative requirements pertaining to waiting list management. The *Landlord Tenant Act* applies to public housing and the *Residential Tenancy Act* applies to private and non-profit landlords. These acts set out the rights and responsibilities of landlords but are silent on waiting list management practices.

Non-profits and co-ops are required to take some or a majority of applicants from the NB Housing waiting list, depending on the program they were built under. This is a requirement of receiving subsidy. While New Brunswick does not have a Housing Registry that coordinates access to all subsidized housing, the one-stop application process through NB Housing is a form of coordination. It appears that some providers also maintain their own waiting lists of individuals who have applied in person to their organization.

### ***Ontario***

The *Social Housing Reform Act (SHRA)* and regulations set out requirements for waiting list management. For the majority of co-op and non-profit housing providers (including units which were formerly public housing now devolved to the municipal level), municipal service managers<sup>10</sup> across the province are required to ensure that a system of coordinated access to social housing units is in place. Generally, access to social housing units is by date of application, but the Province requires that victims of violence be housed ahead of other applicants.

Provincial rules also permit each service manager to designate local priorities for access to housing, and some have done so. Examples of local priorities include applicants disadvantaged by a chronological waiting list, such as youth, applicants with significant health issues or who are terminally ill, and market rent tenants who have encountered significant hardships and face eviction due to affordability.

Supportive housing providers and those serving 'hard to house' populations are not required under the SHRA to participate in the local coordinated access systems. In practice, though, these providers are often linked into the system, and have links with a range of health and service organizations, who refer applicants to them.

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<sup>10</sup> In Northern Ontario, the service manager function is not carried out by individual municipalities, but by District Social Service Administration Boards (DSSABs).

## **2.4 Summary**

As the preceding discussion suggests, the requirements for waiting list management among social housing providers vary significantly across the four provinces in this study in some regards, as does how these requirements are set out (in legislation, regulations, or subsidy agreements, for example). Approaches to waiting lists and tenant selection are further complicated by considerations such as who the provider is mandated to serve and type of accommodation offered. Section 3 of this report looks at homeless people's access to social housing from the perspective of social housing providers. Variations in the practices of large and small providers, public housing providers, non-profits and co-ops and those providers operating supportive housing are further illustrated.

### 3.0 Perspectives among Housing Providers

This section highlights the findings from interviews with 20 social housing providers undertaken between July and November 2004. Refer to Appendix 3 for a full summary of the interview findings in the form of a case study for each housing provider.

Of the housing providers interviewed for this study, four are large public housing providers (with over 5,500 units each). Two providers own and operate non-profit housing for aboriginal households, five providers operate ‘regular’ non-profit housing for low income singles and families, two are housing co-operatives, and nine are providers with housing for special needs groups, including supportive housing and housing for homeless and ‘hard to house’ clientele.<sup>11</sup> (See Table 3).

**Table 3: Housing Providers by Type**

<b>Large Housing Providers</b>	<b>Aboriginal Housing Providers</b>	<b>‘Regular’ Non-Profit Providers</b>	<b>Co-op Housing Providers</b>	<b>Supportive and Special Needs Housing</b>
Calgary Housing Company (AB)	Amisk (AB)	Norfolk Housing (AB)	Lore Krill Housing Co-op (BC)	Amisk (Umisk) (AB)
Capital Region Housing Corporation (AB)	Native People of Thunder Bay (ON)	Affordable Housing Society (BC)	Heatherway Housing Co-op (NB)	Horizon Housing Society (AB)
NB Housing (NB)		HFBC Housing Foundation (BC)		Affordable Housing Society (Seymour Place) (BC)
Peel Living (ON)		Rehabitat (NB)		Elizabeth Fry Society (BC)
		Saint John Non-Profit Housing (NB)		Nelson Community Services Centre (Cicada Place) (BC)
				New Direction Inc. (NB)
				Ecuhome (ON)
				Home Base Housing (ON)
				Houselink Community Homes (ON)

<sup>11</sup> Of the 20 housing organizations included in this study, two providers (Amisk and Affordable Housing Society) have developments especially for homeless and ‘hard to house’ clientele in addition to one or more developments for low income households. The practices of these organizations in relation to both their regular and special needs housing are highlighted.

Many of the housing providers included in this study offer both market and rent-gear-to-income units. As the focus of this study is on homeless people's access to subsidized units in social housing, little attention is paid to the process for applying for and accessing market rent units, except in the case of one of the co-ops where the process for applying for market rent and subsidized units is the same.

The diversity of housing providers included in this study is intended to illustrate a broad range of approaches to waiting list management, tenant selection, and facilitating access to social housing for homeless applicants. The findings of the study do not present an exhaustive list of waiting list and tenant selection practices across Canada, nor are they cast within a framework of 'best practices,' as this type of evaluation is beyond the scope of this research.

The survey of housing providers gathered the following types of information:

- Client group served;
- Definitions of homelessness;
- How applicants access subsidized units;
- Support services available;
- Tenant selection and requirements at time of offer;
- Provider's views on policies and practices which are effective in helping homeless applicants gain access to subsidized units;
- Barriers to social housing faced by homeless applicants; and
- Ideas for improving homeless applicants' access to social housing.

### **3.1 Public Housing Providers**

Interviews with four public housing providers provided insight into how large housing providers manage access to subsidized units and the implications for homeless applicants looking for housing with these providers.

The four large housing providers are:

*Calgary Housing Company (CHC)*, with 7,500 units of housing, and a mandate to house individuals and families with low and modest incomes.

*Capital Region Housing Corporation (CRHC)* with 6,500 units and housing households in Edmonton who require rent-gear-to-income assistance.

*New Brunswick (NB) Housing* with 5,500 units and housing individuals and families who are most in need across the province.

*Peel Living* with over 6,900 units throughout the Region of Peel (Ontario) including family, seniors and supportive housing for low and moderate income households. Partnerships with support service agencies result in housing special needs groups as well.

While these providers do not specifically have a primary mandate to house homeless or special needs individuals, all do have homeless applicants applying.

While the researchers did not have access to any formal documentation on how the various corporations defined homelessness, the people interviewed spoke authoritatively on the issue from the local perspective. The CHC interviewee defined homelessness in both absolute and relative terms. According to its representative, CRHC defines homeless as people living on the street and typically requiring emergency housing (which CRHC does not provide). The NB Housing interviewee says its corporate policy is that ‘homeless’ means anyone without shelter.

### ***3.1.1 Access to Subsidized Units***

There are no city-wide coordinated access systems in Calgary, Edmonton, or Fredericton, where three of these large providers are located. Instead, the public housing providers in these cities offer centralized intake and eligibility<sup>12</sup> assessment for their units, and manage their waiting lists on a point-score or ‘needs’ basis. Under a point-score system, a homeless applicant can receive high priority. However, wait times are variable due to rankings in the point-score systems and which housing developments applicants are prepared to consider. In Edmonton, for example, applicants who are flexible about location can often be housed in four to six months. Unit turnover is about ten percent per year. In Calgary, about 80 units per month are filled from the waiting list, and the longest wait for a unit is approximately one year and three months.

CHC and CRHC update their waiting lists daily. Applicants to CHC are required to renew their applications every six months; if they do not, their names are removed from the list. CRHC and NB Housing write to applicants annually to ask for updated information. If applicants fail to respond, their name is removed from the list or is moved to an inactive list in the case of NB Housing.

Access to the majority of subsidized units with Peel Living is through the Region of Peel’s coordinated access system. Peel Access To Housing (PATH) maintains a chronological waiting list for the subsidized units in the municipally owned housing as well as units in non-profits and co-ops across the Region. A limited number of priority categories are permitted for housing someone ahead of other applicants on the chronological list. Priorities include:

- victims of domestic abuse (a priority that is required across Ontario);
- individuals living in social housing who are over-housed (for example a tenant is living in a two-bedroom subsidized unit when she/he would be more suitably housed in a one-bedroom unit; also a province-wide priority);
- households with significant medical issues; and
- existing market rent tenants facing eviction from social housing due to an unforeseen change in their economic circumstances.

The wait time for a subsidized unit with Peel Living, depending on unit size required, is six to eleven years. Applicants are selected based on referrals from PATH. A

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<sup>12</sup> Eligibility assessment typically includes assessing family size and composition to determine unit size, determining if the household is eligible for a subsidized unit from an income standpoint and looking at current housing situation.

conversation with the applicant by phone re-confirms their interest in a building. The applicant is then invited to view the unit and sign the lease. Some units are filled through referral and support agreements with a variety of local agencies, including those serving mental health clients, clients with physical disabilities, individuals with developmental disabilities and seniors.

Individuals can apply in person or by phone for NB Housing. An in-office interview takes place to assess need. When a unit becomes available, the applicant's interest is re-confirmed, as is the information on the application. Four or five applicants are considered in terms of suitability and one is invited to view the unit. Incoming tenants are required to pay a damage deposit, but reference checks and credit checks are not mandatory.

CHC does not do landlord or reference checks, but does do criminal record checks for applicants to a select number of downtown developments where concerns about tenant security have been voiced. To date, no applicant has been denied a unit. New tenants pay a last month's rent deposit.

Landlord references are required at time of application to CRHC. An interview takes place at time of application and credit checks are done in some cases. When a unit becomes available, the Building Manager shows the unit and no other interview is required. A security deposit (not exceeding \$300) is required at occupancy.

### ***3.1.2 Support Services***

The large providers interviewed for this study vary in how proactively they assist new or existing tenants to obtain supports. Perhaps the most proactive of the four providers is CHC, which has a Social Integration Unit with four full-time employees. The Unit provides one-on-one support to tenants during times of difficulty or impending crisis, linking them to community supports and actively working to re-connect them with social supports, such as family members, friends, and faith community. CHC's approach is to give tenants a chance. An applicant is seldom refused due to a lack of supports, but applicants are encouraged to have supports in place at time of occupancy. If an applicant needs supports in place at time of occupancy, CHC may conduct a pre-offer interview.

Peel Living also has a range of initiatives in place to support tenants. Partnerships with community agencies help to support some vulnerable tenancies among seniors, people with mental health issues or physical disabilities, and individuals with acquired brain injury. Furthermore, Peel Living has residential support workers who work throughout the portfolio, and is piloting initiatives aimed at preventing homelessness through a re-vamped arrears collection process and the provision of direct support to tenancies impacted by family violence.

CRHC has a staff person who organizes recreational and social activities and collective meals at four buildings which are home to many tenants with mental health issues. The staff person will also arrange for medications to be picked up. No individual counselling is provided and the staff person acts in the capacity of a 'friend' to the tenants. If concerns arise, the housing provider contacts the tenant's mental health worker. In

principle, all tenants housed by CRHC must be able to live independently, and if supports are needed, must be able to arrange them on their own.

NB Housing does not provide direct support to tenants. The housing provider does support tenant associations, however, and promotes opportunities for information sharing and having representatives from community resources in to speak to the tenants. A community involvement coordinator works in family buildings and organizes programs for parents and children, hot lunches, internet access, and academic upgrading. The integration of housing within the Government of New Brunswick's Department of Family and Community Services means that at a high level there is information-sharing about the need for services or housing issues across the ministry's caseload, which includes housing, welfare, job readiness, childcare services and home care.

### ***3.1.3 Barriers to Accessing Social Housing***

A common obstacle for homeless applicants in accessing social housing that was noted by public housing providers and others is the requirement for applicants to be self-sufficient and able to live independently with few or no support services. In addition, public housing providers noted that applicants must demonstrate the ability to cope with the application process, including booking and keeping appointments to view units. One provider mentioned the requirement that applicants be able to maintain their unit.

One respondent noted that a breakdown of supports and additional problems, such as non-payment of rent, can be reasons to ask a tenant to vacate a public housing unit.

### ***3.1.4 Helping Homeless People to Access Social Housing***

The following policies and practices were identified by the large housing providers as being helpful in facilitating homeless applicants' access to social housing:

- Close and positive working relationships with agencies serving the homeless. Agencies assist clients to identify suitable housing and refer those who are able to live independently to the social housing provider.
- Not doing landlord or credit checks allows the applicant to be housed 'with a clean slate.'
- Having an agreement with a local agency for filling shared units and providing on-site support for those units.
- Having a simplified application process, with one entry point for social assistance, housing applications, and verification of information. Avoids duplication for the applicant.
- Interdepartmental coordination within the regional or provincial government structure.
- Having a common mission between housing providers and local agencies to stabilize the living conditions of vulnerable households.

### ***3.1.5 Improving Access to Social Housing***

The four large housing providers had a range of suggestions for improving access to social housing:



- Make a wide range of housing types available in communities, including housing designed to meet the needs of the homeless, and also supportive housing with minimal rules as well as meals available on site.
- Educate the homelessness service sector so that they understand what the public housing provider does or does not do (for example, does not provide emergency housing) and combat misinformation among the homeless, shelters and other support services.
- Recognize that not all homeless people are interested in the housing provided by a public housing provider.
- Arrange for additional help for tenants in caring for their units. Training in home maintenance would help some tenants maintain their tenancies.
- Expand successful models of housing and supports that allow individuals to transition from homelessness and the shelter environment to permanent housing.
- Make internet access centres more widely available in communities (across New Brunswick), and attach government services to them. Technology can permit online applications for housing and services and self-assessment of eligibility.

### **3.2 Aboriginal Housing Providers**

Two non-profit providers providing subsidized housing for Aboriginal households were interviewed as part of this study. *Amisk Housing Association* has 96 units for low-income families, with preference going to Aboriginal households moving off reserve and into Edmonton for educational or medical reasons. Amisk also owns *Umisk*, a transitional and supportive housing project for homeless individuals and families, which is discussed in Section 3.5 under Special Needs Providers.

*Native People of Thunder Bay Development Corp.* provides 239 units of affordable housing for low-income Aboriginal families and seniors in Thunder Bay.

Both providers define homelessness in absolute and relative terms, noting categories of people who are at risk of homelessness due to eviction, overcrowding, substandard accommodation, affordability issues, discharge from an institution, and those who have difficulty integrating into non-native housing due to a lack of cultural sensitivity.

#### **3.2.1 Access to Subsidized Units**

Amisk maintains a waiting list, and has 10-16 units turn over each year (10 to 16 percent turnover). A 12-month wait is not unusual for a household on the priority list for housing. Applicants apply directly to Amisk and must show proof of treaty or Métis status. The provider requests that applicants update their information annually, but names are only taken off the list if the provider knows they are no longer eligible. Upon occupancy, tenants pay a damage deposit of not more than \$300.

Although Thunder Bay has a local system for coordinating applications for social housing, Native People of Thunder Bay is not required to participate. Instead it keeps its own waiting list, based on need, with those in highest need being the quickest housed. Approximately 30 percent of the units turn over annually. Applicants are required to check in monthly to update their information and see where they are on the list. If there is

no word from the applicant in three months, they are removed from the list, which is updated daily. A committee of board and staff interview the applicants. A home visit takes place to assess current housing situation. Need and references are checked. No damage deposit or last month's rent deposit is required.

### ***3.2.2 Support Services***

Neither provider has supports linked to the housing for Aboriginal families and seniors. One provider noted that a lack of supports is not a reason for rejecting an application, and the other noted that at times it is. In the latter case, the examples given were seniors who need care 24 hours a day and individuals with serious mental illness.

### ***3.2.3 Barriers to Accessing Social Housing***

The lack of affordable housing of all types and a long wait time for existing units were noted as barriers to accessing social housing.

### ***3.2.4 Helping Homeless People to Access Social Housing***

The following policies and practices were cited as helpful when working with homeless or at risk households:

- Maintaining high staff-to-tenant ratios;
- Having a good maintenance budget, so the provider is more likely to risk housing the 'hard to house';
- Ensuring the housing is culturally sensitive to the needs of applicants and residents;
- Not allowing tenants to add anyone to the lease for the first year of tenancy (helps protect women fleeing abuse); and
- Requiring tenants to have their children living with them within two months of the beginning of the tenancy in order to retain a family unit.

### ***3.2.5 Improving Access to Social Housing***

When asked about improving access to social housing, the response was to create more affordable housing that is culturally sensitive and meets the needs of the tenant populations.

## **3.3 'Regular' Non-Profit Providers**

Five 'regular' non-profit housing providers were interviewed for this study. The tenant population for these providers is households who require subsidized housing. The developments are typically designed for families, seniors and/or singles who are able to live independently.

*Norfolk Housing* in Calgary, AB owns 126 units in six buildings. The homeless are not a specific target group for this housing provider; rather they are one of several priorities that also include low-income families and individuals with disabilities.

*Affordable Housing Society* in Vancouver, BC houses low and moderate income seniors, families and singles in 39 projects. While sometimes an applicant who would otherwise be homeless obtains a unit in one of these projects, this is not a specific target group for

this provider. Tenants need to be able to live independently. This provider has one project in Vancouver's Downtown South, called Seymour Place, which is designated to house tenants dislocated from single room occupancy hotels being converted back into hotels. This initiative is discussed in Section 3.5 (Special Needs Providers).

*HFBC Housing Foundation* in Vancouver, BC houses individuals aged 50 and over in most of its 660 units. While this provider has a few larger units for families, many of the tenants are single, living in bachelor or one-bedroom units. HFBC has one new building for low-income urban singles, occupied mostly by individuals 25 to 35 years old. The long wait list and lack of on-site supports mean that homeless individuals typically do not access these units.

*Re-habitat* in Saint John, NB, with 81 units houses homeless people as one of a number of target populations. The specific sub-set of homeless people includes women and children coming out of second-stage housing and homeless, pregnant teens.

*Saint John Non-Profit Housing* in Saint John, NB, with approximately 340 units, provides mixed income housing for singles, families and seniors, many of whom would be homeless without this subsidized housing.

Definitions of homelessness among these non-profit housing providers included 'being without a permanent residence,' 'having no place to live,' and 'living on the street or in a shelter.' A respondent from Saint John remarked that the core housing need in that city has less to do with absolute poverty and more to do with the adequacy and suitability of the affordable housing stock.

### ***3.3.1 Access to Subsidized Units***

Two of these non-profits voluntarily participate in Vancouver's Housing Registry, which coordinates the social housing waiting list and is operated by BC Housing. Affordable Housing Society fills its rent-geared-to-income vacancies through the Housing Registry, and HFBC uses the Housing Registry to fill its subsidized family units only (a small part of their total portfolio with low turnover.)

The waiting lists with the Housing Registry are a points- or needs-based system, with consideration given to ratio of current rent to income, current housing situation, degree of overcrowding and, in some cases, time on the waiting list. When a vacancy arises, Affordable Housing Society receives the names of the top five applicants from the Housing Registry. All five are invited to see the unit and the on-site manager makes the final decision about which applicant to house. Reference checks with current and previous landlords are done, and credit checks are sometimes done. Incoming tenants pay a damage deposit equal to 50 percent of the monthly rent, and some buildings require a security deposit.

For applications for the singles' or seniors' housing with HFBC (the units not filled through the Housing Registry), the provider maintains a chronological waiting list, and applicants apply in person to HFBC. Applicants are interviewed at the time of application

to ensure individuals with mental health issues are well supported. In some cases, a second interview takes place prior to an offer of housing. Home visits may be conducted, typically to assess need for a wheelchair accessible unit. No landlord or credit checks are done, and a damage deposit is only required in some of the new buildings. No purging or periodic updating of the waiting list is done. Applicants who are flexible about unit type and location can often be housed in less than a year.

Norfolk Housing maintains a waiting list, as there is no local coordinated access to social housing among all providers in Calgary. Waiting list management takes into account applicants' needs and length of time on the waiting list. Applicants are required to contact the provider on a quarterly basis to update their information. If they fail to do so, they are removed from the list. Turnover in the subsidized units is approximately six percent per year, or three to four units. At the time of application, the Housing Coordinator interviews applicants to determine housing need. Applicants with an urgent need for housing are referred elsewhere. If the applicant is on the waiting list for a long time, a second pre-offer interview would be arranged. Incoming tenants are required to pay a damage deposit, have supports in place and be able to cope with independent living.

Rehabitat fills every second vacancy from the NB Housing list which is a points- or needs-based system. NB Housing refers applicants after interviewing them, verifying income information and doing landlord checks. Rehabitat's own waiting list of people who have applied directly to them is generally chronological, with staff having some flexibility to consider need. After an application is made, an interview takes place in the applicant's home. Upon occupancy, a last month's rent deposit is required.

In addition to referrals from the NB Housing list, Saint John Non-Profit Housing also receives some walk-in applicants. In some cases, the provider will do home visits to assess need. The provider interviews all applicants referred by NB Housing to assess suitability. Incoming tenants pay a \$200 security deposit. When working with someone who is homeless and without contact phone numbers, the provider tries to house them quickly, using pre-set dates to get back in touch to complete the application and move-in process.

### ***3.3.2 Support Services***

All five non-profit providers noted that they do not have formal supports linked to their units. When asked about supports, providers noted the following strategies:

- A building handyman assists tenants with some routine personal and maintenance tasks.
- Assistance for tenants can come from local agencies, including meals on wheels, home care and mental health assessments.
- Staff draw on personal connections to broker support for vulnerable tenants. "We have housed tenants with severe mental illness and alcohol addictions, as well as individuals with other health or support needs."
- Seniors who become unable to manage independent living can be difficult to place in a higher-care facility. At times, a move to such a facility is triggered by issuing an eviction notice.

- If a tenant with behavioural problems refuses assistance from local mental health agencies, this can jeopardize the tenancy and lead to eviction.

### ***3.3.3 Barriers to Accessing Social Housing***

The non-profit housing providers noted the following as barriers to social housing for homeless applicants:

- Not having the ability to ‘work the system’ and get themselves into the system;
- Being unable to live independently;
- Length of waiting lists and long wait times for units;
- Difficulty housing providers have in contacting homeless applicants with no phone or fixed address;
- Needing supports in place at time of occupancy to live independently;
- Needing to be well connected to health and social services;
- Needing ability to cope with having neighbours and not pose a safety or security risk to other tenants;
- Some non-profit housing not well suited for many homeless or formerly homeless individuals with significant mental health issues or addictions to illegal drugs;
- Process for getting onto government-run waiting list;
- Requirement to have a source of income; and
- Scarcity of units for single people.

### ***3.3.4 Helping Homeless People to Access Social Housing***

Non-profit providers identified the following as useful in helping homeless applicants access housing:

- An open and rapid process for dealing with applications and providing individualized help to applicants when referring them to more appropriate housing providers;
- Local housing providers and social service agencies working hard to maintain an information sharing network; and
- Giving all applicants a chance: never refusing someone for tenancy.

### ***3.3.5 Improving Access to Social Housing***

When asked for ideas on how to improve access to social housing for homeless individuals, the top-of-mind response was to build more affordable housing, including more government-funded supportive housing to house the homeless, with support options such as care 24 hours a day. Other ideas were to see homelessness as a mental health issue as well as a housing issue, and to look at options for provincial governments to pay the housing portion of social assistance directly to providers and landlords, thereby avoiding many evictions due to non-payment of rent.

## **3.4 Co-op Housing Providers**

The Lore Krill Housing Co-op in Vancouver, BC and the Heatherway Housing Co-op in Saint John, NB are included in this study. With 203 units, the Lore Krill Housing Co-op provides affordable housing to people living in the Downtown Eastside area of Vancouver. Eighty percent of the units are rent-geared-to-income. When the building opened in 2002, the emphasis was on housing people who were living in substandard

housing. The co-op understands homelessness in both relative and absolute terms and has housed applicants who are at risk of homelessness due to affordability issues or substandard living conditions. People who are absolutely homeless, living on the street or staying in a shelter are not typically housed by the Co-op, but this provider works closely with organizations operating transitional housing.

The Heatherway Housing Co-op, with 40 units, has a range of target populations, including people who are homeless, individuals exiting from second stage housing or transitional housing and households needing affordable housing.

### ***3.4.1 Access to Co-op Units***

There is no requirement for the Lore Krill Co-op to participate in the local Housing Registry (a coordinated access system for subsidized housing in Vancouver and Lower Mainland BC). The co-op establishes its own criteria for membership (and hence residency) in the co-op. Applicants submit their completed form to the co-op office and the application is reviewed by a membership committee. If the application is approved by the committee, the applicant is interviewed. Following a successful interview, the applicant can be pre-approved after a recommendation has gone to the Board of Directors. The wait for a market rent unit is typically several months. There is very little turnover in the subsidized units. At times the co-op stops accepting new applications.

The waiting list for Lore Krill is a points-based system, with housing need taken into consideration. Priority goes to people already in Downtown Eastside Vancouver. The co-op also looks at the applicants' compatibility with the co-op community. No credit check is done, but the information submitted on the application form is confirmed. The new member must purchase a share (which functions like a deposit).

The Heatherway Housing Co-op fills every second vacancy from the public housing waiting list managed by NB Housing. This is a requirement for funding. This list is points-based, as discussed earlier. The co-op also keeps its own waiting list, which is largely chronological, with staff flexibility to consider applicants' needs. Applicants who apply to the co-op fill out a form and then are interviewed at their current home. When a unit becomes available, the applicant is invited to see it. New residents must pay a member loan, and arrangements can be made to pay this over time.

### ***3.4.2 Support Services***

Neither co-op offers support services linked to the units, and one specifically noted a lack of capacity to house individuals with severe mental illness. Applicants accepted for membership are required to live independently. At times, members at one co-op use their personal networks to link member households in difficulty (e.g. due to health issues) with community supports. The co-op can help households obtain financial assistance.

### ***3.4.3 Barriers to Accessing Social Housing***

These providers of co-op housing noted the following barriers facing homeless applicants when applying for social housing:

- Requirements among many providers that incoming tenants be able to live independently;
- Lack of on-site supports; and,
- Requirements and process for applying for public housing units.

#### ***3.4.4 Helping Homeless People to Access Social Housing***

From the perspective of the Lore Krill Co-op in Vancouver, the following policies and practices were examples of ways to reduce the barriers faced by homeless applicants to the co-op:

- Cooperation between the co-op and the Co-operative Housing Federation of BC makes loans available to women leaving abusive relationships. These loans are used to cover the share purchase required by a new member/resident.
- The co-op and a local credit union collaborate to make loans available to low-income households who would otherwise be unable to afford the share purchase upon occupancy.
- The points-based waiting list system used by the co-op favours homeless applicants if they are able to live independently.

For Heatherway Co-op in Saint John, the practice of local networking and sharing information among agencies and housing providers helps to identify the best fit between housing providers and individuals in need of housing.

#### ***3.4.5 Improving Access to Social Housing***

The co-ops in this study had the following ideas for improving access to social housing for homeless applicants:

- Recognize that the way that many homeless people gain access to a subsidized unit is by being housed by a non-profit provider with a mandate dedicated to housing the homeless or ‘hard to house’;
- Have social services workers, staff in housing access centres and advocates help homeless applicants fill out application forms;
- Implement an online application system for the Housing Registry (local coordinated access system for social housing); and,
- Increase staffing resources for access centres to provide personal assistance to homeless individuals and households looking for housing.

### **3.5 Special Needs Housing Providers**

Interviews with nine providers offering housing for individuals and families with special needs included organizations with a particular focus on individuals:

- Who are homeless or ‘hard to house’;
- Living with mental health issues or a brain injury; and
- Needing housing which can accommodate physical disabilities.

*Umisk* (a project of Amisk) in Edmonton, AB consists of 48 units of transitional and long-term supportive housing dedicated for homeless applicants. The majority of these units are for families.

*Horizon Housing Society* in Calgary, AB houses people with mental illness and other special needs in eight group homes and five apartment buildings for a total of over 441 tenants, including 222 with a mental illness. Other special needs households include tenants with physical disabilities and tenants with brain injuries.

*Seymour Place* (a project of Affordable Housing Society) is located in Vancouver's Downtown South. The development houses tenants dislocated from hotels that formerly operated as 'single room occupancy' and are being converted back into hotels. Thirty of the units are designated to house tenants with mental health issues and 20 units are for people who are HIV positive or who have AIDS.

*The Elizabeth Fry Society* in Kamloops, BC provides housing for families and singles at risk of homelessness. It maintains 81 units of family housing and 14 units for singles, with 15 units for homeless people or those at risk.

Nelson Community Services Centre owns and operates *Cicada Place*, which consists of ten units of housing for homeless and at risk youth who are in school, working, or actively seeking work, and participating in the agency's 'Independence for Youth' program, which consists of weekly groups focusing on life skills training. House rules include no drugs or alcohol, and the number of guests is monitored.

New Direction Inc. in Saint John, NB provides housing and supportive care to persons suffering from a mental illness through six special care homes and two small apartment buildings, with a total of eight subsidized units and two market rent units. Tenants in the subsidized apartment units are individuals with a mental health disability who are able to live independently. These are individuals who would otherwise be homeless or at imminent risk of homelessness due to low levels of income assistance.

*Ecuhome* is an alternative housing provider operating in the City of Toronto with 396 units, including a combination of shared living and self-contained units. The focus of all units is to house the homeless or the 'hard to house.'

*Home Base Housing* in Kingston, ON is an alternative housing provider providing housing and supports to individuals aged 16 and over who are homeless or unable to remain in an unsafe situation. Home Base Housing maintains 68 units (both shared units and one-bedroom apartments) plus a 24 bed emergency shelter.

*Houselink Community Homes* in Toronto, ON provides 294 units of supportive housing to consumer survivors and people living with mental illness, focussing on individuals who are homeless or at risk of homelessness.

### ***3.5.1 Access to Subsidized Units***

There is no uniformity in how applicants access special needs housing. The access points for these units included: in person to the provider, local coordinated access system, through an interagency support network, referrals from mental health and support agencies providing long-term supports to clients and referrals from rehab and other



services. Some of the providers keep a chronological waiting list (for example, Houselink and Ecuhome); others use a points-based system (for example, Elizabeth Fry Society); and another (Cicada Place) keeps a file of applications on hand and exercises judgment with each vacancy about which applicant will fit in best with the existing community. Some of the special needs providers facilitate access to their housing by not requiring landlord references, credit checks, or up-front payments other than the first month's rent, while others operate with requirements similar to 'regular' non-profit providers.

Umisk units are linked into Edmonton's Family Shelter Network, a partnership that includes multi-service agencies, Aboriginal services, and two housing providers. The Family Shelter Network places families coming out of shelters and motel stays in the Umisk transitional and supportive housing units. The housing provider can veto an applicant referred by the Network if it has had previous problems with the individual.

All mental health tenants in Horizon Housing Society's group homes and independent units are referred by the Canadian Mental Health Association and are part of that agency's caseload. Tenants with physical disabilities and brain injuries are also referred by local support service agencies. Credit checks are done for all prospective tenants and landlord references are verified. All tenants pay a damage deposit equal to one month's rent.

For Seymour Place, the provider is thorough in assessing the applicants. If possible, staff talk to people who know the applicant personally, but recognize that positive landlord references for their tenant group can be difficult to obtain, as managers of single-room-occupancy hotels may be uncommunicative.

Elizabeth Fry Society operates a points-based waiting list, similar to the system used by BC Housing. Discretionary points are given to women at risk, youth at risk, women affected by the justice system, women leaving an abuse situation, and for references, interviews and time on the waiting list. Applicants are advised at time of application to contact the housing provider if their circumstances change and to call to re-affirm their interest from time to time. If there has been no contact with the applicant for over a year, the name is removed from the waiting list. When applying under the priority for homeless or at risk of homelessness, the applicant, his or her social worker and the building supervisor are invited to attend an interview prior to an offer of housing. References are typically provided by support workers, staff at the women's shelter, an employer, supervisor (in the case of volunteer work), and/or former landlords. In cases where the applicant cannot be easily reached, interagency networking in this small community can usually locate the individual. A damage deposit of \$250 plus first month's rent is required upon move-in.

Youth who want to live at Cicada Place apply in person and attend a 30- to 45-minute orientation session with the Housing Coordinator. A file of applications is kept on hand, but there is no waiting list per se. Applicants are encouraged to contact the Housing Coordinator every few weeks to update their contact information. Information required at the time of application includes: medical history; medications being used; doctor, dentist

and emergency contacts; legal guardian information if the applicant is under 19; and contact information for school and/or probation officer.

At New Direction, word of mouth and agency referrals fill vacancies in the subsidized units. Staff members also personally know many of the individuals with mental health disabilities who are looking for housing. A small waiting list is maintained for the subsidized units. Applicants are screened for eligibility, which includes having been diagnosed with a mental health disability, having a psychiatrist, living on income assistance and being willing to participate in New Direction's trusteeship program. When New Direction has a vacancy, individuals apply in person. The Executive Director meets with the applicant to explain expectations and assess his/her suitability. Applicants are asked to provide contact information in case they become ill or psychotic. Applicants being considered for a shared living situation have the opportunity to meet the housemate(s) prior to an offer of housing.

Ecuhome has two waiting lists: "active" and "inactive". If an applicant on the active list cannot be found after three attempts, he or she goes on the inactive list. If an applicant on the inactive list is eventually found and contacted, he or she will go back on the active list with the ranking date of the original application. Ecuhome tries to keep the list updated on an ongoing basis, but because most applicants are homeless they often do not have useful contact information. Once approved for housing, applicants are encouraged to phone in regularly to check on their status. Many applicants, however, do not keep in regular contact so the responsibility is with the provider. Only if the applicant cannot be found in a reasonable time when a vacancy arises, will he or she be passed over. Ecuhome uses a very basic application form and conducts a pre-offer interview. If the accommodation is shared, the other occupants participate, but cannot veto an applicant.

Home Base Housing is part of the Kingston's coordinated access system but is also permitted to take people independent of that waiting list. Home Base maintains its own waiting list (modified chronological), generally trying to house the people who have been longest on the waiting list. However, Home Base retains the flexibility to house people who are not on any waiting list but whom Home Base believes are in high or urgent need. A separate list is maintained for youth who are disadvantaged by a chronological waiting list. All applicants who are offered housing are vetted through the local coordinated access system.

As an 'alternative housing provider,' Houselink, like Ecuhome is not required to participate in Toronto's coordinated access system for social housing. Houselink maintains a waiting list, with a specific criterion for all units (people living with mental illness). However, some units are filled by a support agency, under a formal agreement. When a unit becomes available, a staff person interviews the applicant. If the housing is shared accommodation, the other occupants participate in the interview process. While in situ residents cannot veto an applicant, staff, residents and applicants are aware of the need for compatibility. There is no requirement for a damage deposit and the provider has flexibility on the issue of a last month's rent deposit.

### ***3.5.2 Support Services***

Unlike ‘regular’ non-profit providers, the non-profits housing special needs groups appear to have some capacity to help stabilize the tenancies and offer support services or link tenants to community services. Like other housing providers, though, many special needs providers contacted during this study say that their housing is for those who can live independently with supports. The exception would be the providers with a mandate to house the ‘hard to house.’ Some providers noted that not being linked to supports could be a reason for refusing an applicant with complex needs. The types of supports available to tenants include information and referrals to community services, crisis intervention, supportive counselling, assistance communicating with the landlord, life skills, budgeting, and case management services in the case of mental health tenants.

Supports for the Umisk units are available through the Family Shelter Network. Housing workers assist with social assistance, provide vouchers for furniture and clothing, assist tenants to link with services and addictions programs, provide individual supportive counselling, and are available for crisis intervention.

All mental health tenants housed with Horizon Housing Society are supported by CMHA, and participation in CMHA programs is a requirement of tenancy. When issues emerge with special needs tenants, the provider seeks assistance from the referring and support agencies who are their partners.

Seymour Place is supported through the provider’s partnership with a mental health agency. The agency operates a drop-in centre on site and provides direct support to tenants.

Elizabeth Fry Society has a worker providing social, physical, recreational and leisure activities. No life-skills training is offered. Whether or not appropriate community supports are in place for applicants who need them is a consideration in making an offer of housing. Supports not being in place can be a concern. The housing provider is looking at adopting a mental health outreach component to better support tenants. A clubhouse for individuals with mental health issues is located close by, and this is a resource for some tenants.

Cicada Place offers its youth tenants a life skills group; access to a family support worker; and an amenities room (common space) with movie nights. In addition the agency provides crisis counselling, individual support (coordinating appointments, help with shopping, links to addictions and other services), ongoing counselling and a bi-weekly drop-in with a youth addictions worker.

At New Direction, no supports are provided for the independent living units. A lack of supports and involvement in substance abuse could be factors that would result in an applicant not being offered a unit. Incoming tenants need to have links into the mental health system.

Ecuhome has housing support workers who are assigned to particular tenants. Ecuhome staff provide supports such as: lifeskills development, conflict resolution and referrals to a variety of educational, vocational, health or community resources.

Support services are available for all units at Home Base. Staff offer life-skills training, advocacy, help with budgeting, counselling and crisis management. A partnership with the Children's Aid Society results in additional support for some units. Home Base makes use of home care services and community mental health support. A lack of services is never a reason for refusing accommodation.

At Houselink, supportive housing workers are on site with a ratio of 1 staff person to 15 residents. Workers provide emotional support, crisis counselling and practical help for day to day issues. A lack of support is not a consideration when housing homeless or at risk tenants. Houselink attempts to provide the services that residents require for independent living.

### ***3.5.3 Barriers to Accessing Social Housing***

Providers of special needs housing identified the following barriers facing homeless applicants:

- A lack of housing of all types, including supportive housing units;
- Long wait times for existing units;
- Specific requirements referring and support agencies may have of applicants (for example, that the individual be under doctor's care or participate in an agency program);
- Lack of diagnosis in the case of mental illness may mean the individual has difficulty obtaining services, and is not linked to health professionals;
- Lack of compliance with agency expectations can prevent an applicant from being referred to a housing provider;
- Lack of a coordinated access system for applying to subsidized housing, meaning the applicant must fill in multiple applications and perhaps attend multiple interviews;
- Policies prohibiting cats and dogs;
- The perception in the community that the housing provider has too many rules, with rumours or misinformation deterring someone in need from applying;
- Needing support to maintain housing;
- Substance abuse;
- Lack of consistency between immigration laws and practices and social assistance rules means some potential applicants are ineligible;
- Difficulty in contacting homeless applicants;
- Difficulty in providing references; and
- Mental health problems and anti-social behaviours.

### ***3.5.4 Helping Homeless People to Access Social Housing***

The following were noted as useful policies and practices to assist homeless and vulnerable applicants:

- Partnering with agencies to help house vulnerable tenants;

- Having a reputation in the community for supporting disadvantaged individuals and families means that those in need are referred to you;
- Offering housing at affordable rents to youth; and
- “Extreme” non-discrimination policies (in this context, this means taking extra steps to house disadvantaged groups not specifically protected by Human Rights legislation, but who nevertheless face discrimination) and a willingness to house anyone.

Practices that help vulnerable tenants retain their housing were also mentioned:

- Not allowing alcohol or drugs on the premises of the transitional housing development;
- High level of support to tenants;
- Attempts to link tenants to employment opportunities;
- Programs to involve tenants in decision-making and the housing community;
- Eviction prevention policies, including ease of terms of repayment of rent arrears;
- Adopting a multi-service approach: offering many services in house (for example, counselling, budgeting, life skills, and crisis management) and a readiness to make the housing work for tenants with complex needs;
- Partnering with agencies to provide support to tenants (for example, partnering with mental health agencies);
- Trusteeship program to help prevent eviction due to non-payment of rent;
- Using regular inspections of units as opportunities for early intervention when difficulties emerge; and
- In housing for youth, providing supports and setting rules to increase the sense of safety among residents and providing opportunities for companionship and a social environment to connect with other young people.

### ***3.5.5 Improving Access to Social Housing***

Providers of housing for tenants with special needs had a diverse range of ideas about how to improve homeless applicants’ access to social housing.

- Develop more supportive and subsidized housing;
- Use the model of the Family Service Network in Edmonton to link housing, supports and emergency services for homeless and at risk households;
- Obtain reference letters for applicants from support workers that document their intent to continue to provide service to the applicant once housed;
- Provide after-care programs (e.g. linked to local women’s shelter) to ensure the safety of both women fleeing abuse and the tenant community as a whole;
- Have a universal application for social housing to make it easier for those who have trouble filling in forms;
- Have regular meetings of local social housing providers to make it easier to share information;
- Distribute an information package to applicants that describes the different housing types and application procedures and provides information on hook up fees and how to obtain city services such as utilities, phone, etc.;
- Enable a broader range of agencies to be eligible for rent supplement or rent subsidy agreements;

- Have more rent subsidies available;
- Promote open and responsive communication between provincial housing department and community organizations to streamline non-profit operations and housing development;
- Have a secure email connection between shelters and providers housing the ‘hard to house’ to make it easier and faster to locate applicants;
- Revisit provincial rules for accessing community mental health providers: rigid and bureaucratic processes result in many homeless people with mental health problems not being housed by providers with this specialized mandate. Improving access to mental health providers would improve access throughout the system; and
- Implement a more formal coordinated access system among the Toronto based providers working with “hard to house” tenants.

### **3.6 Discussion**

One of the most striking observations emerging from the interviews with housing providers is the enormous variation that exists within the social housing sector with respect to waiting list management, application processing and tenancy requirements.

#### ***3.6.1 Waiting List Management***

Among the 20 housing providers interviewed for this study, significant variation was noted in the processes for applying to and being offered housing. Some providers were linked into formal access systems for coordinating applications for subsidized housing and accepted referrals from a central registry. Many others maintained their own waiting lists. Waiting list management was often reported to be based on applicants’ needs or a point-score system, although providers in Ontario typically use a modified chronological system, and a number of providers in other provinces also maintain chronological lists. Some providers who are linked into a central housing registry take applicants that are point-scored from the coordinated access system and keep a chronological waiting list of individuals who apply in person to the provider. Other providers have agreements with local support agencies for filling and supporting all or some of the units. In areas where there is no local coordinated application process for subsidized units, housing staff reported that they encourage applicants to put their names on as many lists as possible.

Coordinated access and centralized waiting list management were noted by one non-profit provider in British Columbia to have resulted in significant savings for his organization in terms of staff time formerly spent assisting applicants, processing applications and updating the waiting list. From both housing provider and agency perspectives, a one-stop process for allowing applicants to apply for multiple social housing providers or locations is beneficial to the people they are trying to assist. Keeping contact information updated is also easier with a centralized system.

Depending on rules or expectations, coordinated access can be mean an actual or perceived loss of autonomy in the operations of non-profits and co-ops. Providers want to have the final say in assessing the suitability of an applicant for their housing. For the homeless applicant, coordinated access may result in two sets of interviews, one at the

time of application to assess housing need and again prior to an offer of housing. Households on the centralized waiting lists may not be familiar with the particular developments they have applied for, and thus may be on lists for housing that would not be satisfactory to them. To be successful, coordinated access systems need to be adequately funded, with clear lines of accountability and opportunities for stakeholder input in the development, implementation and operational stages.

In some jurisdictions (such as communities across Ontario), coordinated access to subsidized units has become a central issue with regulators and funders in recent years, due to the need for accountability for how housing dollars are spent and ensuring equitable access to this community resource.

Providers who maintain their own waiting lists dedicate staff and sometimes Board or volunteer time to the tasks of intake, assessment, application processing, and periodic updating of the waiting list. Depending on the number of units and the rate of turnover, these tasks can require significant staff resources. This investment of organizational resources does give the provider autonomy in this area of housing operations.

For the applicant trying to maximize his or her chances of being housed, having to apply to individual housing providers is a time-consuming exercise, without a guarantee of an offer of housing at the end of it. Each provider may use different forms, have different requirements at time of application and a different process for assessing applications. Self-esteem, low levels of literacy, health, mental health, addictions, difficulties with transportation and other personal factors among homeless applicants make it difficult or impossible to apply to numerous providers.

Perhaps housing providers who rely on interagency networking and referrals or who have referral and support agreements with agencies are offering the easiest access for a cross section of the homeless population. The housing in this category is typically geared to individuals with special or complex needs or the 'hard to house.' Housing providers and agencies benefit from these arrangements in being able to facilitate a smooth transition for an applicant and to ensure supports are in place to maintain the tenancy. The applicant benefits from the individualized assistance in getting information about and applying to particular housing providers. The downside for a potential applicant, however, is that, if she or he is not linked into an agency or a homeless service, these housing options would be difficult to know about. In addition, individuals who are not complying with agency expectations may be denied referrals to appropriate housing. This system of referrals would not be necessarily beneficial to households who are homeless due to economic eviction and who simply require a subsidized unit and a chance to start over.

Funders and program administrators have the ability to set out parameters within which waiting list management takes place. For many providers in this study, however, it appears that program funders and administrators do not heavily intervene in this aspect of housing provider operations.

The wait times and length of waiting lists for subsidized housing varied significantly between providers. It appears that among the public and regular non-profit housing providers, the ones with the shortest lists and shorter wait times appear to be the ones who purge their waiting list on a regular basis and remove names of applicants who have not maintained contact. These providers are operating with a point-score system; hence the argument is the system favours applicants who are in high need whenever they apply.

### ***3.6.2 Application Requirements and Tenant Selection***

Most housing providers reported that they have staff on hand who can assist applicants fill out forms. In the case of one of the Aboriginal housing providers, staff assist applicants with translation. In some cases, housing staff make significant effort to refer applicants to housing that best suits their needs, an important feature of local networking between providers.

In processing applications and selecting tenants, what is asked of applicants varied from provider to provider. Examples of requirements of applicants include:

- An interview at time of application, and/or a pre-offer interview;
- Home visits to assess current housing situation and need;
- Frequent or periodic contact with the housing provider to update information and check on the status of their application;
- Not owing money to social housing landlords or not having had a previously unsuccessful tenancy with the housing provider;
- Reference and landlord checks, credit checks, and verification of information provided on the application; and
- Agreement that, if housed, the applicant will participate in a trustee program.

Depending on the population being housed, some non-profit providers requested detailed health and medical information, as well as contact information for health care professionals and other supports in the applicant's life. Other providers use a very basic application form.

For individuals being offered housing, some social housing providers required damage deposits, security deposits, furniture deposits and/or last month's rent deposits, or, in the case of co-ops, a member loan or share purchase. (In some cases, applicants are permitted to make such payments over time, thus reducing the barrier to access such a requirement might otherwise be.) Other providers had no such requirements. Providers with shared units all reported having a process whereby an applicant could meet his or her presumptive housemate(s), as part of the tenant selection process.

Social housing providers, including providers focussing on special needs populations require tenants to be able to live independently with or without supports. 'Regular' non-profit providers typically require tenants to broker whatever community supports they need to maintain their independence. Some large public housing providers have staff to assist tenants to deal with crises and put supports in place as needed. Among special needs providers, the assumption is that the individual has supports in place at time of occupancy or in some cases would be linked to supports with the help of housing staff.



For some providers, not having suitable supports available on site is a reason to refuse to house someone. Other providers are prepared to ‘give everyone a chance,’ but there is recognition in the sector that a breakdown in supports leading to problematic behaviour and non-payment of rent can be reasons for asking a tenant to vacate a unit. A few providers noted that they have eviction prevention policies in place.

Several housing providers, especially in Toronto and Vancouver, noted the difficulty in contacting homeless applicants who were on their waiting lists. For others, this was less of a concern, due to the smaller size of their cities and staff knowing how or where they could connect with vulnerable individuals who had applied for housing. The requirement for applicants to keep in contact with the housing provider in many cases meant that this was not a concern for providers. One provider noted that the availability of a voice mail system for the homeless makes it easier for applicants to stay connected.

A minority of providers interviewed reported that they have processes in place for applicants to appeal decisions about being refused for the waiting list, or being turned down for accommodation. Some providers noted that they seldom refuse anyone, so this is not an issue.

### ***3.6.3 Conclusion***

The current social housing environment, characterized by long wait times, low turnover in subsidized units and not enough housing options to meet community needs, has been noted by many housing providers in this study as a significant barrier to housing the homeless.

Many of the processes which are in place to ensure effective waiting list management and application processing among ‘regular’ social housing providers present obstacles for homeless people when applying for housing. Expecting applicants to be able to navigate the social housing system, arrange for supports they may require, demonstrate their ability to live independently, provide adequate references, and afford damage, security or last month’s rent deposits may be beyond what many homeless individuals and families can cope with, unless they are linked with a helping agency and have an adequate level of financial assistance or income. Many housing providers working with special needs populations, including the ‘hard to house,’ take a different approach to working with their applicants. Some have minimal requirements at time of application and for tenant selection. Others are closely linked to service agencies who may be partners in a referral and/or support capacity. The role of agencies in assisting homeless applicants and their perspectives on access to social housing is the focus of Section 4.

## 4.0 Agency Perspectives

Interviews were conducted with staff in ten agencies that work with homeless and at-risk clientele. Three multi-service agencies offering a wide range of services in their communities are discussed in addition to three agencies providing temporary shelter/accommodation, a health centre, a mental health agency and two organizations that focus on helping clients apply for housing. (See Table 4.) Refer to Appendix 2 for a summary of the interview questions used during the agency interviews. Appendix 3 presents the results of the agency interviews in the form of case studies.

**Table 4: Agencies interviewed by Type**

<b>Multi-Service Agencies</b>	<b>Temporary Shelter/Accommodation</b>	<b>Health and Mental Health Services</b>	<b>Housing Help/Access Centres</b>
Bissell Centre (AB)	St. James Community Service Society (BC)	Canadian Mental Health Association (ON)	Access Housing Connections Inc (ON)
Mustard Seed Street Ministry (AB)	Hestia House (NB)	Centre de santé communautaire de Sudbury (ON)	Housing Help Centre (ON)
Fraserside Community Services Society (BC)	Salvation Army (NB)		

The agency interviews gathered perspectives on:

- Barriers to social housing for homeless clientele and service responses from the agency;
- Types of social housing units typically found for clients;
- Availability of support services linked to social housing;
- Local coordination of access to social housing;
- Strengths of the current system; and
- Ways to improve access to social housing.

Following is a summary of the services provided by each agency included in the study, the client group served and their perspectives on assisting homeless clientele in accessing social housing.

### 4.1 Multi-Service Agencies

The *Bissell Centre* in Edmonton AB offers a drop-in centre, assistance for clients accessing permanent housing, mental health services, help with landlord/tenant issues, emergency community support services such as furniture, food and clothing assistance, supports to parents with children affected by Fetal Alcohol Syndrome, employment training, drop-in childcare, family support program, support workers for persons with developmental disabilities, alcohol- and drug-abuse workers, a child welfare team, and supports for independent living. More than 60 percent of the centre's clients are homeless or at risk of homelessness. Clients include: people with mental illness, individuals with addictions, singles and families, Aboriginal people, victims of abuse, and ex-offenders.

The *Mustard Seed Street Ministry* is a non-profit, multi-service agency serving homeless and at risk clientele in downtown Calgary. The agency provides emergency and transitional housing, a drop-in centre, assistance with housing searches, a meals program, job-readiness training and educational programming, case management and referrals. Mustard Seed is in the early stages of developing a street outreach program. The clientele includes singles, some street youth and victims of abuse, individuals with mental health and/or addictions issues, individuals in conflict with the law, and newcomers to the city. Families with children are typically referred elsewhere.

The services of *Fraserside Community Services Society* in New Westminster, BC include an emergency shelter, addictions counselling, group homes for the developmentally disabled, advocacy, mental health services (including housing), programs for children who witness abuse, and employment programs. Fraserside's Housing Support Worker assists homeless clients from the shelter and other agency programs, as well as individuals from the community who require assistance finding housing. Roughly 80 percent of clients assisted through this initiative are single, and the majority are men. Many clients are living with mental illness and/or addictions.

#### ***4.1.1 Barriers Facing Homeless Clientele and Service Responses***

Among multi-service agencies, the following were noted as barriers to homeless clientele in accessing social housing:

- Long waiting lists, whereas the homeless client's need is immediate;
- Limited availability of social housing units, with a complete lack of units in some areas;
- Single homeless people are low priority on waiting lists, even in a point-score system;
- Lower priority points are awarded to applicants currently living in transitional housing compared to those living on the street;
- The onus is on applicants to keep their contact information with social housing providers up-to-date, an expectation that is difficult for those who are transient, dealing with addictions and/or mental health issues;
- Social housing tends to be more geared to women who are heads of households with children, and can be difficult for single-parenting men to access;
- Requirement in co-ops that residents buy a membership share and then pay a housing charge;<sup>13</sup> and
- Lack of subsidies available in co-ops for new members.

Each agency identified one or more services they provide to homeless or at risk clientele to combat the barriers to accessing and retaining social housing.

Bissell Centre participates in a multi-agency initiative called the Family Shelter Network. Through the network, agency staff help homeless families obtain housing. Families are also linked to other supports to help them maintain their tenancies, including addiction

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<sup>13</sup> A housing charge is akin to rent, paid monthly.

treatment programs, child welfare or parenting support programs, and employment training. Vulnerable households are supported for up to a year in budgeting, household maintenance and cleaning, and in communication with landlords.

Mustard Seed assists clients in applying for social housing by providing a phone and message service. The phone is not answered in a way that identifies the agency. Clients are assisted in filling out forms, and staff will advocate for or follow-up on behalf of clients.

The Housing Support Worker at Fraserside assists clients by providing applications for BC Housing units, helping clients to fill out forms and referring clients to specialized social housing providers, depending on their needs.

#### ***4.1.2 Units Found in Social Housing***

Clients of the Bissel Centre have accessed singles' and family units designated for the 'hard to house.' Mustard Seed clients obtain bachelor units and apartments in social housing projects located across the city. Some have also accessed houses. A client at Fraserside who was expecting a child obtained a one-bedroom unit with a social housing provider.

#### ***4.1.3 Availability of Support Services in Social Housing***

Bissell Centre staff have the option of linking a client to the supports provided by the Family Shelter Network if a provider is reluctant to house an applicant due to support needs.

If Mustard Seed clients applying for social housing require supports, the agency can at times arrange for the needed service by linking with other agencies. Mustard Seed's own follow-up program, now in development, will also help to meet the ongoing support needs of their clients once they move into community housing. If a client's need for services is too high, Mustard Seed will be notified that social housing is not an option for the individual.

For Fraserside staff, the perception is that the availability of supports is among the criteria evaluated by housing providers when accepting a homeless client. Fraserside provides follow-up and ongoing support to their clients after they are housed in the community, so this should not be an issue.

#### ***4.1.4 Local Coordination of Access to Social Housing***

##### *Edmonton, AB*

An advocacy-based coalition of agencies exists, which will coordinate access to housing when disaster strikes (for example, a building is being shut down). To be considered for multiple buildings, households can apply to Capital Region Housing, but applications to other providers are made on an individual basis.

##### *Calgary, AB*

There is one-stop access for applying to Calgary Housing Company units, the largest social housing provider in the city. Clients must apply to the other non-profit and co-op housing providers individually.

#### *New Westminster, BC*

There is a centralized system for the lower mainland area to allow clients to submit one application for multiple social housing providers and projects, but co-ops are not included in the system.

#### **4.1.5 Strengths of the Current System**

In Edmonton, the Family Shelter Network has effectively supported individuals who are 'hard to house,' with no or poor references, and unskilled at maintaining their own homes.

Calgary has a good number and range of services for homeless clientele. There are various initial points of access to agencies where homeless individuals can obtain assistance and 'get into the system.'

The coordinated access system for social housing in Lower Mainland, BC may improve access to units, and clients have a choice of locations. There appears, however, to be little movement out of BC Housing units, causing the demand for social housing to grow.

#### **4.1.6 Improving Access to Social Housing**

Staff from the multi-service agencies interviewed had the following suggestions for improving homeless applicants' access to social housing:

- Build more housing;
- Provide support to homeless people who are re-housed and need help maintaining their home and their tenancy;
- Coordinate efforts between agencies and housing providers, and develop referral agreements for housing the most vulnerable clients; and
- Ensure minimum-wage and social-assistance levels are high enough to allow a homeless person to find and rent safe housing and afford the cost of utilities.

## **4.2 Agencies Providing Temporary Accommodation**

Lodged within a multi-service agency, the Women's and Children's Program of *St. James Community Service Society* in Vancouver BC consists of three shelters and 10 units of transitional housing where tenants can stay for up to two years. These shelters take in women who are actively using drugs or other substances. This service is a place of last resort for many clients. Clients served include women sixteen years of age and over with mental illness and/or addictions issues, single and parenting women, Aboriginal women and newcomers to the city. The shelter has support workers to provide essential services to clients. Referrals for mental health and case management services are provided if needed.

*Hestia House Inc.* in Saint John NB helps women, including women with children, who are victims of abuse. The agency provides shelter services and referrals to housing help

centres and mental health services. All of the clients are homeless or at risk of homelessness.

The Correctional and Justice Services Branch of the *Salvation Army* operates a half-way house in Saint John NB for people moving from correctional institutions. In addition to the halfway house, the *Salvation Army* offers a wide range of services to a broad-based client group which includes individuals with mental illness and/or addictions, single men and women, Aboriginal people, victims of abuse and ex-offenders. Twenty to twenty-five percent of clients are homeless.

#### ***4.2.1 Barriers Facing Homeless Clientele and Service Responses***

These service providers noted the following as barriers for homeless people in accessing social housing:

- Long waiting lists;
- Need for social housing units is far greater than the supply;
- Clients have no phone or address;
- Clients becoming lost in the system as they move from one temporary situation to another;
- Many clients needing housing where on-site supports are available;
- Addictions;
- Criminal record;
- Attitudes of both housing providers and prospective tenants; and
- Lack of income support.

Agency responses to assist clients in accessing social housing include:

- Maintaining an informal link with the public housing provider who tries to prioritize clients under provisions for victims of abuse; and
- Providing referrals to Family Services and other agencies.

One respondent noted that her agency is overstretched and that staff are largely unable to assist clients in maintaining contact with social housing providers.

#### ***4.2.2 Units Found in Social Housing***

Typically, the units obtained through BC Housing for clients of St. James Community Service Society are in the less-preferred locations of the Lower Mainland area due to the age of the buildings or neighbourhood characteristics.

In Saint John NB, there is a range of apartments in social housing development of appropriate size for women with or without children who are clients of Hestia House; a lack of availability is the issue.

#### ***4.2.3 Availability of Support Services in Social Housing***

From the Vancouver agency's perspective, social housing providers show reluctance in housing clients coming from shelters. In particular, there appears to be a bias against women coming from the low-barrier shelter run by St. James Community Service

Society. It seems that housing providers do their own screening and appear to fear that women coming from the shelter will trash the unit.

#### ***4.2.4 Local Coordination of Access to Social Housing***

##### *Vancouver, BC*

The interviewee was not aware of any coordinated access system. The agency tells clients to apply to BC Housing and to other providers individually.<sup>14</sup>

##### *Saint John, NB*

There is a formal access system run by NB Housing, with providers filling every second vacancy (or more) from this central list. In addition, agencies and providers talk informally among themselves about individual cases. Informal contacts also exist between the corrections field and the housing field.

#### ***4.2.5 Strengths of the Current System***

The interviewee from Vancouver remarked that centralized coordinated access to social housing units has been suggested. Shelter staff continue to have contact with women after they leave and will try to locate former clients if any offer of housing comes up. Shelternet BC is bringing shelters and long-term housing providers together to get to know and understand each other better.

In Saint John, interviewees state the system works well at the local level because of formal and informal linkages between agencies and providers.

#### ***4.2.6 Improving Access to Social Housing***

Responses from these providers of shelter and temporary accommodation included:

- Build more social housing units.
- Ensure a continuum of housing is available, with low-barrier supportive housing at one end. Currently, much of the housing that is decent is not available to women with addictions.
- Avoid concentrating social housing in one part of the city.
- Implement better tenant protection laws.

Other comments pertained to the need for social assistance levels to be high enough to afford better private market housing and for social assistance to include real incentives for recipients to return to the workforce.

### **4.3 Health and Mental Health Services**

A community health centre and a mental health agency were included in this study. *Centre de santé communautaire de Sudbury* (ON) provides primary health care, health promotion, and community development programs to the Francophone population living

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<sup>14</sup> In fact, BC Housing and other social housing providers are collaborating in the Housing Registry initiative. Participation in this system for coordinating access to subsidized units is voluntary, and not all social housing providers use the system. In many cases, applicants would still need to apply to individual providers.

in the greater Sudbury area. It operates the *Corner Clinic*, a satellite health clinic established in 1999 operating alongside a soup kitchen.

Services of the Corner Clinic include: primary health care, social work, addictions counseling, shower, drop-in centre, clothing, personal care products, shelter and housing referrals, assistance with finding housing (in partnership with the Canadian Mental Health Association and the Red Cross, which provides housing workers), street outreach (through partnerships with local agencies), and case management. Services are provided in French and English. About 30 percent of the client group is Francophone, 40 percent Aboriginal, and 30 percent Anglophone or from other cultures. On average, 300 individuals visit the Corner Clinic each month. These clients are homeless or at risk of homelessness. Many clients are transients from more northerly communities; others are coming out of prisons and institutions.

The *Canadian Mental Health Association* in Sudbury ON is a community-based agency providing mental health and case management services. Thirty-five percent of clients in 2003 were homeless, and 35 percent were at risk of homelessness. These included people with mental illness, individuals using or abusing drugs and alcohol, single males, single females, Aboriginal households, families with children, victims of abuse and ex-offenders.

#### ***4.3.1 Barriers Facing Homeless Clientele and Service Responses***

In Sudbury, there is a one- to three-year wait for social housing, and many applicants end up moving away before being offered housing. Homeless clients may not comply with the rules and expectations of housing providers or may be unresponsive and have difficulty in taking on responsibility. Insecurity of income, a lack of support services, compliance issues or addictions can mean a homeless person goes on a waiting list and stays on the list, with no chance of being housed. Other barriers can include past behaviour; outstanding debts or a past history with social housing providers; and inability of applicants to integrate with other social housing tenants.

Agency suggestions for reducing barriers to housing experienced by homeless clientele include:

- Providing referrals to the social housing waiting list; and
- Developing a program through the Health Centre to build communication skills and self esteem among homeless people as a way of addressing issues that fuel non-compliance with agency or landlord expectations.

#### ***4.3.2 Units Found in Social Housing***

Typically, the social housing units obtained by homeless clientele are small self-contained apartments.

#### ***4.3.3 Availability of Support Services in Social Housing***

In Sudbury, the availability of support services is not an absolute requirement for housing, but some landlords want case management support for their residents.



#### ***4.3.4 Local Coordination of Access to Social Housing***

There is a local coordinated access system for subsidized housing run by the City of Sudbury. The Corner Clinic refers clients to it, but CMHA does not use it. Clients looking for housing apply directly to CMHA.

#### ***4.3.5 Improving Access to Social Housing***

From the vantage point of the Corner Clinic staff, there is great need to have various models of affordable housing available, including group homes and supportive housing with case management.

Other ways to improve access to social housing include: developing housing that is culturally and linguistically sensitive, with components to deal with low education levels; developing housing targeted for homeless francophone people; and promoting tolerance and patience in society, with awareness of the importance of services for the Francophone population.

From the perspective of the CMHA interviewee, a network for information sharing between agencies and housing providers would be helpful, as would coordinated access for regular housing that is also available to CMHA clients. There is a need to increase sensitivity both towards mental health and the ability of clients to self-direct their care. Early intervention for medical needs might avoid hospitalization and the need to be re-housed due to an urgent status. In addition, more social housing in general would reduce the waiting time for applicants.

### **4.4 Housing Help and Access Centres for Social Housing**

The *Housing Help Centre* in Ottawa ON assists with housing searches in the private market and helps some clients in applying for social housing through the local coordinated access list. The centre provides a workstation, telephones, vacancy listings, newspapers and information about social housing to assist clients in finding housing, as well as information on tenants' rights and responsibilities. The agency will also make referrals to community services to assist clients in finding or maintaining their housing. Ninety-five percent of clients are homeless or at risk. The clientele includes people with mental illness and/or addictions, victims of abuse, street youth, ex-offenders, new arrivals to the city, and Aboriginal people. The agency assists singles, couples and families.

*Access Housing Connections Inc.* is a social housing registry funded by the City of Toronto to fulfill Toronto's coordinated access obligations under Ontario's Social Housing Reform Act. As of June 30, 2004, over 2,500 applicants to the registry had self-identified as homeless or at risk (out of a total of 66,201 files). Applicants include singles, families, Aboriginal people, individuals with mental health issues, those with addictions, and other subsets of the homeless population. Most advocacy calls are about families with children, recent arrivals and victims of abuse.

#### ***4.4.1 Barriers facing Homeless Clientele and Service Responses***

The major barrier to social housing in Ottawa is the length of the waiting list.

From the perspective of Access Housing Connections Inc., the following were noted as barriers to accessing social housing: arrears owed to a social housing landlord, lack of access to a phone, and poor match between family size and available units. There is also a quota in the access system, and the interviewee believes targeting one in every seven vacancies for homeless applicants and others disadvantaged by a chronological waiting list may not be enough.

#### ***4.4.2 Units Found in Social Housing***

While the Access Housing Connections Inc. itself does not make offers of housing, the statistics for the first six months of 2004 illustrate the unit types accessed by homeless clients:

- Single person, no dependents 16-58 yrs old (1,599 cases) to small, self-contained units;
- Families with dependents (781 cases) to 2+ bedrooms; and
- Seniors (191 cases) to bachelors or 1-bedroom units.

In Ottawa, a variety of unit types are available through the Housing Registry (the local coordinated access system).

#### ***4.4.3 Availability of Support Services in Social Housing***

The Housing Help Centre in Ottawa observed that support services are not always available for social housing units, and that, while the agency tries to connect services to clients, often it is hard to assess a client's ability to live independently.

In Toronto, the availability of services is not a criterion for acceptance by a social housing provider (though the ability to live independently is), but it often helps.

#### ***4.4.4 Local Coordination of Access to Social Housing***

From the Housing Help Centre perspective, rent supplement funds, portable shelter assistance, help with family reunification and local networking and information sharing among community agencies help to overcome some barriers faced by homeless applicants. Many agencies have access to the waiting list database and can assist applicants. Clients can learn from housing help centres about how to locate housing and approach landlords.

Both Ottawa and Toronto, where these organizations operate, have local coordination for access to social housing units. As noted above, Access Housing Connections Inc. is the organization providing this service in Toronto for public housing providers, non-profits and co-ops. Nineteen alternative housing providers, serving 'hard to house' clientele, are not part of the coordinated access system.

#### ***4.4.5 Improving Access to Social Housing***

From the perspective of the Housing Help Centre in Ottawa, one way to address the barrier to social housing is to work with clients who may meet the eligibility criteria for supportive housing and who can be considered for housing under the City's local priorities for access. Where there are no applicants eligible under the special priority rule for victims of abuse, providers are to fill one in ten vacancies with applicants who are disadvantaged by a chronological waiting list system. This includes homeless applicants and those with an urgent need for housing due to medical or safety reasons.

Collaboration between agencies and social housing providers increases the likelihood that individuals will be directed to the right place. In addition, more affordable housing and support services to enable re-integration and successful independent living are needed.

Suggestions for improving access to social housing from the perspective of Access Housing Connections Inc. include:

- Implementing a web-based system for quicker and more accurate updates of contact information;
- Making more rent supplement dollars available for homeless and at-risk households not on the general waiting list;
- Changing the quota for housing homeless people and others disadvantaged by a chronological waiting list to more than 1 in 7 vacancies; and,
- Increasing the use of formal referral agreements with housing providers to house homeless clients.

#### **4.5 Discussion**

Agency staff identified many of the same barriers facing homeless people that housing providers did. Agency staff more readily pointed out the difficulties faced by homeless people due to lack of a phone and ever-changing contact information. Both agency and housing provider staff noted that behaviour on the part of an applicant that does not conform with organizational expectations can be a significant barrier to obtaining housing, and both groups suggested that a lack of supports available for homeless people at time of occupancy can be a reason for refusing an applicant.

Evidence from the agency interviews suggests proactive activity among some agencies to address several of the major obstacles that their clients face. These efforts include after-care programs, programs aimed at self-esteem and communication skills to overcome barriers stemming from some individual behaviours, and actively linking clients to supports if a provider shows reluctance to house them.

Overall, agency staff reported that social housing providers know the issues facing homeless applicants. One respondent remarked that there is recognition among housing providers of the conflict that results from their role as property managers. Another respondent noted that housing providers are not really informed about the issues affecting ex-offenders, and that more education is needed about the implications of a 'record.'

From the results of this study, it appears that applicants for social housing in Alberta, British Columbia and New Brunswick do apply to individual providers and in many cases are encouraged by agency staff to apply to as many as possible. As noted previously, this procedure and satisfying the application requirements of individual providers can quickly become onerous for many homeless applicants or agency workers who are assisting them.

## 5.0 Perspectives from Homeless and Formerly Homeless Individuals

Two focus groups were held with homeless and formerly homeless individuals to obtain additional perspectives on the issues facing homeless applicants in obtaining social housing units and maintaining these tenancies. The first focus group was held with residents of Ecuhome, a large alternative housing provider in downtown Toronto, with a mandate to house homeless and 'hard to house' individuals. (See Appendix 3 for the case study about Ecuhome). The second focus group was held at the Peel Family Shelter, a facility managed by the Salvation Army in Mississauga, ON. All participants were residents of the shelter because they were without permanent housing.

### 5.1 Ecuhome Focus Group

Participants in the focus group had been chosen by Ecuhome staff. The group consisted of two women and five men. They had lived in Ecuhome between one month and five years, with most living in Ecuhome less than one year. All were single adults not living with children and lived in shared houses, rather than self-contained apartments.

Key areas of discussion during the focus group were:

- Finding out about Ecuhome;
- Supports for Ecuhome tenants;
- Tenant selection;
- Obstacles to finding housing;
- Looking for other housing; and,
- Ideas for making it easier to find housing.

Refer to Appendix 4 for a list of questions used during the focus group.

#### 5.1.1 *Finding out about Ecuhome*

Most participants heard about Ecuhome through an agency, usually a rehab house they were living in. Most were able to move in quite quickly once they made contact with Ecuhome. No participants mentioned the local coordinated access system for social housing as the path to move into Ecuhome. (Ecuhome is not formally part of the coordinated access system.)

Participants explained what was happening in their lives at the time they were housed through Ecuhome:

“I moved from London into a recovery program in a Toronto hostel. I read about Ecuhome in the Blue Book listing of all the non-profits. Ecuhome was the second non-profit I looked at.”

“I’ve had three experiences looking for housing. In ’91 I was in Alpha House rehab when I heard about Ecuhome. I had lived on the street for 15 years. I found it a very smooth transition. I felt very safe. Everything clicked. I just needed first

month's rent, no last month's rent. I liked the idea of housing – better than a rooming house. Then I ended back in rehab at St. Mike's. There was a very long waiting list for housing at the time. I didn't hear about anything for a long time. So I got my own room. But that fell apart right away – I was in a bad neighbourhood for me, my old crowd. Then I was back at St. Mike's again, and this time I got a place in Ecuhome very quickly. It's a good location, good amenities, and far from my problems.”

“I applied for [another provider] while I was in Alpha House rehab. I waited and waited, and didn't hear. Then I heard from Ecuhome and just moved in.”

“I was in rehab in the fifth month of a six-month residence. They suggested I begin looking for housing. The bottom line is, there just isn't enough permanent housing. There was such a long waiting list, I didn't even bother. And then the staff made a connection with Ecuhome, and here I am.”

“I moved in five years ago. I was in a six-month rehab. I couldn't return home to my partner. I heard of Ecuhome through word of mouth from Ecuhome tenants. I waited two months to move in. The staff were very supportive during the transition. It moved very quickly, very conveniently.”

“I was in a six-month residential program at Grant House. Two months before graduation, I was given a list of housing. Ecuhome was available. The staff was very friendly. They treated me like a human being. At [another provider], the lady wasn't nice at all. The first place at Ecuhome I looked at, my worker said, ‘Don't go to that place. It's a crack haven.’ But I've never done crack, so I wasn't worried. But it was disgusting, just filthy, and I turned it down. Then one week before my graduation, when I was wondering, ‘Where will I go?’ Ecuhome offered me a beautiful newly renovated place.”

“I applied to [another provider] but they never replied. At Ecuhome I just showed up, and the room was mine. I lucked out. I had been in [a shelter], but the rules didn't suit me.”

### ***5.1.2 Supports for Ecuhome Tenants***

All participants said they valued the supportive housing staff at Ecuhome. They agreed that the supports were available to all tenants who needed them. As several participants said, “If you need it, ask for it.”

“My housing worker is awesome. She is very supportive.”

“My housing worker spent at least 1¼ hours with me yesterday. She really got me to open up, like the case worker at the rehab did. I'm going to be meeting with her every week. Otherwise, it's easy to avoid doing things. She gets me going.”

“My worker keeps track of my goals. I don’t want to do new things. It’s very uncomfortable. But she keeps me on track.”

“The support is here in Ecuhome.”

“The housing worker informed me who the tenants are. That let me build relationships with the other people in the house – not just like being in a room.”

“I’ve been a crazy bugger all my life, but in this house, my life is just great.”

“I thank God for programs and houses like this.”

### ***5.1.3 Tenant Selection***

According to the participants, Ecuhome policy gives tenants in a house the opportunity to interview prospective tenants and decide whether to accept them or not. Tenants choose the best applicant from several choices. All participants reported they have seen applicants being turned down.

There was a lively debate about the merits of this policy.

“The interview isn’t intimidating. It was very easy-going. I just went and talked with the people in the house, and the next day I got a phone call saying I was in.”

“I’m not a fan of the interview process. It’s superficial. You can’t get to know someone in 15 minutes. And how honest are people going to be with the worker sitting right there? No one is going to admit they aren’t abiding by the rules. And other people are judging you who aren’t qualified to judge. I’d like a written questionnaire. It would be more honest.”

“People could still lie in a questionnaire. And you can’t get to know someone through a questionnaire.”

“I found the interview taxing. I tried to be honest – mostly out of self-preservation. I found the interview gives a chance to see what you are getting into. I heard I was voted in because of my honesty – after the interview I had wondered whether I should have said stuff. For the interview to work everyone needs to maintain integrity, so you’re not blindsided.”

“Lying gets you thrown out, but it takes a long time. I like that people get extra chances, but it puts the rest of the house in jeopardy.”

“We had a crack user in our house. We didn’t interview him. He was out immediately – in two weeks. We need to keep out people who are not serious about not using. Why should my recovery be jeopardized by someone who can’t get it together?”

“We can judge someone instantly because we have the intuition instantly, because in the street you need that kind of intuition.”

“At least the interview gives you a chance to ask questions.”

“I’ve been refused. I didn’t like the process.”

“I went through 12 – 13 interviews before I was accepted. How fair is that?”

#### ***5.1.4 Obstacles to finding housing***

Some participants did not find it difficult to find housing; their move to Ecuhome was quick and straight-forward. They credited their short wait to Ecuhome’s short waiting list, and to the rehabs and shelters they lived in before their move.

For others the biggest obstacles, aside from affordability, were the mechanics of arranging phone calls without a home base.

“The bottom line is affordability. I work seasonal. I can’t afford \$425 for a room. It’s almost \$900 first pop. How can you put that kind of money together?”

“OW [Ontario Works] gives you a start-up allowance once a year, but it’s not for rent.”

“For me, fear was the biggest obstacle. I’m really shy. On the phone, words don’t come out. I asked the counsellor to help, and she said no, I needed to learn how to do it myself. I just pretended to call.”

“The [shelter] gave me several options, but most of the choices were problems for me – too many rules, curfews . . .”

“In Uxbridge OW gave me the run-around. It takes 8 – 9 weeks just to get the first cheque.”

“Getting messages when you’re on the street is a real problem. And you can’t drop 25 cents you don’t have in the machine.”

“Call backs are a nightmare.”

“Transition House has someone there all the time. They took messages for me.”

“The Fred Victor Centre or other agencies will be your contact. It’s up to the individual.”



“You need to call every week. The problem is that you need to take responsibility for finding housing, but responsibility is an issue for addicts. Picking up messages was more than I could handle.”

“It’s easier when you’re in the system – in a detox or a hostel. I’m not sure what other people do who aren’t in the system. I’ve never seen a bulletin about Ecuhome.”

“If you’re not doing anything recovery-based, it’s very hard to find anything.”

“You never hear anything in ‘God’s Country.’ [Uxbridge] But in Toronto my sister had been through the system. She laid it out for me.”

Among the obstacles to finding housing – not for themselves but for people still looking for housing – participants cited tenancy policies in Ecuhome and other non-profit housing.

“In Ecuhome, some people are non-proactive in their recovery. They’re holding up people on the street who want to move in and make a change in their life.”

“There’s a lot of injustice – people holding a unit in housing who don’t live there – they’re living with relatives.”

“I heard there were 16 vacancies in a Scarborough seniors’ building. Why not let a 35-year-old woman move in?”

“There are vacancies here. I hear it’s because they’re holding rooms for organizations. We’ve had two vacant rooms for 3 – 4 months.”

### ***5.1.5 Looking for Other Housing***

Several participants were on waiting lists for a self-contained, subsidized apartment.

“At the Good Shepherd they have a list of private housing. There’s less of a waiting list for those.”

“I’m on the waiting list for an apartment. I don’t like living with people.”

“I hear there’s a long waiting list. Why bother? It needs initiative to get a new place, and I’m OK where I am.”

“I’m put off by the whole waiting period. Screw it. I’ll get a job and get my own place. I figure that in eight years, who knows where I’ll be?”

“My dream is to move into Ecuhome’s women’s house – it’s a house just for women and it’s wonderful. I’m on the waiting list. But nobody’s moving out.”

“I’m on the list for a one-bedroom. In a couple more years, I could move into a seniors’ building.”

### **5.1.6 Ideas to make it easier to find housing**

When asked, few participants had suggestions for improvements to the access system (possibly because most had found it relatively easy to move into Ecuhome). The most emphatic suggestion, supported by all participants, was creating more affordable housing.

“I’d like someone to help you phone if you’re afraid to make the call.”

“The City could have a service where people could pick up and leave phone messages.”

“One-shot help from OW [Ontario Works] – instead of \$190 and go live on the street.”

“More affordable units. Why the hell don’t they do something?”

### **5.1.7 Summary**

The participants in this focus group had come to Ecuhome after being in a program dealing with alcohol or drug abuse. Workers or other clients of these programs put them in touch with the housing provider. All participants spoke positively about the supports given by Ecuhome staff, and noted the role of supports in helping them move forward.

In discussing housing options, participants looked to social housing, since the private market was beyond their price range. Most seemed content to be in Ecuhome, either until there was other social housing available or until their own condition allowed them to get a good enough job to afford private housing (no timeframe specified for the latter).

Most are looking to move to a self-contained unit in Ecuhome. Almost everyone would like to live in a social housing unit somewhere in Toronto (once they are confident they have overcome their addictions and/or their other fears), but everyone is aware of the long waiting list. The consensus from the group when asked how access to social housing could be improved was to build more of it.

Participants wanted Ecuhome to take stronger action to evict people who either were not progressing in their recovery or impeding others. (All participants are living in shared housing.) They apparently were not aware of the constraints of the Tenant Protection Act under which Ecuhome must operate.

Many participants found that access for people coming from a detox or other facility was very smooth, but they believed that access for others was not as easy because of a lack of information.

## **5.2 Peel Region Focus Group**

The focus group held at the Peel Family Shelter brought together seven residents of the shelter. Participants were chosen by shelter staff. The group consisted of one man and six women. Interpretation for one woman was provided by her teenaged daughter. All had at least one child. Five participants were searching for housing. One had been offered a social housing unit that week; another had located a private apartment available at the end of the month.

The discussion touched on the following themes:

- Housing market;
- Rental housing and the law;
- Help finding housing;
- Coordinated access for social housing;
- Social Assistance;
- Discrimination;
- Social housing versus housing in the private sector; and
- Ideas for improving access to social housing.

### ***5.2.1 Housing Market***

When asked about their search for housing, all participants felt the main problem was the lack of affordable housing in good repair.

“Landlords know there is a bunch of us out here looking. That’s why prices are skyrocketing.”

“There’s just not enough non-profit housing. Rents are set at outrageous prices. The landlords take care of nothing. There are leaks, fungi, mildew. In my last place the humidifier was leaking. What are you supposed to do?”

“All basements are the same. There’s no privacy, and they’re a bad place to raise a family. Some of them are not even legal, and they want \$800 or \$900 for them.”

“I have four kids, and I’m looking at basement apartments – which cost as much as a high-rise.”

### ***5.2.2 Rental Housing and the Law***

Participants were not asked about their experiences with rental housing, but several raised the issue themselves, citing legal battles as one their chief problems in securing good housing.

“The [Ontario Rental Housing] Tribunal doesn’t do anything. They won’t even call us back. We’re not putting up any money, and the landlord is, so they put us off. If the landlord is ordered to do repairs, they do a slap-up job and it’s broken again in three months.”

“We paid \$1,300 for a place in Brampton. The heater broke down in winter and it took six months to repair. We were freezing all winter.”

“I tried to hold back rent, but the landlord tricked me. I thought I was signing an agreement to do the work but he snuck in a Tribunal sheet to sign. I found out later I’d signed the wrong thing.”

“I visited the legal clinic. The guy didn’t know much. He said, ‘You can try this, you can try that...’”

“I rented a room when I was 18 for \$400. Then the landlord put in a new rule and wanted my boyfriend to move out. I didn’t know they needed to give 60 days’ notice to kick us out.”

“The landlord said I wasn’t allowed to have visitors after 11 pm, and I could only do laundry one night a week.”

“One landlord said I couldn’t have anyone come over.”

“It starts with the high cost of housing. They have all the control.”

### **5.2.3 Help finding housing**

Participants felt they did not receive enough help finding an affordable home. They noted the shelter provided lists of vacant units, and updated these lists regularly. However, they were responsible for doing all the legwork themselves. And the units that were available were invariably unaffordable and poorly maintained.

When asked, no participants knew of an organization that would help them.

“The shelter staff is very helpful, but we have to do the legwork ourselves.”

“My baby needs to see a doctor at the Credit Valley Hospital every week. I can’t move to any other area. I don’t know what to do. Every day on the bus, I change buses 5 – 6 times, looking for a place to live. How can they help?”

### **5.2.4 Coordinated Access for Social Housing**

All participants were on the *PATH* waiting list. None had any difficulty finding out about the coordinated access system for applying for social housing. They heard about it through the shelter, through the Ontario Works (social assistance) office, and through flyers in co-ops and non-profits they had visited. Participants found the staff to be courteous and the application process simple.

Two women had been given priority status (as a victim of domestic abuse). One had waited only eight days to receive an offer. The other had friends with priority status who had been housed within one month, and expected the same.

The remaining participants had been on the list “for eight years,” “since 2000,” “several years,” “forever.” One had been told that households with an application date in 2000 were now nearing the top of the list.

Some participants said they were interested in living outside Peel (Cambridge and Halton were specifically mentioned), but they did not know how to get on the lists for social housing in these areas. One participant recommended that the lists be coordinated among regions, so that their approved applications could be simply transferred to another region.

“In small towns there could be vacancies, but you would never know.”

### **5.2.5 Social Assistance**

Although participants were not asked about help received through Ontario Works (OW or social assistance) offices, they volunteered scathing comments on OW staff and processes.

“OW people are the worst. It’s hard to believe they’re supposed to be helping us.”

“They’re rude, come late, keep you waiting – or you get their answering machine.”

“They don’t know anything. They yell at me – say I ask too many questions.”

“The OW workers in the shelter are very nice, but they’re the only ones who are.”

“You have to give all this information in a 45-minute phone call, and then you have to come in and re-do the whole thing face to face.”

“They should hire people like us. People who know what it’s like, who are more realistic and considerate.”

### **5.2.6 Discrimination**

When participants described their experiences looking for housing, they described discriminatory practices they encountered. Discrimination was reported to be linked to being on social assistance, nationality, personal history, and having children living with you.

“As soon as they know you’re on OW, forget it. If you have kids, they don’t want you. I got into subsidized housing, but no-one else would look at me.”

“The first thing they ask is, ‘How many children?’ When we tell the landlord we have six children, they always say the place is too small, even for a four bedroom.”

“They want to know how old your kids are. They’re afraid of extra repair costs.”

“I was asked for a \$300 damage deposit.”

“They ask all sorts of personal questions – ‘what’s your background? (meaning what’s your nationality), or ‘what happened to you?’”

“You’re penalized for having more children.”

### **5.2.7 Social Housing Versus Housing in the Private Sector**

When asked, participants unanimously preferred an affordable private sector apartment to an apartment in social housing.

“You don’t have to answer the government in private rental.”

“In social housing everyone else is low income – it’s the ghetto. Canada can learn from the States, where government housing means high crime.”

“It’s not right to put kids into that scenario. They have no self-esteem, no dignity. You’re stigmatized by the rest of the community. In rent supplement, no-one knows ‘mom is low income.’”

“If you get a good job, they boot you out.”

On the other hand, participants saw their greatest hope for getting a home in social housing.

“People who get in can save slowly but surely, and end up with a house.”

“I just hope I get into Peel Housing. It’s my only hope.”

There was a debate about who should live in social housing.

“I think the problem is people who get housing who don’t really need it. I know someone paying \$450/month who has a BMW. They should monitor these people, and move them out to help other people in need.”

“In any system people will abuse it. Most people in public housing need it. They don’t want more policing. They already check you two times a year – ask how many people live there, what your income is . . .”

### **5.2.8 Ideas for Improving Access to Housing**

One participant from the US wondered whether Canada had Section 8 housing (this is similar to Ontario’s rent supplement program).

“We need a program where landlords go the government, and agree on a rent, and then agree on a 2% increase per year as an incentive.”

Others cited the need for help with first and last month's rent.

"If you don't have a high paying job, if you make \$300/week, you can never save first and last."

"We need 'a something' to get us started. I don't want to be on OW. But I need a little something, maybe first and last month's rent, to make the leap."

For others, having ongoing support was critical.

"The support in the shelter is great. We get daycare, we get help with transportation. But when we move out, all the support stops. If I get a part-time job, who will take care of my kids? Daycares work 'bankers' hours.' And a lot of caregivers are no good."

"We need support programs to stop you from falling back in the shelter."

"I found housing for the 29<sup>th</sup>. I'm a little afraid. What do I need to do to not come back here?"

All participants called for more affordable housing.

"How about the government starting to build housing again? That would be something."

"Families with large families are in the shelter the longest. We need more housing for large families. I can't stress it enough."

### **5.2.9 Summary**

Focus group participants reported not having had help in looking for housing, except for receiving listings of housing. They had no expectation of finding housing in the private market because of the high rents and expressed frustration with the long waiting lists for social housing. Overall, they did report high satisfaction with the coordinated access system for social housing.

Participants did cite ways in which they had experienced discrimination in their search for housing. This seems to be a function of the high demand for housing, which allows landlords to be discriminatory.

Ideas for making it easier to access housing included having help saving up for last month's rent and having some interim or graduated assistance as opposed to the "all or nothing" approach. Participants wanted to see more subsidized housing built. Increased use of rent supplements was suggested to allow occupancy in the private market.

Better information is needed about how social housing works. There is a need to correct misconceptions about impending eviction when income passes a certain point, and clarify

that intrusiveness is more limited than participants seem to think. These clarifications may improve applicants' impressions about social housing.

### **5.3 Discussion**

The findings of the focus groups with homeless and formerly homeless individuals echo some of the same comments heard from housing providers and agencies. Barriers to accessing social housing included long waiting lists and not having access to a phone or a free way to obtain voice mail messages.

The experiences heard in the focus groups underline the importance of agency referrals, accurate information, local and regional coordination in applying for subsidized units and practical individualized assistance with housing searches. Focus group participants readily spoke of the discrimination they had experienced, a topic only briefly mentioned by housing provider and agency staff. Participants in both focus groups, although they represented very different subsets of the homeless population, spoke of the importance of having supports available to them to help them stabilize their lives and move forward.

While participants in one focus group lived in shared housing, they identified their preference for having an apartment of their own and implied they would likely remain in social housing. Shelter residents in the second focus group unanimously identified that their preference is to be housed in the private market if they could afford the rent. Perhaps this is an argument in favour of increasing the amount of rent supplement funding available so that people who only need income assistance can have more choice about their housing, while non-profit housing can focus more on people with additional needs. (Of course, rent supplements should not become a 'blank cheque', since this would only exacerbate the problems with insensitive landlords the people in the Peel shelter experienced, but this issue could be addressed through careful program design.)

The shelter residents who participated in the focus group were all involved in housing searches, or had recently been offered a unit and were waiting for their move in date. All had applied for social housing through the coordinated access system, and had found the application process simple, as was finding out about the service. Aside from two participants who were expecting to access housing under the priority for victims of domestic violence, the others had been on the social housing waiting list for a number of years.

As both focus groups took place in Ontario, this study has not been informed by the perspectives of homeless applicants looking for housing in areas where waiting list management is not coordinated, where the system is based on point-scores, and where applicants risk losing their place on the list if they fail to stay in regular contact with the housing provider.



## 6.0 Discussion and Analysis

The purpose of this discussion is to draw attention to key themes emerging from the interview and focus group data compared to the findings of the literature review. The questions posed at the outset of the study provide a framework for this synthesis of the research findings.

### **How has access to social housing for homeless individuals or families been identified as an issue by social housing providers?**

Social housing in Canada is still evolving. Barely 30 years ago – just one generation – the only social housing was public housing, which had a heavy focus on seniors. Apart from seniors, the people who were housed in public housing developments were those who scored highly in the local rating system. Families in the most desperate situations mostly received priority and this was ‘housing of last resort.’ There was no supportive housing as it is recognized today: those with mental illness and developmental disabilities were in institutions; the major addiction was to alcohol, and homeless alcoholics were typically seen as male transients moving from shelter to shelter; and domestic violence had not been identified in the mainstream as a major problem.

When non-profits and co-ops began to be built in the 1970s, the focus was seniors (again) and low-income families with some link to the sponsoring group (such as a service club or faith community). The move was away from the concept of ‘housing as a last resort,’ which was still seen as the responsibility of public housing. Only a few providers in the early years of non-profit housing were dedicated to helping homeless or at risk households.

It was largely not until the 1980s that a significant number of providers began to deal with homeless individuals and families in a systematic way, presumably due in part to recognition that ‘regular’ non-profits and co-ops were not equipped to handle homeless applicants if the path into homelessness was caused by anything more serious than a lack of affordable housing. Multi-service agencies also launched housing projects, realizing that stable housing would benefit their clientele. Dedicated supportive housing organizations also contributed to the housing system by focussing on particular target populations with needs that included, but were not limited to, affordable housing.

In the past and still today the budgets, physical facilities and target populations of ‘regular’ non-profits and co-ops generally do not make it easy for them to house homeless individuals with complex problems. While some providers of special needs housing reported being well equipped to house applicants with complex issues, a common theme among ‘regular’ non-profit and co-op providers was that their housing was only for those who could navigate the ‘system,’ demonstrate their ability to cope with independent living, and broker any needed supports on their own.

A common message coming from the housing providers and agencies in this study is that many homeless individuals and families require affordable housing with some transitional or long term supports in place in order to break a cycle of homelessness and

maintain a successful tenancy. This view is consistent with the findings of the literature review and the focus groups.

An underlying question throughout this study is ‘How are homeless applicants faring in today’s environment where social housing providers have waiting lists and a range of waiting list management and tenant selection procedures?’ Today’s context is linked to the history of non-profit and co-op development. When non-profits and co-ops started, these providers did not want to be stigmatized as part of the government-housing system (housing of last resort). Instead, housing providers wanted to take advantage of their own community linkages to fill their units. When providers wanted more rent supplement money from senior government, they agreed to fill every second vacancy from the public housing list. Historically, coordinated access of any other kind apart from the public housing list has generally been geared away from a point-rating system. Chronological lists were thought to better serve the ‘working poor’ and households disadvantaged due to low incomes who, for the most part, were the target population of the early social housing providers not specializing in seniors housing.

Homeless people, the focus of this study, by definition have an immediate need for housing and cannot afford to wait for their name to come to the top of a waiting list. When looking at homeless people’s access to ‘regular’ non-profit housing and co-op housing, there is an inescapable tension between the needs of the homeless and waiting list systems that were not designed with their needs in mind. This is one reason why the alternative providers (providers housing homeless and ‘hard to house’ individuals) are exempt from the coordinated access initiatives in Ontario that are mandatory for other non-profit, co-op and public housing providers.

The results of this study illustrate how housing providers focussing on special needs applicants, including homeless, ‘hard to house’ individuals or those living with mental illness and/or addictions have developed their own links with the various institutions and agencies that serve as their access point. This, for example, is why the Ecuhome tenants who participated in a focus group described their transition from homelessness to housing as relatively smooth – they were put in touch with Ecuhome by whatever addictions agency or transitional organization they were dealing with. Similarly, both from an agency and housing provider perspective, the Family Shelter Network in Edmonton was thought to be successful: it provides direct linkages between emergency housing and transitional or long term housing.

In summary, one way of looking at the question of how social housing providers are recognizing homelessness as an issue is to say the system is still evolving. For example, the social housing sector now includes providers geared towards Aboriginal people, providers whose primary focus is women escaping domestic violence, and providers whose clients are all living with mental illness, among other special needs groups. On the other hand, the sector is being hampered by cutbacks that began in the early nineties and has not yet matured into a system able to deal with various, and sometimes competing, needs. Now, households who just need a place to live are on the same waiting list as victims of abuse, the recently homeless, the terminally ill and other high needs groups.

Across Canada, point-score and chronological waiting list systems are trying to ration a scarce resource in a climate where there is agreement from within and beyond the social housing sector that the number one need is for more affordable housing. In this environment, a major impact on providers is feeling pressure to deal with applicants and tenants with multiple problems, even though most do not have the resources or expertise to move in this direction.

### **What are the barriers to homeless individuals and families in accessing social housing?**

The literature review summarized the barriers to social housing faced by homeless people in terms of systemic barriers, obstacles at the community or organizational level, and personal issues or limitations. The interview and focus group results identified the same wide range of barriers, and to a large extent highlighted the same issues reflected in the literature.

#### ***Systemic Barriers***

At the systemic level, the limited supply of subsidized units in the cities included in this study was the barrier to social housing most often mentioned by housing providers and agency staff. It was also noted by participants in one of the focus groups. A lack of social housing options including housing with minimal rules and long-term supports, was also widely noted during the interviews as a barrier to housing homeless individuals.

A long wait time for subsidized units (especially to units in ‘regular’ non-profit housing, as opposed to supportive housing or shared units) was reported across the country by focus group participants and housing and agency staff interviewed. Some interviewees noted how a wait time of six months to a year does not meet the need of someone who is homeless.

The concept of ‘*rationing*’ social housing to those deemed most qualified under local criteria was illustrated as a systemic barrier by several housing providers and agency respondents in their examples of how waiting list management practices and eligibility rules can disadvantage some homeless applicants. Housing providers specifically noted that homeless applicants can face barriers getting onto the waiting list for government housing and are disadvantaged when there is no local system for coordinating access to subsidized units. Waiting list management practices, such as chronological lists, whether with an individual provider or system-wide can disadvantage homeless applicants. Point score systems can be less favourable to some subsets of the homeless population such as singles or those exiting from transitional housing.

A lack of consistency between immigration laws and practices and social assistance rules means some potential applicants are ineligible. Other rules, such as ineligibility due to outstanding debts to social housing providers and the requirement to have a source of income, are also barriers for some.

### ***Barriers at a Community or Organizational Level***

The literature suggested that processes of ‘*informal rationing*’ of social housing occur at the community or housing provider level. Many examples of ‘*informal rationing*’ were noted by housing providers, agency staff, and focus group participants including the following barriers:

- Applicants perceived as non-conforming with support agency or housing provider expectations; waiting list procedures requiring regular updates from applicants or they lose their place on the list; application procedures requiring interviews, home visits, or criminal record checks; and discrimination against applicants by social services or housing staff. These are examples of informal rationing through *deterrence*.
- Application procedures and the length of time on the waiting list are examples of ways that *delay* results in informal rationing.
- The roles of front-line staff in selecting applicants to be interviewed, determining need and eligibility, awarding discretionary points, evaluating suitability and making decisions about the applicants’ support needs show how informal rationing takes place in the areas of *discretion* when processing applications and filling units.

Other barriers facing homeless applicants at the community level identified in both the literature review and the data collection for this study include:

- Little capacity among some shelter services to provide one-on-one assistance to homeless individuals and families in their housing search;
- Few programs to help stabilize formerly homeless households once they have been re-housed;
- Rules that bar individuals from using certain services (such as an intoxicated person being barred from a shelter) result in homeless people with complex mental health and addictions problems not getting help;
- Applicants from minimum barrier shelters being labelled and unable to access social housing units;
- Many social housing providers unable to offer housing to individuals with significant mental health or addictions problems due to a lack of supports, and concerns about applicant’s suitability within the existing tenant group;
- Requirement among many social housing providers that incoming tenants be able to live independently and maintain their unit, or be able to broker any supports that they need; and
- Rules about pets, guests or substance use/abuse.

### ***Personal or Individual Barriers***

The literature and the information gathered in this study provided examples of barriers which result from individual circumstances or limitations. These include:

- Non-compliance with the expectations of housing providers;
- Addictions, mental health and behavioural issues;
- Having mental or physical health support needs which housing providers are unable to meet;

- Not having a phone, access to voice mail, or an agency willing to field calls on one's behalf;
- Owing rent arrears to a social housing provider or having had a previous unsuccessful tenancy with the provider;
- Not having positive landlord references or a good credit rating;
- Not having a social support system;
- Being without linkages to health professionals and social support services;
- Lacking income or unable to keep employment;
- Personality characteristics, such as being shy about talking on the phone, lack of confidence, or low self-esteem; and
- Language and cultural differences.

**What are the reasons behind these practices that create barriers? What effects (positive and negative) do these practices have for housing providers and their clients?**

Decisions about waiting list management practices take into account the interests of stakeholders and the public. Homeless applicants are but one of the potential tenant groups for most public, non-profit and co-op housing providers. Funders want to know that waiting lists are managed in a way that is equitable and defensible to the taxpayer. Providers and their boards want to feel they are fulfilling their mission and running their operations in a fiscally responsible way. Housing staff want to know that incoming tenants will have a good chance at having a successful tenancy and will not be a burden on the resources of the organization. Tenant communities want to feel safe and secure and experience a sense of belonging.

Like waiting list management, decisions about application processing (home visits, eligibility assessments, suitability assessments, interviews at the time of application and/or pre-offer, references, credit checks, and data collection) are indicative of an environment where housing providers are balancing many interests. Funders impose requirements on housing providers; the boards of co-ops and non-profits and their tenant/member selection committees have requirements; and housing staff have their own priorities when working with applicants including a responsibility to the applicant (not to set him or her up to fail in a new tenancy), to the tenant community as a whole and to their board of directors. The desire among housing providers to have some control and autonomy in their waiting list and tenant selection processes can lead to reluctance in supporting local initiatives to coordinate one-stop intake and processing of applications to subsidized units.

Housing providers who feel unable to house homeless individuals or individuals with complex support needs offer various explanations for this situation. These include:

- The long waiting lists for their units which fail to meet the immediate housing needs of homeless applicants;
- The need for tenants to be able to live independently, inferring that many homeless applicants need more ongoing support than other applicants, or may have complex health, addictions, or behavioural issues that make independent living difficult; and

- The requirement that households be able to fulfill their obligations as tenants such as paying rent on time, maintaining their unit, having respectful relations with other tenants, keeping support systems in place, and providing for their own needs.

The limitations felt by some ‘regular’ housing providers in housing homeless or ‘hard to house’ clientele have created a niche and a need for providers who have a specialized mandate to house and support these individuals.

For homeless applicants, the difficulties in accessing social housing have a significant impact on their path out of homelessness. Homeless applicants can ‘get lost in the system,’ or experience endless referrals with no chance of being housed, or be denied access to help and treatment. Difficulty in accessing social housing can result in a level of ghettoization of homeless or vulnerable households in substandard housing, in less desirable areas of cities, and in unsafe or overcrowded situations. Without adequate and affordable housing options, linked with supports tailored to individual needs, the possibilities of being re-housed and maintaining that housing are diminished.

### **What practices assist homeless individuals or families to access and retain social housing?**

Housing providers, agencies, and focus group participants provided examples from their own experience of ways to assist homeless applicants to access and retain social housing. These themes are also echoed in the literature on housing and homelessness.

#### ***Greater housing choice:***

- Foster the development of housing providers with specific mandates, allowing providers to specialize in particular kinds of issues and client needs;
- Ensure homeless applicants can access a suitable range of housing choices without going through the regular waiting list procedures;
- Develop housing with minimal rules and housing suited to the complex needs of homeless people with mental health and/or addictions issues; and,
- Facilitate greater access to rent supplements to create new affordable housing units.

#### ***Multiple access points and co-ordination:***

- Have a range of access points in the community for homeless people to obtain emergency assistance and ‘get into the system’;
- Ensure homeless applicants have access to agencies and services where they can use phones and access a voice mail system, or where staff will take messages for them;
- Facilitate homeless individuals’ access to advocates who can provide one-on-one assistance with housing searches and contact with social housing landlords; and,
- Strive for better coordination of information and referrals between agencies and housing providers to assist homeless applicants.

***Application processing and tenancy requirements:***

- Relax requirements for homeless applicants to update their application information in order to keep their place on waiting lists;
- Establish referral agreements between housing providers and agencies who work with homeless or at-risk individuals;
- Make rapid processing of applications from homeless clientele a priority;
- Minimize requirements for credit checks, criminal record checks, landlord references; and,
- Use an ‘inactive’ waiting list to keep a record of applicants whose contact information becomes out-of-date, but who should not be penalized by losing their original application date.

***Adequate funding for providers housing homeless applicants:***

- Give housing providers higher maintenance budgets, to deal with unit turnover and repairs when tenants damage the units; and,
- Fund providers who are prepared to house homeless applicants to enable them to have higher staff/tenant ratios for on-site support.

***Incentives to move out of social housing:***

- Implement initiatives that assist in-situ tenants to move out of social housing and into private market housing, thus freeing up units in social housing.

***Help for vulnerable households in maintaining their tenancy:***

- After-care programs, delivered by community agencies such as shelters, which help to stabilize the tenant in his/her new home;
- Partnerships between housing providers and support agencies, to provide case management support to vulnerable tenants;
- Trusteeship programs and initiatives so that the housing portion of social assistance is paid directly to the social housing landlord to help prevent eviction due to non-payment of rent;
- On-site staff support being linked to the housing (as in supportive housing models);
- Assistance or training for households in unit maintenance; and
- Eviction prevention strategies.

The practices identified above reflect the diversity of the agencies and providers interviewed for this study. Some of these ideas indicate areas for policy or program development and others relate to the allocation of resources, and better coordination of information and networking opportunities. These strategies, while successful within the context of particular communities, are only partial solutions to a larger problem. The overarching issue is that the social housing system is being pulled in many different directions, with not enough official recognition of the need for properly funded dedicated supportive housing. Asking homeless people to participate in a waiting-list system naturally puts up barriers which are difficult, if not impossible, to overcome.

## 7.0 Conclusions

This study has profiled approaches to waiting list management and tenant selection among 20 housing providers, including public housing providers, Aboriginal housing providers, co-op housing and private non-profits. Among this latter group, the study provides examples of approaches among providers housing special needs groups and the ‘hard to house’ as well as among ‘regular’ non-profits housing singles, families and seniors. While the diversity of housing providers included in the study reveals a cross section of perspectives, the sample size of the study was insufficient to definitively identify trends. There are however, some important questions coming from this work that point to topics for future investigation.

### ***Who is responsible for housing the homeless?***

A clear delineation of the expectations of social housing providers with respect to housing the homeless is needed as political and public pressure to identify local solutions to the homelessness crisis in Canada mounts.

Is a trend emerging that public housing providers and housing providers with strong links to a municipality be proactive about housing the homeless and developing programs and initiatives to support this direction?

Are the efforts of the largest providers being complemented by the efforts of private non-profits who have homeless and ‘hard to house’ as their specific focus? Together do these elements of the housing sector provide the diversity of housing options that advocates say are needed to effectively house homeless individuals and families and support these tenancies?

Is there general agreement on what specific role, if any, ‘regular’ non-profit and co-op housing providers are best suited to play in housing homeless individuals or subsets of the homeless population? Is there adequate understanding of how housing homeless people within a mixed social housing community has an impact upon the budgets of social housing providers, as a result of unit turnover, waiting list management, application processing, maintenance budgets, staff resources, and rates of eviction due to non-payment of rent? Is there consensus on the impact on the tenants’ community as a whole, as well as on tenant and neighbourhood relations?

Policy debate on what part of the housing system is best suited to proactively house homeless people could then lead to focussing on how to effectively support the operations of housing providers who are dedicated to housing this group and how to ensure that communities have a range of housing options available for homeless and at-risk households. The risk in not actively engaging in this policy debate is unilateral actions that end up jeopardizing a facet of the housing sector. In Ontario, for example, ‘regular’ non-profits and co-ops are now required by law to give top priority to victims of violence (arguably a subset of the homeless population) when filling units. This comes at a time when many housing providers feel their operations are not geared to handle households that are vulnerable as a result of fleeing abuse, and agency-based supports or



second stage housing options for these priority households are lacking in many communities.

### ***What can housing providers gain from local agencies?***

Findings from this study suggest that agencies are developing and operating programs to fill the gaps in service that exist for homeless applicants trying to access and maintain permanent housing. What is unclear is to what extent is there a trend underway for social housing providers to formally or informally partner with agencies for referral and support needs? What are the most innovative supports being offered through agencies, how have they been evaluated and how can they be replicated in other communities? How can increased connections between social housing providers and agencies be nurtured in areas where cross-sector networking is weak? How can local networks help prevent homeless clients from ‘falling through the cracks’ or enduring endless referrals?

### ***As the social housing sector continues to evolve, how can new directions in housing the homeless be supported?***

In policy debates about organizing access to social or affordable housing for homeless individuals and families and increasing the housing options for those who are homeless, a critical consideration is the aspirations of subsets of this population. The results of the focus groups illustrate different housing preferences among these vulnerable households. Similarly, as the literature on homelessness clearly documents, the needs of homeless individuals and families are not homogeneous, and there are many paths in and out of homelessness that impact on the suitability of one housing type over another. How can communities be supported in identifying and responding to the needs of subsets of the homeless population with a view to developing variations on the housing types and access systems that currently exist?

### ***Concluding Remarks***

While the social housing sector was the primary focus of this study on homelessness and access to housing, an underlying message throughout the course of the work was the importance of cross-sector collaboration. For many housing providers, collaboration either on a formal or informal basis with local agencies across many sectors including mental health, services for the homeless, support services, community care and others was valued for networking, referrals, and assistance in helping tenants stay housed. This sentiment may be a useful starting point in identifying new ways to help people who are homeless obtain housing that responds to individual needs and circumstances.

## **Appendix 1**

# **Homeless Applicants' Access to Social Housing A Literature Review**

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## **1.0 Introduction**

This literature review is part of a Canadian study on how individuals and families who are homeless access social housing. It provides a context for analyzing the data to be collected through case studies of housing providers and agencies and focus groups with homeless clients.

Academic literature published over the past ten years<sup>15</sup> in Canada, the United States and the United Kingdom was identified through electronic database searches of peer-reviewed journals in the fields of social sciences, social services and psychology. In addition, consideration was given to research and publications coming from community based organizations in recent years as well as studies undertaken on behalf of government agencies.

In examining recent literature on homelessness, the themes relevant to this study on accessing social housing are:

- Barriers facing homeless individuals and families in obtaining housing;
- Programs and practices that improve the ability of homeless individuals to access and retain housing;
- Recommendations or policy directions from front-line agencies, government or homeless populations related to improving access to housing or stability once housed; and
- Criteria for evaluating ease of access to housing.

The specific topic of access to social housing was not found to be well documented in Canadian or US research in recent years. In the UK, however, the results of a number of informative studies about access to social housing have been published over the past decade. These studies, combined with literature on the broader concepts of access to affordable housing, were reviewed. The publications ranged in scope from overviews of homeless policy in Canada, US and UK, to needs assessments of homeless and high-risk populations, to policy and program responses to particular needs, and finally to access issues and outcomes related to various forms of housing. Due to the scope of this undertaking, the literature review is limited to research on homelessness in urban areas.

This discussion is organized around the following themes:

- Definitions;
- Social housing in Canada;
- Barriers to accessing housing;
- Helping the homeless to access housing and stay housed; and
- Criteria for evaluating ease of access to housing.

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<sup>15</sup> 1994-2004

## 2.0 Definitions

In the Canada, the term *social housing* is understood to include the following forms of housing:

(1) *public housing*: housing stock that is owned by government. In Canada, public housing is owned by agencies of the provincial governments, except in Ontario, where ownership of the public housing stock has been transferred to municipal or regional governments. Typically public housing buildings are 100 percent rent-geared to income, with tenants paying approximately 25 to 30 percent of their income on housing charges.

(2) *non-profit housing*: rental housing owned by a non-profit organization, and managed by the non-profit, or managed under contract by another non-profit or for-profit enterprise. Within the non-profit housing stock, there is much variation, including projects dedicated to groups with special needs (e.g. seniors or women and children fleeing abuse). Some non-profit organizations operate supportive or transitional housing specifically targeted to vulnerable populations and offer supports geared to their tenant population (for example ‘hard to house’ individuals, youth, or people with severe mental illness). In the case of supportive housing, the non-profit may provide both the housing and services to the tenants, or an outside support agency may deliver direct support services. Supportive and transitional housing within the non-profit sector is typically 100 percent rent-geared-to-income. Regular non-profit projects are typically mixed-income communities offering both market rent units and subsidized units.

(3) *co-operative housing*: rental housing owned and managed by the members of a co-operative association, who also live there. Some housing co-operatives have a specific focus (for example housing targeted to older women), but most are mixed communities, and may have a small number of units designated for individuals with special needs with an outside agency providing services. A mix of market rent and subsidized units characterize co-ops.

In the UK, the term *social housing* refers to Council housing operated by Local Housing Authorities as well as housing belonging to Registered Social Landlords (RSLs)<sup>16</sup>

In the US, *public housing*, *subsidized housing*, *supportive housing* and *transitional housing* are the terms commonly used in the literature. Public housing refers to units owned and operated by over 3,000 state chartered Public Housing Agencies (PHAs). Subsidized housing refers to units in the private sector that are subsidized through rent supplement programs.<sup>17</sup> A variety of federal programs fund state, community and non-profit initiatives to develop and operate supportive and transitional housing projects.<sup>18</sup>

<sup>16</sup> RSLs now include both non-profit organizations and for-profit companies (Crane and Warnes 2000: 761). RSLs and the local authorities do house and support people with special needs in some of their units through arrangements with service agencies (Williams 2002).

<sup>17</sup> National Low Income Housing Coalition, 2003a: 2

<sup>18</sup> National Low Income Housing Coalition, 2003b: 2; US General Accounting Office 2000: 23

Consistent with the United Nations definition and commonly accepted definitions in recent Canadian literature, *homelessness* in this report is understood as a continuum of experiences, with *sleeping rough* (living and sleeping outdoors) at one end of the continuum and being at imminent risk of homelessness at other end.<sup>19</sup>

Canadian sources describe *literal homelessness* as having stayed in a shelter or hostel overnight, stayed in a room, apartment, or house paid for with emergency housing funds from any level of government, stayed overnight in a place not intended for habitation by humans (e.g. vacant building, outdoor, park, street, car); having a regular place to stay that is not one's own (e.g. trading sex for a place to sleep, hotel, or hospital, and using a soup kitchen or food bank intended for the homeless).<sup>20</sup>

Those *at risk of homelessness* are enduring conditions which can lead to quick and unplanned exits from housing. They may be facing eviction or expiry of lease, with no options of other housing in sight. They may be in an abusive relationship or experiencing violence in the family home, and needing to leave for safety reasons. They may be in hospital, a psychiatric facility, prison, or other institution or treatment facility with no housing to go to upon discharge.<sup>21</sup>

Other definitions which are pertinent to this discussion are offered in the sections that follow.

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<sup>19</sup> See Layton 2000 p. 23-27 for a discussion of definitions of homelessness.

<sup>20</sup> CAMH 2001: 4, using definition proposed by Peressini, McDonald and Hulchanski 1999

<sup>21</sup> CAMH 2001: 4

### 3.0 Social Housing in Canada

Over four decades, Canadian communities witnessed significant public investment in various forms of social housing. This social housing stock can be seen as a community resource designed to ensure long-term affordability of housing for low- and moderate-income households with a wide a range of housing needs and preferences.

Public housing was built in Canada through the fifties and sixties and in a few cases into the seventies. The development of non-profit and co-op housing began in Canada in the seventies and continued to a large extent into the early nineties, as a result of a myriad of senior government programs.<sup>22</sup> Since the mid nineties, however, there has been a withdrawal of senior governments from programs to create more social housing.<sup>23 24</sup> The exceptions to this are the governments of British Columbia and Quebec who have continued investing in programs to build social housing.

In 1996, the federal government decided that Canada Mortgage and Housing Corporation (CMHC) would devolve its responsibility for social housing to the provincial level. In Ontario, the proclamation of the *Social Housing Reform Act* in 2001 resulted in the responsibility for funding and administering social housing being devolved to the municipal and regional government levels.

With the withdrawal of senior governments from social housing, federal policy responses to homelessness have shifted the emphasis during the nineties towards emergency shelter and support initiatives.<sup>25</sup> During this time, responsibility for identifying and responding to housing needs began to shift from senior levels of government to the municipal level.<sup>26</sup> Programs such as Human Resources Development Canada's program *Supporting Communities Partnership Initiative* puts the responsibility for developing, implementing and monitoring community plans to address local homelessness squarely in the municipal arena.<sup>27 28</sup> In the mid to late nineties, many municipal governments began to seek multi-

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<sup>22</sup> Until 1985, the federal government had the lead funding and administrative role for most social housing in Canada. The provinces and territories generally had the responsibility for providing additional rent-geared-to-income assistance over and above that which CMHC provided. In 1985, the federal government, the Provinces, and the Territories signed a Global Agreement under which CMHC no longer had the lead role, but would contribute a portion of the subsidy cost to any Federal/Provincial/Territorial housing program initiative. (Not every jurisdiction chose to develop such a program.) Ontario, BC, and Quebec, in addition to participating in the post-1985 F/P program, also continued to develop social housing under provincially unilaterally funded programs.

<sup>23</sup> Mayor's Homelessness Action Taskforce 1999: 144

<sup>24</sup> CMHC supported the new housing development under the post-1985 program until 1993. Ontario ended its unilateral development of social housing in 1995.

<sup>25</sup> For example, in the nineties, CMHC supported the construction of some shelters for battered women and Health Canada developed programming (Mason 1995:25).

<sup>26</sup> Mason 1995: ii

<sup>27</sup> For background information and description of the Supporting Communities Partnership Initiative (SCPI) see: [http://www11.hrdc-drhc.gc.ca/pls/edd/SPAH203\\_03\\_343004.htm](http://www11.hrdc-drhc.gc.ca/pls/edd/SPAH203_03_343004.htm)

<sup>28</sup> Similar trends are apparent in the US and the UK. In the US, federal legislation and programs provide incentives for planning and coordination at the state and local levels to respond to homelessness.

pronged and partnership strategies to increase or rehabilitate the supply of affordable housing in their communities.

Another longer-term trend with impacts on social housing was the de-institutionalization of health, social and criminal services in Canada and elsewhere. The result of this de-institutionalization process was, among other things, an increase in number of people with special needs requiring housing and community based support.<sup>29</sup> An increase in the need for housing linked with supports, combined with very limited new development of social housing in past decade has contributed to a high demand for social housing, subsidized housing, and housing that is affordable to the lowest income earners in the population in urban areas across Canada.

There is a growing body of literature on homelessness, social service delivery, housing and policy responses coming from the US and the UK and to a lesser extent Canada. Similar economic and social policy trends in these three countries make it useful to draw on the homelessness and housing research from all three countries to identify the barriers faced by homeless individuals in accessing social housing and the program or policy responses that can make a difference.

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(Hambrick and Rog 2000: 360.) In the UK, the Homelessness Act requires joint planning and operational co-operation at the local level as well (Williams 2002: 1).

<sup>29</sup> Mason 1995: 3



#### 4.0 Barriers to Accessing Social Housing

Increasingly, the literature in Canada and elsewhere is explicit about the heterogeneous nature of the homeless population. The differences that exist in how individuals experience homelessness are being documented, along with policy and program responses that reflect the unique needs of subsets of the homeless population.<sup>30</sup> The experience of becoming homeless, coping during homelessness, and the path out of homelessness can be expected to vary as a result of many factors, including the individual's age, race, ancestry, gender, sexual orientation, and family status. In addition, frequency or length of homeless episodes, health status, history of mental health and/or substance abuse, and history of sexual abuse, spousal abuse or other forms of violence are all variables which explain the diversity of experiences among homeless individuals. Geography, or where an individual is when they are homeless, can affect access to services, supports and opportunities for re-housing, as can immigration or refugee status, and employment status.

Perhaps a commonality among most homeless individuals and families is that affordable, adequate housing is but one of a number of primary needs they face. Just as the homeless population is characterized by diversity, so too are the needs that homeless people may or may not have (or prioritize) depending on their individual circumstances. A US study of 1,260 single homeless men and women using New York City shelters reported multiple needs for this population. In a self-assessment, the survey respondents most frequently mentioned needs related to: (1) help finding a place to live; (2) having a steady income; and (3) help in finding a job and improving job skills.<sup>31</sup> Among the other needs mentioned by survey respondents, men more frequently than women mentioned needing help with drinking, drug problems, handling money, problems with police, and getting along better with others. Women reported higher significantly higher levels of need than men in the areas of help with health and medical problems and learning self-protection skills.<sup>32</sup>

A study which followed 301 homeless men and women in Buffalo over a six-month period found that homeless respondents rated safety, education, transportation, medical/dental treatment, and job training/placement needs as equally important or more important than their need for affordable housing.<sup>33</sup> Assistance to meet most of these needs was also rated as difficult to obtain. Public benefits, childcare and physical safety

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<sup>30</sup> See for example Canadian studies such as Kraus and Dowling 2003 on family homelessness; Beavis et al. 1997 and Ship and Norton 2003 on aboriginal homelessness; Novac, Brown and Bourbonnais 1996 on women and homelessness; Kraus, Eberle and Serge 2001 on youth homelessness; Saldov 1996 on Chinese elderly in public housing; Goering et al. 1997 on severe mental illness, and CMHC 2000 on children and youth. See also the Alberta based report dealing with diversity among homeless and at-risk populations by Donahue et al. (no date). Examples of US and UK studies with quantitative data on differences among subsets of the homeless population include: Acosta and Toro 2000; Herman, Struening, and Barrow 1994; Neale 2001; Booth et al. 2002 and Morse et al. 1994.

<sup>31</sup> Herman, Struening and Barrow 1994: 251

<sup>32</sup> Herman, Struening and Barrow 1994: 251. As this study involved single men and single women, it did not quantitatively capture gender differences related to women caring for dependent children.

<sup>33</sup> Acosta, O and P. Toro 2000: 353

were also rated as difficult to obtain, with assistance with budgeting and continued education ranked as fairly difficult to obtain in the community. In this study, formal mental health and substance abuse services were rated by respondents as relatively unimportant and easy to obtain.<sup>34</sup>

The following discussion of barriers facing homeless people in accessing housing is provided with the understanding that homeless individuals and families typically have a range of needs, of which affordable housing is but one. Examples of systemic barriers, barriers occurring at the community or organizational level, and barriers occurring at the personal level are discussed. These examples are drawn from different jurisdictions in Canada, the UK and the US. As a result, each example has its own context, and as such needs to be interpreted with caution.

## 4.1 Systemic Barriers

### 4.1.1 Inadequate Supply

The notion that there is not enough affordable housing available to meet the need, turnover rates in social housing are low, and many households live in poverty, unable to afford the housing that is available, is well documented in the literature.<sup>35</sup> As noted earlier, by the mid nineties in Canada, federal and most provincial programs designed to increase the supply of social housing had ended. In the US, the federal government retreated from its role in creating affordable housing supply in the mid eighties, and since then private market forces have failed to meet the demand for housing affordable to low income people.<sup>36</sup> In the UK, central government policies since the early eighties have resulted in a significant reduction in the amount of publicly owned housing in that country, with the policy focus shifting to attempts to re-establish a more market-oriented system to address the need for a supply of affordable rental housing.<sup>37</sup> The shortage of affordable housing, including social housing, is an overarching systemic barrier that keeps homeless individuals from accessing stable and adequate housing when they need it.

When affordable housing is a scarce resource, the resulting system is one of competition:

A pervasive problem is that finances and staff are finite and homeless people compete for scarce services with other high needs groups, including vulnerable children and frail, housed elderly people, as well as the more assertive general population. (Crane and Warnes 2001: 439)

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<sup>34</sup> Acosta, O and P. Toro 2000: 353-4

<sup>35</sup> See for example Rocha et al. 1996; Burt, Aron, and Lee 2001; and Wright, Rubin and Devine 1998.

<sup>36</sup> Herman, Streuning, Barrow 1994: 254

<sup>37</sup> Cloke, Milbourne, and Widdowfield 2000: 740

### 4.1.2 Rationing

When demand for social housing far exceeds the supply, government policy and legislation provide mechanisms for rationing housing to certain groups of applicants. A UK study illustrates how the *Housing Act* of 1985 formally rations housing to the homeless applicant.<sup>38</sup> Methods of formally rationing public housing include eligibility rules and waiting lists. It is useful to consider these concepts within the context of social housing in Canada.

*Eligibility rules* imply certain groups (e.g. pregnant homeless women or homeless women with children) are deemed to have priority need. There may be eligibility rules set out by senior governments in the form of legislation. There may also be variations in how these rules are locally interpreted, and/or additional local eligibility rules.

An example of eligibility rules as a barrier to access comes from a Canadian study of housing for elderly and chronically ill shelter users. Serge (2003) notes how eligibility rules related to age are a barrier for ‘elderly’ homeless individuals. Among the homeless, “elderly” is typically considered to be 50 + years. The experience of homelessness leads to premature aging, with individuals looking and acting 20 years older than they are, and a correspondingly lower life expectancy among homeless people.<sup>39</sup> Age eligibility rules (such as with housing or services for seniors 60 +) can effectively bar a homeless person from accessing housing and supports that, in fact, might be entirely appropriate for their life stage and health status.

Another age eligibility rule concerns youth. Some social housing systems (for example, in the UK) bar 16- and 17-year-olds from applying for social housing. This is a significant barrier for homeless young people to accessing safe, adequate and affordable housing.<sup>40</sup> As an example of how eligibility rules vary from system to system (or jurisdiction to jurisdiction), homeless or at-risk youth in Ontario can apply for social housing. They are, however, disadvantaged as the waiting lists are chronologically based. Their housing need is immediate, and a chronological system puts their name at the bottom of the list.

Residency requirements are another type of eligibility rule that can present systemic barriers to homeless applicants in accessing social housing. Crane and Warnes (2001) note that in the UK, a homeless applicant seeking housing, community care or detoxification services, must prove a “local connection” to the area. This typically means proving their residency in the area for six of the past twelve months. Individuals who frequently move around the country are disadvantaged by residency requirements, as are those who are sleeping rough, who lack ID, have no legal address, and few if any agency contacts to prove their connection to a particular area.<sup>41</sup> Those seeking refugee status (or

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<sup>38</sup> Lidstone 1994: 461-470

<sup>39</sup> Serge 2003: 8

<sup>40</sup> Anderson and Morgan 1997

<sup>41</sup> Crane and Warnes 2001: 438.

“asylum seekers” in the UK) can also be barred from social housing waiting lists due to residency requirements.<sup>42</sup>

*Waiting lists* are an obvious formal mechanism for rationing housing, and may be based on a points system, a chronological system, or some variation of these concepts.<sup>43</sup> Waiting lists in the UK have been based on a points system, which means the applicant is awarded points to reflect the severity of their housing situation and the length of time they have been registered on the waiting list for public housing. In the US, waiting lists are chronologically based, which means an applicant’s place on the list is based on the date and time of receipt of their application by the public housing agency. A system of preferences (options for ranking applications) helps to overcome the disadvantages faced by homeless people in a chronological list.

Provisions exist in some jurisdictions for social housing providers to wholly or partially close waiting lists: in effect, to stop, suspend, or restrict application intake.<sup>44</sup> This can result in waiting lists being closed during certain times of the year, or being closed for some projects, unit sizes or types of dwellings. Without access to social housing waiting lists, the chances of the homeless applicant being housed are assumed to diminish.

Whether waiting lists are chronological or points-based, there are mechanisms which can give homeless applicants an increased chance of accessing public housing. In the US, for example, a federal requirement for waiting lists stipulated that local housing agencies had to give certain preferences to households with hardships related to housing, including homelessness. However, in 1996, this requirement was suspended, thereby making it more difficult for a homeless applicant to access a subsidized unit, according to advocates working with homeless populations.<sup>45</sup>

*Misunderstanding* refers to the notion that not everyone who is eligible and in need of a service will apply. If an individual does not know about a service or misunderstands its function, he or she is unlikely to apply.

In cities, there can be a myriad of services and supports for homeless people, without a system for coordinating service delivery, referrals, or exchange of information. Homeless individuals are likely to need access to a range of services across health, mental health, social services and housing systems, more so than other service users. The existing services working with homeless populations appear to be stretched thin and feeling the pressure of more demand for the services than can be met.<sup>46</sup> The character of services serving homeless populations and the environment in which they operate can set the stage for “misunderstanding”.

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<sup>42</sup> Zetter and Pearl 1999: 4

<sup>43</sup> Cloke, Milbroune and Widdowfield 2000:745; US Dept. of Housing and Urban Development 2003; and *Allocations and Access to Social Housing* (no date).

<sup>44</sup> See for example US Department of Housing and Urban Development 2003:31.

<sup>45</sup> US General Accounting Office 2000: 24

<sup>46</sup> Hambrick and Rog 2000: 355

In some areas, coordination of services for specific vulnerable populations may be lacking, or gaps in services may exist for particular groups (for example, aboriginal communities and refugee claimants)<sup>47</sup>. The result is particular segments of the homeless population experiencing increased difficulty accessing information, obtaining help finding housing and having particular needs that are not addressed by mainstream services.<sup>48</sup>

A Toronto study found that both homeless individuals and agency staff often experience the services and housing systems as fragmented. It can be unclear where to go for help and information, and those in need of assistance should not have to shift from agency to agency.

There is no single comprehensive information system on homeless services in Toronto. There are, however, several different social and health service information and access systems that include services for the homeless population.<sup>49</sup>

There appears to be great potential for “misunderstanding” to be a significant systemic barrier facing homeless applicants in accessing social housing. Coordinated service delivery, ease of access to services, and coordinated information across health, social services and housing systems are all integral to ultimately improving access to housing for the homeless applicant.

The systemic barriers facing homeless applicants to housing are operating alongside a number of organizational or community barriers, the focus of the following discussion.

## 4.2 Community and Agency Barriers

### 4.2.1 Trends Among Service Providers

Multiple barriers to accessing housing exist for the homeless individual at the community or organizational level. Some recent trends within the shelter community in Canada, as well as trends affecting housing providers provide a starting point for this discussion.

In their study of the changing patterns of women’s homelessness in Toronto, Novac, Brown and Gallant (1999), point to some recent trends within the shelter community in Canada which affect the service and assistance that shelter users can expect to receive. A new style of shelter began to emerge in the nineties that is larger, mixed-sex, and offering only minimal services. These shelters have little or no staff capacity to assist shelter users to locate new housing or to help households stabilize once they have been re-housed.<sup>50</sup>

Similarly, the increased dependence in many cities on charity-run *Out of the Cold* programs to respond to overnight shelter needs reduces the possibility of working with

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<sup>47</sup> Zetter and Pearl 1999: 50

<sup>48</sup> Mayor’s Action Taskforce on Homelessness 1999: 64-75

<sup>49</sup> Mayor’s Action Taskforce on Homelessness 1999: 35

<sup>50</sup> Novac, Brown, Gallant 1999:24

clients to stabilize them. Smaller shelters that historically have offered specialized services (for example, shelters for women leaving abuse) have experienced funding cutbacks, jeopardizing their ability to provide comprehensive support and re-housing assistance.<sup>51</sup> In short, the shelter system is constrained in terms of staff resources that can be dedicated to assisting clients to resolve individual issues such as a lack of ID, finding housing, or obtaining income support.

From interviews with service providers and long-term homeless women, the Toronto study notes that mixed sex-shelters with minimal service do not meet safety or privacy needs of many homeless women.<sup>52</sup> With certain groups of homeless unwilling to use shelter services (for example, older chronically homeless women reluctant to use large or mixed shelters or *Out of the Cold* programs due to safety concerns), these individuals can become increasingly vulnerable and isolated, further diminishing their prospects to be re-housed in suitable accommodation.

A lack of discharge planning can put individuals leaving institutional care in vulnerable situations. Service providers in Canadian cities have reported that some hospitals and psychiatric institutions are “dumping” discharged clients into taxis and sending them to a shelter. Upon arrival, the shelter may not be able to accept them and this begins a process where the individual is bounced from agency to agency.<sup>53</sup>

Many shelters and programs for the homeless have rules which exclude some individuals for behavioural reasons. For example, individuals who are intoxicated, addicted, or exhibiting destructive behaviours may be barred from access to some facilities. Individuals without access to emergency services will have even fewer opportunities to access housing and related supports to stabilize their lives.

#### 4.2.2 Trends Among Housing Providers

Some barriers to service experienced in the shelter system are also apparent among housing providers. For instance, some housing providers deny access to individuals who are unable to abide by rules related to substance use or abuse.<sup>54</sup> A UK study of housing authorities reported on how and why individuals are excluded from social housing waiting lists. Reasons for exclusion for behavioural issues included:

- Proven anti-social behaviour
- Perceived anti-social behaviour
- Criminal convictions
- Sex offences and
- Drug offences.

Exclusion policies tied to waiting-list management were often justified as part of a housing provider’s strategy to combat anti-social behaviour.<sup>55</sup>

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<sup>51</sup> Novac, Brown, Gallant 1999: 31

<sup>52</sup> Novac, Brown, Gallant 1999: 56

<sup>53</sup> Serge 2003: 11

<sup>54</sup> Serge 2003: 18

<sup>55</sup> Butler 1998: 15

At an organizational level, financial pressure on social housing providers creates obstacles for homeless and at-risk households in accessing and retaining housing. Changing government rules and changes to subsidies can mean that funders are pressuring providers to generate a portion of their revenue from market rents. The market rents in social housing end up being higher than what most homeless people can afford on social assistance or with a low-wage job. In addition, when funders pressure social housing providers to recover rent arrears, providers may find they need to be proactive about beginning evictions proceedings for non-payment of rent.<sup>56</sup> Pressure to recover arrears may result in an organizational bias not to rent to homeless households whom providers may assume will have difficulty paying rent.

### 4.2.3 Rationing

A look at how *informal rationing* plays out at the community and agency levels reveals that a number of barriers to accessing housing are not always easy to detect. Informal rationing of social housing to homeless individuals includes:

- withholding information;
- deterrence;
- delay;
- dilution; and
- discretion.<sup>57</sup>

*Withholding information* refers to the deliberate or accidental withholding of information which could strengthen the chances of a homeless person to access housing. This may occur within a community or housing agency.

*Deterrence*, or trying to prevent people from making demands when resources are scarce, can take a number of forms. Deterrence strategies are illustrated in homeless applicants sometimes being poorly received by housing officials, daunting official buildings or paperwork to fill out, judgemental attitudes about who is deserving of assistance, stereotypical attitudes about the homeless, long periods of time spent waiting for appointments, and humiliating processes of investigation. Housing stock that is in poor condition can also deter an applicant, as can the negative stigma attached to particular kinds of services.<sup>58</sup>

Potential exists for homeless clients to be misunderstood by service providers and housing staff. A client perceived as having a bad attitude could, in fact, be exhibiting symptoms of Post Traumatic Stress Disorder or depression. If the bad attitude is assumed to be a personal attribute, service may be denied. Homeless individuals are subject to the attitudes and judgements of others about whether they deserve service or not.<sup>59</sup>

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<sup>56</sup> Crane and Warnes 2000: 761-762

<sup>57</sup> Lidstone 1994: 459

<sup>58</sup> Lidstone 1994: 463-465

<sup>59</sup> Lindsey, 1998: 169; Cramer and Carter 2002: 17

Serge (2003) discusses how assessment procedures for access to publicly funded residential (long-term care) facilities are difficult to facilitate for a homeless elderly person. Homeless applicants can be deterred by assessment procedures which take time or require an appointment which is difficult to keep in a shelter environment. In these situations, Serge concludes, the homeless individual is better served by having an advocate.

Once a homeless individual has applied for social housing, her or his efforts to remain on a waiting list may be thwarted by a range of procedural requirements. A US government report in 2000 noted that communication issues are among the barriers facing homeless people in accessing public or subsidized housing units. A homeless individual can stay on a waiting list for a number of years before an offer of housing is made. Typically, the housing agency attempts to reach the applicant by phone or mail to offer a unit. When an applicant fails to respond within the required time frame (due to not having a reliable phone number or address to put on the application form), the applicant can sometimes lose his or her place on the list. Similarly, homeless applicants may be dropped from a waiting list when a housing agency is updating their lists. In this scenario, the agency writes to applicants requesting that they respond in writing to indicate their continued interest in obtaining a unit.<sup>60</sup> Clearly, the procedural requirements of some housing agencies with long waiting lists can result in significant barriers to access for homeless applicants with multiple personal problems and no reliable contact information.

Discrimination can fuel the processes of deterrence experienced by the homeless applicant. Landlords are likely to be more prone to discriminatory practices when the vacancy rate is low, or, at the very least, can be more selective about who they house in times of housing shortages.<sup>61</sup> Concerns about discrimination in housing against those who receive social assistance are reflected in the literature.<sup>62</sup> In the US, there is concern that during times of short supply of affordable housing, low vacancy rates and rising rents, private-sector landlords will be reluctant to rent to tenants with Section 8 vouchers (a form of rent supplement), as homelessness is considered an undesirable trait.<sup>63</sup>

*Delay* is a further way that social housing is rationed for the homeless applicant. Delays are experienced by applicants on waiting lists for social housing. In high-demand areas, the wait for permanent subsidized housing with a social housing provider can be several years, depending on the type, size and location of the unit desired.

*Dilution* refers to the factors which can result in less than thorough investigation and processing of applications, and housing authorities housing applicants who may be outside the eligibility parameters (in other words whose need is not great enough to justify an offer of housing). Demands on staff time, the complexity of cases, and large caseloads are factors which dilute the intended service.

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<sup>60</sup> US General Accounting Office 2000: 24.

<sup>61</sup> Crane And Warnes 2000: 762

<sup>62</sup> Mayor's Action Taskforce on Homelessness 1999: 91

<sup>63</sup> US General Accounting Office 2000: 25



*Discretion* refers to the power of staff at the front lines of housing agencies to interpret the rules in ways that significantly impact the homeless applicant. Studies in the UK by Cramer and Carter (2002) and Lidstone (1994) provide examples of decisions that require front line staff to use their discretion. These decisions include screening for priority need, granting or denying applicants an interview with a housing worker, and screening out people perceived as having a behavioural problem. Discretion (at its worst) has been described as a process of informally judging clients as to whether they are more or less deserving of assistance. Criteria for decisions can ultimately include dress, speech, perceived attitudes towards housing officials, knowledge level, evidence of self-reliance, gender and age. The study by Cramer and Carter (2002), which included interviews with housing authority staff in a British city, found that some staff give extra assistance to someone who is homeless for the first time over someone who has had repeated episodes of homelessness.<sup>64</sup>

The implication of rationing social housing, as discussed within the context of systemic and community level barriers facing homeless applicants, is that not all applicants with like needs will be treated equally. These processes and barriers are further compounded by personal issues and the individual circumstances of the homeless applicant.

### 4.3 Personal Barriers

The literature on pathways into homelessness provides insight into the personal barriers that individuals face when trying to secure housing. Personal barriers can result from economic, health, social or experiential circumstances.

Many homeless individuals do not have a positive landlord reference that they can provide to a prospective landlord. For some, successfully completing a transitional housing program can help alleviate this problem. For others, depending on whether or not housing providers are obligated to house homeless applicants, the lack of a positive reference may prove to be a significant barrier. In some jurisdictions, a history of rent arrears in social housing will prevent homeless individuals from being re-housed within the system or will result in repayment conditions being placed on their application or offer of housing.<sup>65</sup>

Economic circumstances, such as lacking a source of income, difficulty applying for or qualifying for social assistance, or difficulty finding and keeping employment, can be barriers to securing a tenancy. In some jurisdictions, homeowners facing eviction due to mortgage arrears are excluded from social housing waiting lists, despite their precarious financial and housing situation.<sup>66</sup>

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<sup>64</sup> Cramer and Carter 2002:16-17

<sup>65</sup> For a UK example, see Butler 1998: 14.

<sup>66</sup> Butler 1998: 21

Evidence shows that social housing landlords exclude individuals from waiting lists if they do not believe their support needs will be met.<sup>67</sup> A range of physical and mental health issues can influence an applicant's ability to access and secure housing. These include depression, lack of motivation, substance use and abuse, and addictions.<sup>68</sup> Mental health issues or behavioural problems which manifest in the form of poor personal hygiene, poor housekeeping skills, anti-social behaviour, and using foul language, for example, are not acceptable for many housing providers and their tenants.

A US study of an outreach and support program for homeless and mentally ill individuals used focus groups with social workers to explore the client barriers staff faced in providing service. The social workers described problematic states, behaviours and symptoms of clients themselves that affected their ability to provide service. These included:

- Disturbing behaviours (non-dangerous behaviours such as being too demanding, testing the rules, and having “burned all their bridges”;
- Rejecting behaviours (declined medications, help or housing); and
- Client affects (including fear, suspicions, and anger).

Less frequently mentioned were behaviours related to substance abuse, delusions and hallucinations, dangerous or violent behaviour and mental condition or diagnosis.<sup>69</sup>

A characteristic among many homeless people is a lack of family, friends and others who are part of a social support network. A US study compared the social supports of 115 low-income housed mothers and 93 homeless mothers residing in emergency shelters, transitional housing and doubling up with others. Results showed that the mothers in emergency shelters and transitional housing had much less contact with friends and family than other moms in the study; could count on much less help in times of need; and received less help from their families over a six-month period than did housed mothers. Studies suggest that those with few or no social supports will have greater difficulty accessing housing or achieving stability.<sup>70</sup>

Safety is a key issue for homeless women and men,<sup>71</sup> although differences exist in the conditions that make women feel safe or unsafe as compared to men. Life stage, health, mental health, and other conditions also affect feelings of safety. Concerns about personal safety or feeling vulnerable can present challenges for re-housing homeless individuals. These concerns can limit the housing options that a homeless person feels are available to her or him.

Particular life stages present additional challenges for homeless individuals seeking housing. For example, youth who are homeless do not have housing references to give to landlords, may not qualify for social assistance and may lack the skills they need to apply for housing or live on their own. Homeless adults with dependent children can have a

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<sup>67</sup> Butler 1998: 17

<sup>68</sup> Lindsay 1998

<sup>69</sup> Mowbray et al. 1996

<sup>70</sup> Letiecq, Anderson and Koblinsky 1998

<sup>71</sup> Fogel 1997, Acosta 2000, Novac, Brown and Gallant 1999

difficult time keeping the family together during episodes of homelessness. Families struggle with transportation issues when trying to access services and can face discrimination from housing providers for being households with children, in addition to experiencing other forms of discrimination experienced by single homeless people (stereotypes about homelessness, racism, assumptions about mental illness, and stigma due to earning income as a sex trade worker).<sup>72</sup>

A UK study based on in-depth interviews with 37 homeless women and men provides evidence of the ways that gender affects men's and women's paths into homelessness, the housing options available to them, and the treatment they receive from housing agencies. The findings for the study area suggest that:

- Men on their own with children are more likely to be viewed with suspicion by housing workers than single mothers;
- Single women were often thought by housing staff to be more deserving of housing than men due to their vulnerability;
- Women more than men have difficulty finding single-sex accommodation linked to supports for drug and alcohol addictions;
- Women more than men have difficulty finding a single-sex hostel that is open to those who are substance users; and
- Women who were aggressive were penalized more harshly and had fewer other housing options to turn to than men in the same situation.<sup>73</sup>

The literature suggests that the length of time a person has been homeless affects her or his ability to transition into housing and cope with the challenges of managing a household. Novac, Brown and Gallant (1999) in their study of homelessness among women, distinguish between those who have experienced transitional homelessness versus episodic or chronic homelessness, and suggest that each group has different housing needs as a result of their experiences and circumstances.<sup>74</sup>

Shelters become a way of life for some users. They adapt to and become accustomed to the constraints put on them to the point that another way of life seems abnormal. A shelter can seem like home, and the routines of shelters become a lifestyle. Leaving the shelter for another type of housing can result in significant anxiety. There are a number of ways that individuals show signs of adapting to shelter life, including "learned helplessness" and particular patterns of social interaction that make exiting from shelter life difficult.<sup>75</sup>

Other personal barriers to accessing housing can include: lacking confidence, low self-esteem, low literacy level, language and cultural differences, discomfort in dealing with people in positions of authority, rules barring pets, and lack of assistance with child care during housing searches.<sup>76</sup>

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<sup>72</sup> Kraus and Dowling 2003: 56

<sup>73</sup> Cramer and Carter 2002: 17, 19

<sup>74</sup> Novac, Brown and Gallant 1999

<sup>75</sup> Serge 2003: 47 citing various sources

<sup>76</sup> Kraus and Dowling 2003: 57

#### **4.4 Summary**

This discussion has provided examples of systemic factors, community or agency situations, and personal circumstances and attributes that contribute to the difficulties homeless people have in accessing social housing. This is not intended to be an exhaustive list. Instead, this discussion of barriers affecting access to social housing is offered with the understanding that the particular factors at play will vary from jurisdiction to jurisdiction as a result of differences in policy frameworks, local conditions, service delivery system and history.

## 5.0 Helping the Homeless Access Housing and Stay Housed

A number of themes can be drawn from the literature to illustrate policy and program responses to improve homeless access to housing and increase housing stability among formerly homeless and vulnerable households. These themes can be grouped as follows:

- Housing options;
- Integrated programs;
- Local coordination;
- Targeted interventions;
- Eviction prevention initiatives; and
- Fighting discrimination.

### 5.1 Housing Options

The literature suggests two broad approaches to service delivery and housing for homeless individuals and families. One is to assist the homeless in securing permanent housing and to link them to supports for other personal issues which may be obstacles to retaining their housing or re-gaining self sufficiency. The second approach is to assist the individuals or families to resolve personal issues before making an offer of permanent housing, hence the role of transitional housing. While the effectiveness of transitional housing as a step towards permanent housing is under debate,<sup>77</sup> much research on exiting homelessness concludes that homeless people need to have a range of housing choices available to them. This refers not only to an adequate supply of units, but also to housing choices that includes transitional housing, supportive housing, and supported housing options.

*Transitional housing* allows homeless individuals or families time to stabilize and work towards self-sufficiency before securing permanent housing. It can offer effective housing and/or treatment programs for individuals experiencing homelessness due to family violence, personal crisis, de-institutionalization, substance abuse, medical problems or new immigrant issues.<sup>78</sup> Transitional housing is not appropriate for particular subsets of the homeless population, such as elderly homeless or chronically homeless with life-long addictions, as it unrealistic to assume they can work towards self-sufficiency or permanent independent living. Some subsets of the population need more care and support as time goes on, not less, as is the assumption with transitional housing.<sup>79</sup>

Typical features of *supportive housing* are:

- Group home setting or low level of support in apartment style dwellings;
- Support services linked with the housing (for example, staff work in residences to provide support);
- Residents participate in chores and house responsibilities; and

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<sup>77</sup> See for example Novac, Brown, and Bourbonnais 2004: 5; Fogel 1997

<sup>78</sup> Novac, Brown and Bourbonnais 2004: 3

<sup>79</sup> Serge 2003: 56

- residents share in decision making.<sup>80</sup>

Positive impacts suggested by the literature include: housing and financial stability; increased independent functioning; self esteem; social skills; competence in skills of daily living; vocational functioning; social networks; cognitive functioning; improved quality of life; and reduced stays in hospital.<sup>81</sup>

Emerging in the nineties, the concept of *supported housing* is based on case management services as a portable support for vulnerable individuals living in housing co-ops, other social housing or units in the private sector. The literature suggests that among individuals with severe mental illness, this approach reduces hospitalization rates and improves symptoms.<sup>82</sup>

Support is seen as one component of promoting housing stability, and can take various forms. For some, group living or case-management services within the context of independent living are effective strategies. Peer support and knowing or believing one's neighbours can be trusted and relied on in an emergency also contribute to housing stability.<sup>83</sup>

General social housing providers (e.g. those who are not supportive housing providers) may do some crisis intervention with tenants, but are not able to offer the ongoing support required by very vulnerable tenants. A study of older people, evictions and homelessness in the UK revealed that of the 45 informants who were evicted (mostly from social housing), the majority could have stayed housed with low-level ongoing support.<sup>84</sup> One response to the issue of support for vulnerable tenants among some social housing providers in the UK has been to contract with homeless organizations to provide services to vulnerable and difficult tenants.<sup>85</sup> This is in recognition that many homeless organizations in the services sector have developed expertise in supporting individuals who have significant mental health and/or behavioural problems and who can easily become socially isolated.

Within the range of housing choices that need to be available for homeless individuals, there is a place for gender-sensitive housing, including some housing that is sex-segregated for those who feel safer or more comfortable in this type of environment. A number of recent Canadian studies call for housing that is designed and developed to meet specific kinds of needs, such as those of elderly homeless people, chronically homeless women, or hard-to-house individuals.<sup>86</sup>

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<sup>80</sup> A related type of housing is known as "Alternative Housing" in some jurisdictions. The focus is on providing stable housing and community development (outside of a social work, psychiatric or medical services model) for those experiencing mental and physical health problems, social isolation, long-term unemployment, violence, and abuse. (Anucha 2003: 14)

<sup>81</sup> CAMH 2001: 5

<sup>82</sup> CAMH 2001: 5

<sup>83</sup> CAMH 2001: 7

<sup>84</sup> Crane and Warnes 2000: 769

<sup>85</sup> Crane and Warnes 2001: 442

<sup>86</sup> Novac, Brown, and Gallant 1999: 39; Serge 2003: 28; Anucha 2003: 96

Housing options, where staff support is available on site, also need to include some with a tolerance for alcohol use or abuse and its effects, tolerance of poor hygiene, and where the residents are not expected to change their behaviours or overcome their addictions.<sup>87</sup>

While the housing types and housing characteristics noted above are not mutually exclusive, these housing options reflect recommendations coming out of recent literature on homelessness. Offering a variety of housing options to homeless people helps to ensure that individual needs and circumstances can be accommodated within the housing system. An exit from homelessness into the most appropriate form of housing is a critical factor in preventing additional homeless episodes.<sup>88</sup>

The link between housing success for persons with severe mental illness and consumer choice and preferences has been well documented in the literature. Consumers of mental health services, like most other people, desire privacy, choice, autonomy and control in their housing environments. Most want to live alone or with their partner in a house or apartment, with some reporting a preference to live with friends or family. Studies on housing preferences among SMI individuals show that the majority do not want to live with other consumers or in group homes or single-room-occupancy facilities.<sup>89</sup>

The process of making housing a home is based on interaction between personal factors, support factors, and housing factors.

In order for a housing situation to be stable, individuals should receive appropriate support from within a physical and social housing environment suited to their individual characteristics, goals, preferences, strengths, and needs. Ideally, a “fit” between these three dimensions results in a psychological sense of home, reflecting a sense of empowerment, control, satisfaction, comfort, social support, and belonging both in the home and the neighbourhood.

(CAMH 2001:3).

## 5.2 Integrated Programs

As noted earlier, housing is but one need facing most homeless individuals and is arguably only one element in the path to exit homelessness. Numerous studies focussing on services for homeless populations conclude that programs which attempt only to respond to a concrete need (for example, housing) or a treatment need (such as addictions) are unlikely to be very effective or successful over the medium to long term.<sup>90</sup>

On the housing side, transitional housing, supportive and supported housing are examples of integrated approaches to meeting the needs of homeless and individuals who are at-risk of homelessness. On the services side, integrated programs are ones which provide users with the opportunity to address a range of personal issues. Individual needs will

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<sup>87</sup> Serge 2003: 25

<sup>88</sup> Dworsky and Piliavin 2000: 209

<sup>89</sup> CAMH 2001:6, citing other literature.

<sup>90</sup> See for example: Herman, Struening and Barrow 1994; Acosta and Torro 2000; and Wong 2002.

dictate what supports are most appropriate, and may include some or many of the following:

- Employment, job skills training, job creation;
- Obtaining social assistance or other income support;
- Obtaining ID and/or health card;
- Help securing housing, moving in, setting up and managing a household;
- Life-skills training, help with budgeting and money management;
- Proactive assistance addressing mental and physical health issues;
- Support and/or treatment around addiction issues, mental illness, or both; and
- Assistance re-connecting with friends and family.

The argument that homeless individuals are best served by integrated programs points to the value of flexible case management and outreach services. These services can help facilitate access to supportive housing providers, general social housing and private sector housing. They are also instrumental in helping at-risk households work towards stability while working on personal, health, social and economic issues that may make them vulnerable to becoming homeless. While a range of innovative outreach and settlement programs are documented and evaluated in the literature,<sup>91</sup> these programs are far from being universally accessible to those who need them. A key consideration in delivering integrated programs appears to be adequate staff resources and interagency linkages to seek out those who typically do not use emergency or social services and to work with them in a variety of environments (on the street, in and out of shelters, and into housing) to link them to services where they can receive support tailored to their changing needs.

### 5.3 Local Coordination

Studies that ask homeless and at-risk households about their path into and out of homelessness have found that for the homeless or vulnerable person, it is often not clear where to go for help. Staff in agencies working with the homeless can also experience frustration in accessing information. The issue of increased local coordination has emerged in public policy as well as community-based and academic literature as a way to improve the functioning of existing community resources; systematically identify where gaps in service for homeless people exist; and facilitate timely access to housing and supports.<sup>92</sup>

The assistance that homeless and at-risk households need spans the mental health, medical, social services, emergency services and housing systems in any given community. The homeless client is unable to navigate each of these systems to secure the required supports. Local coordination of services for the homeless implies:

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<sup>91</sup> See for example: Kraus and Dowling 2003; *Firm Foundations* 2002; and Clark, Teague and Henry 1999.

<sup>92</sup> CAMH 2001; Mayor's Action Taskforce on Homelessness 1999; Donahue (no date); Crane and Warnes 2000.



- Coordinating access to all forms of social housing and linking the housing access system in with health institutions, social services, community mental health agencies, addictions and treatment facilities, community service organizations, housing providers, shelters, and drop-ins;
- One-stop access for the homeless individual (and agency staff) to information about the services for this population and how to access them (for example, phone access available 24 hours a day, online information database available to agency staff; and information available in environments where homeless people go for services and assistance);<sup>93</sup>
- Discharge planning from hospitals, prisons, and psychiatric institutions that is linked with community housing and supports; and
- Strong linkages between housing, social services and support agencies to permit the identification of vulnerable social housing tenants and timely interventions to ensure ongoing housing stability.

Coordinating access to information and services for the homeless is a way to maximize existing resources, and work towards the principal of making it easier for homeless individuals to re-stabilize their lives. A quote from the Mayor's Action Taskforce on Homelessness (Toronto), illustrates the limits of local coordination efforts. In discussing the notion of coordinating access to supportive housing the report notes:

We are talking about access to a scarce resource. Making access more equitable will not ensure that all those who need supportive housing will get it. Without additional units, people will still find themselves without housing or on long waiting lists. (p. 133)

#### 5.4 Targeted Interventions

Novac, Brown, Gallant (1999) identify the role of “targeted interventions” in addressing the needs of vulnerable homeless individuals.<sup>94</sup> The use of triage within shelters, hospitals and institutions can help identify those individuals who are most likely to remain homeless unless assisted through appropriate interventions. The triage process could be used to:

- Prevent the discharge of vulnerable people from institutions to shelters;
- Divert individuals from shelters as they enter to more appropriate housing choices such as supportive housing options that would suit needs and preferences; and
- Divert those with serious addictions to harm reduction or treatment facilities with follow-up care and supportive housing options once treatment is complete.<sup>95</sup>

Targeted interventions can help keep individuals from being homeless for long periods, thereby avoiding the onset of adaptive behaviour that characterizes street life. In a similar

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<sup>93</sup> Mayor's Action Taskforce on Homelessness 1999: 39

<sup>94</sup> Novac, Brown, and Gallant 1999: 17, citing other sources.

<sup>95</sup> Novac, Brown, and Gallant 1999: 56

vein, Reid and Klee (1999) call for a proactive approach to connect with youth early in their homeless career before it becomes a way of life. Deliberate outreach and intervention with this population is especially important, given study results show reluctance among many homeless youth to use services or associate with agencies for the homeless to avoid being labelled.<sup>96</sup>

### 5.5 Eviction Prevention Strategies

The literature documents a range of eviction prevention strategies which are applicable to at-risk households living in social housing.<sup>97</sup> These include:

- Appropriate levels of income support to cover basic needs and housing costs;
- Access to emergency funds such as rent banks, funds to assist with past-due utility bills, and one-time emergency assistance in times of crisis;
- Adequately funded and accessible legal clinics for assistance with evictions and landlord tenant problems, as well as access to a tenant helpline for information about housing, rental and evictions issues;
- Programs initiated by providers to empower tenants through deeper understanding of policies and processes related to the housing and the reasons for them;
- Programs and interventions to enhance the supportive ties that tenants have to community agencies, neighbours, friends and family;
- Programs and initiatives to teach at-risk individuals skills in the areas of money management, crisis management, managing medications and coping with the requirements of independent living;
- Proactive steps to deal with safety concerns of tenants and foster a sense of ownership of their housing;
- Programs to assist families moving from homelessness to housing that are open-ended and able to support the household as long as needed with transition, household management, financial, safety and other issues that can undermine stability in housing;
- Economic development initiatives aimed at creating employment for those who are unemployed or marginally employed, and thereby building self-esteem and increasing access to income; and
- Development and implementation of processes which assist general social housing providers to monitor vulnerable tenants and link them to supports when needed.

### 5.6 Fighting Discrimination

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<sup>96</sup> Reid and Klee 1999: 23.

<sup>97</sup> For a fuller discussion of eviction prevention strategies, refer to Mayor's Action Task Force on Aging 1999, Anucha 2003; CAMH 2001; Crane and Warnes 2000, 2001.

Efforts to improve homeless individuals' access to social housing and initiatives to help tenants keep their housing need to include processes to identify and combat the discrimination faced by homeless and vulnerable individuals and families. Discrimination may be linked to, among other things, being homeless or poor, receiving social assistance, suffering from mental illness, using or abusing substances, poor hygiene, working in the sex trade and racism.

## 6.0 Conclusion: Towards Criteria for Evaluating Ease of Access to Housing

The past two decades have seen a tremendous growth in the body of academic literature on homelessness based on research in the US and the UK and to a lesser extent Canada. While the academic literature probes topics such as pathways into and out of homelessness, needs assessments, program evaluations, treatment options, service coordination, characteristics of homeless populations, and the effect of homelessness on individuals and families, very few sources provide a critical examination of waiting list practices from the perspective of the homeless applicant, the housing provider, or agencies.

### *Evaluating Ease of Access to Social Housing*

The results of the literature review suggest a number of factors influence how easy or difficult it is for homeless individuals to access social housing, when looking at this issue from the perspective of housing and community services systems. They can be summarized by the following questions:

- Does a coordinated information system on homeless health, mental health, community service, and housing options exist? Can it be accessed in various ways by homeless individuals as well as electronically by agency staff?
- Is there a wide range of social housing, transitional housing, and supportive housing options available in the community?
- Are new units of supportive housing, transitional housing, or social housing which would meet the needs of homeless individuals coming on stream? Does the turnover rate or vacancy rate in existing supportive housing, transitional housing, and social housing create reasonable expectations that a homeless individual would be housed?
- Is it possible to get on waiting lists for multiple social housing and supportive housing projects with a single application?
- Does the application for social housing have to be updated at regular intervals, and what are the consequences of not updating it?
- Can homeless individuals access case managers or housing workers who can assist in the search for housing and continue to provide support after move-in?

These concepts will be explored in more detail in case studies of social housing providers and agencies servicing the homeless in Canada, and serve as the basis for evaluating how easy or difficult it is for homeless applicants to access social housing.

It is clear from the literature that a variety of practices and policies exist in the social housing domain that affect waiting lists and access to housing. This literature review illustrates the points in the homelessness and re-housing process where these practices and policies come into play. There are assumed to be commonalities and differences among general, supportive, and transitional housing providers in Canada on attitudes about and processes for facilitating access to social housing. Similarly, the authors recognize the diversity which can exist among Canadian cities in how homeless services are delivered, coordinated and integrated across health, mental health, social services and housing systems. Using the framework provided by this literature review, the case-study

approach for this research on homeless access to social housing will contribute to the literature on responses to homelessness in Canadian cities.

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## **APPENDIX 2**

### **Survey Tools**

## Summary of Interview Questions for Housing Providers

The following summarizes the themes explored through the interviews with housing providers. The results of the interviews are presented as case studies in Appendix 3.

<b>Contact information</b>	<i>Name and title of person interviewed Name and contact information for housing provider</i>
<b>About the housing provider</b>	<i>Do you have a sponsoring agent? What is your mandate or mission?</i>
<b>Tenant population served</b>  <b>Provider definition of homelessness</b>	<i>Do you provide housing for the homeless?  How do you define homelessness?</i>
<b>Funding</b>	<i>Do you receive funding from federal, provincial or municipal governments? Is this funding for a mortgage or operating subsidy, and/or rent-geared-to income subsidy?</i>
<b>Local coordination of access to social housing units</b>	<i>Are you required by your funder to participate in a system of coordinated access for filling your rent-geared-to- income units? What are the priorities of this system?</i>
<b>Waiting list management</b>	<i>Do you keep a waiting list? How is it managed? How and when do you update the list?</i>
<b>Current status of waiting list</b>	<i>What is the current status of your waiting list? How long is it? What is the date of the earliest application on the list? What is the annual turn over of units? Has the list become longer/shorter over the last 10 years?</i>
<b>Application procedures</b>	<i>What information do you require applicants to provide to you? Do your staff help people apply for your housing? Do you have a protocol for referring applicants to other projects?</i>
<b>Support services available</b>	<i>What support services are available for your units? If you do not have support services, is this ever a factor that causes you not to offer a unit to a homeless person?</i>

<b>Assistance from community agencies</b>	<i>What help from local organizations can you access to help a vulnerable tenant?</i>
<b>Tenant selection and offering a unit</b>	<i>What process do you follow in selecting a homeless person or household for tenancy? Do you require the applicant to pay a damage deposit or other payment up front? If you refuse an applicant, is there a process for appeal?</i>
<b>Effective policies in housing homeless applicants</b>	<i>What features of your policies are particularly effective in providing housing to homeless applicants?</i>
<b>Policies and procedures which are barriers to homeless applicants</b>	<i>Do any of your policies or procedures reduce the ease of access for homeless people?</i>
<b>Suggestions for improving access to social housing</b>	<i>Can you suggest ways to improve access to social housing for applicants who are homeless?</i>

## Summary of Interview Questions for Agencies

The following summarizes the themes explored through the interviews. The results of the interviews are presented as case studies in Appendix 3.

<b>Contact information</b>	<i>Name and title of person interviewed Name and contact information for agency</i>
<b>About the agency</b>	<i>Does your agency have a sponsoring agent?</i>
<b>Services provided</b>	<i>What services do you provide?</i>
<b>Client group(s)</b>	<i>What percentage of your clients are homeless or at risk of homelessness? Which categories of homeless people do you serve? In the last 10 years how has your caseload changed?</i>
<b>Barriers to housing in the private market</b>	<i>What barriers do homeless clients face in obtaining housing in the private rental market?</i>
<b>Service response</b>	<i>Do you provide assistance to homeless people seeking permanent housing in private rental housing?</i>
<b>Units found in private sector</b>	<i>What kinds of units, if any, do your clients find in the private market?</i>
<b>Barriers to social housing</b>	<i>What barriers do your homeless clients face in trying to obtain social housing?</i>
<b>Service response</b>	<i>Do you have a referral agreement or other arrangement whereby you fill vacancies in social housing units with your homeless clients? Do you provide any other assistance to homeless people seeking permanent housing in social housing?</i>
<b>Units found in social housing</b>	<i>What kinds of social housing units, if any, do your clients fill?</i>
<b>Availability of support services</b>	<i>Is the availability of support services after move-in a criterion for a social housing provider accepting one of your homeless clients, and do you provide these services?</i>
<b>Local coordination of access to social housing</b>	<i>Is there any form of coordinated access to social housing in your community, and do you use it?</i>

<b>Housing providers' awareness of homelessness issues</b>	<i>Are the social housing providers you deal with knowledgeable about the issues and problems faced by the homeless or those at risk of homelessness?</i>
<b>Strengths of current system</b>	<i>What are the strengths of the current system in your community for helping homeless people gain access to social housing?</i>
<b>Suggestions for improving access to social housing</b>	<i>What are your 3 main suggestions for improving access to social housing for homeless people in your community?</i>

## **Appendix 3**

### **Case Studies**

**Note:**

**In this appendix, the housing provider and agency case studies are organized by Province (Alberta, British Columbia, New Brunswick, and Ontario).**

## **Alberta**

### **Housing Providers:**

Amisk Housing  
Calgary Housing Company  
Capital Region Housing Corporation  
Horizon Housing  
Norfolk Housing

### **Agencies:**

Bissell Centre  
Mustard Seed Street Ministry



## **Amisk Housing Association**

**16678-114<sup>th</sup> Ave. NW  
Edmonton, AB T5M 3R8**

**Contact:** Ms. Cec Jones  
Property Manager  
(780) 452-6651  
[amisk1@planet.eon.net](mailto:amisk1@planet.eon.net)

### **About the Housing Provider**

Amisk Housing Association provides subsidized housing for low income Aboriginal families in the Province of Alberta. The association maintains 96 units for low-income families and preference goes to Aboriginal households moving off reserve and into Edmonton to pursue an education or for medical reasons. An additional 48 units of supportive housing (in a separate project called Umisk) are for housing homeless people. Twenty of these units are transitional housing with a maximum stay of three years. The majority of these units are for families. If the tenants are doing well, the provider attempts to move them into a unit with a large social housing provider (Capital Region Housing Corporation). In addition to the transitional housing, there are 28 units of long term supportive housing.

Funding for Amisk's subsidized housing for low-income households is from CMHC's Urban Native Program. Funding for the Umisk housing for the homeless is through the federal Supporting Communities Partnership Initiative. Rents at Umisk are set below market, but are more than in rent-geared-to-income units. This generates revenue to offset operational costs (e.g. \$525 plus utilities for a three bedroom unit).

The provider's definition of homeless includes those at imminent risk of homelessness due to eviction, overcrowding, couch surfing, substandard accommodation, and discharge from an institution.

### **Access, Waiting List Management, and Tenant Selection**

There is no local coordinated access initiative for social housing, although the Umisk units are linked into the Family Shelter Network, a partnership that includes multi-service agencies such as the Bissel Centre, the Boyle Street Co-op, and Native Counselling Services.

The Family Shelter Network places tenants in the Umisk transitional and supportive housing units. Amisk can veto a tenant referred by the Network if they have had previous problems with that individual.

The Umisk supportive and transitional housing units are filled by individuals and families coming out of shelters and motel stays, and the waiting time is typically minimal (one

week to one month). The turnover rate is higher than for the rest of Amisk's portfolio, as families stabilize and want to move to housing with fewer restrictions.

The Family Shelter Network offers workshops on landlord and tenant responsibilities to their homeless clientele, after which the housing workers do the intake and assessment for the units at Umisk and another private realtor. In filling the units designated for homeless applicants, the Family Shelter Network conducts the initial assessment and the applicant is contacted once a unit becomes available. No references are required and arrangements are made so that the rent portion of social assistance is paid directly to the provider. The Family Shelter Network advocates on behalf of the applicant if the provider turns down an application.

A damage deposit is required for all units: for the supportive/transitional housing, the deposit is equal to one month's rent (which can be paid by Social Services); for the regular units, the deposit is not more than \$300.

For the rest of Amisk's portfolio, approximately 1700 households are on Amisk's waiting list for subsidized housing, with the earliest application dating back 12 years or longer. In the past the list has been updated annually, but due to budget cuts, updating has not been done in recent years. In cases where the provider knows the applicant is no longer eligible for the housing, has died, or is no longer interested, then that name is deleted from the list.

New applicants are added to the waiting list, and applicants on the list are asked to call in annually to update their contact and family status information.

Over the last ten years the waiting list has become longer. Most households continue their tenancy at Amisk for many years. Ten to 16 units turn over each year. Typically, the units that become vacant are filled from the priority list, and even then a 12-month wait is not unusual. Applicants require proof of a treaty or Metis card. The receptionist at Amisk is available to assist applicants with the forms. Applicants are also referred to Capital Region Housing Corporation, Family Shelter Network, and Metis Urban Housing.

## **Support Services**

Supports for the 48 Umisk units are available through the Family Shelter Network. Housing workers assist tenants with social assistance, provide vouchers for furniture and clothing, assist individuals to link with services and addictions programs, provide individual supportive counselling, and are available for crisis intervention. After one year, the housing workers assess whether the tenants can go on a low support list where assistance is provided by a tenant support worker.

For the rest of Amisk's portfolio, no supports are provided. Tenants for these units are typically highly motivated, are enrolled in school, or have moved to Edmonton to be closer to hospitals. Regardless, the lack of supports available is not a factor in rejecting an application.

## **Policies and Practices Affecting Homeless Applicants**

Alcohol and drugs are not allowed on the premises of the supportive and transitional housing units and tenants may not add anyone to the lease for the first year of the tenancy in order to protect women fleeing abuse. Tenants must have their children living with them within two months of occupancy to retain a family unit. The partnership with the Family Shelter Network provides supports to help ensure vulnerable tenants do not become isolated.

## **Improving Access to Social Housing**

Barriers to social housing include a lack of housing of all types, and long wait times for existing units.

The Family Support Network in Edmonton has proven to be an effective way to integrate housing and supports.

## Calgary Housing Company (CHC)

1701 Centre St. NW  
Calgary, AB T2E 8A4

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**Contact:** Loraine Lundquist, Manager,  
Social Integration  
(403) 221-9140

[loraine.lundquist@calgary.ca](mailto:loraine.lundquist@calgary.ca)

### About the Housing Provider

The Calgary Housing Company (CHC) manages resources provided by three levels of government and operates as a semi-autonomous business unit with a governance board that includes city councilors. With 7500 units, including 5500 units of rent geared to income subsidized housing, CHC delivers a range of safe and affordable housing solutions to meet the needs of Calgarians not served by the marketplace.

Individuals and families with low or modest incomes are eligible to apply for Community Housing (subsidized housing). An increasing number of applicants have identified themselves as homeless over the past two years and more households on the waiting list are at risk of homelessness due to family violence, addictions, complex health issues and affordability issues.

CHC's operating subsidy and rent-geared-to-income subsidy are funded through Alberta Seniors (Government of Alberta). A portion of the mortgage subsidy is federally funded.

CHC defines homelessness in broad terms, and includes both relative and absolute homelessness.

### Access, Waiting List Management and Tenant Selection

CHC is the largest provider of social housing in the city and has a centralized application and intake system for its 7500 units. There are very few non-profit providers operating in the city. No single city-wide system for coordinating access to subsidized units exists in Calgary.

CHC has an arrangement with the Accessible Housing Society for filling subsidized units that are accessible to people with disabilities. The Accessible Housing Society is the coordinating body for all accessible units in the city, including both subsidized and non-subsidized units.

CHC maintains a waiting list based on needs. The requirements of this system are set out in provincial regulations. If two households are equal in terms of their housing need, then the household with the earlier application date is housed first. The waiting list is updated

daily, and applicants are required to renew their application by phone every six months. Applications that are not renewed are purged from the waiting list.

As of July 2004, 2100 households were on the waiting list. The earliest application date on the current list is from 2003. The longest wait time for a unit in the current environment is approximately one year and three months. On average, 80 subsidized units per month are filled from the waiting list.

In 2001, the local municipal and public housing companies merged. At the same time, market conditions in Calgary, with a decrease in the number of rental units due to condo conversions and increasing rents, resulted in an increase to the waiting list to 2500. As more market rent housing has opened up in the past year, the waiting list has dropped to approximately 2100 in July, 2004.

At the time of application, Customer Service Representatives are available to answer questions, help in completing the application form, copy required documentation, and assist applicants who do not speak English as a first language. Applications are encouraged to arrange for interpreters and staff will assist as needed. Households on the waiting list are required to contact CHC every six months to renew their application. Applicants are given a date stamped card at the time of application to remind them of their renewal date.

Staff from the CHC's Social Integration Unit meet regularly with staff from shelters and helping agencies to provide correct information about the housing CHC offers, waiting list and application procedures, and tenancy requirements. Applications for CHC are distributed throughout community agencies, as is a newsletter to give agencies updates about the housing. CHC staff do provide applicants with contact information for other local housing providers.

CHC contacts the applicant when a suitable unit is available and the applicant is invited to see the unit. If the offer is refused, CHC will review the information provided by the applicant regarding housing needs to ensure a subsequent offer fits the criteria provided. Pre-offer interviews are arranged for applicants who have specialized needs or if the applicant was a previous CHC tenant and there had been challenges during that tenancy. All arrears owing to CHC must be paid in full prior to re-housing.

No reference checks, landlord checks or credit checks are required prior to an offer of housing. Criminal record checks are undertaken before housing in a select number of downtown buildings where tenants have voiced safety concerns. The criminal record check in these cases is used to assess whether there is recent evidence that the applicant may be a safety risk to tenants. Once CHC receives the results of the criminal record check, staff meet with the applicant to discuss what has changed in his/her life and to assess the risk. To date, no applicant has been denied a unit.

Information on the application form is kept up-to-date by the applicant. Applicants are encouraged to provide CHC with alternate contact phone numbers. Increasing use of cell

phones also makes it easier to contact homeless individuals. When the applicant has not included phone numbers, agencies can be helpful in finding the individual to arrange an interview or an offer.

Incoming tenants can arrange for early move in. Damage deposits are no longer required for the subsidized CHC units, although they are required by private landlords participating in the rent supplement program. Applicants are seldom refused a unit, so there has been no need to date for an appeals process.

### **Support Services**

The Social Integration Unit, staffed by four full time employees, provides non-intrusive one-on-one support to tenants during times of crisis or impending crisis. While the main focus of the unit is Community Housing (subsidized units), staff do provide support throughout the entire housing portfolio on request. Staff link tenants in difficulty with supports, actively engaging community and health agencies' and social supports, such as families and faith communities, to assist tenants. At intake, social workers identify which agencies tenants have been involved with in the past to assist in re-connecting them as needed.

CHC's approach to housing vulnerable households is to 'give them a chance.' An applicant is not refused a unit because she/he lacks the support necessary to maintain the tenancy. CHC does, however, encourage tenants to have any needed supports in place at time of occupancy.

CHC staff and tenants draw on supports from a range of agencies, including: child welfare, mental health services, home help services (including services offering yard maintenance), home care, and the Boys and Girls Club. CHC partners with community agencies to operate resource centres on-site at a number of CHC complexes. Programs include children's activities, recreation, parenting support, and community kitchens, literacy and career development, counseling, health care and community mediation.

### **Policies and Practices Affecting Homeless Applicants**

CHC has close and positive working relationships with agencies serving the homeless. Agencies assist clients to identify suitable housing and refer those able to live independently to CHC.

CHC does not undertake landlord or reference checks for applicants. All incoming tenants begin their tenancy with a 'clean slate'.

CHC partners with two agencies to provide on-site supports for specific tenant groups living in shared arrangements in two buildings. Tenants able to live independently are transferred to other CHC units.

CHC does not do street outreach to directly connect with homeless individuals.

Individuals have to be able to manage their lives enough to book and keep an appointment (e.g. prospective tenants must come into a CHC office to sign the lease). While CHC can assist with logistics related to viewing a unit or signing the lease, the applicant must demonstrate an ability to complete the process and follow up as required. Supports are encouraged to assist if needed and could include friends, family, faith communities or agency staff.

### **Improving Access to Social Housing**

Education is an ongoing challenge and CHC's role as a housing provider is not well understood by some. For example, CHC does not provide emergency housing and works closely with service agencies to help ensure correct information circulates in the community.

Gaps exist in the service sector related to support for tenants in maintaining their units. Many tenants could benefit from additional help and training in maintaining their units, one aspect of a successful tenancy.

There is a difference in expectations. People may expect that they can live independently when in truth they cannot, due to mental health or other issues. Shelters and helping agencies need to work carefully with individuals to present appropriate housing choices. Agency staff can assist individuals in assessing whether or not they are ready for independent living.

Some homeless people in Calgary are unwilling to use the shelters and other agency supports. Increased efforts are needed to combat misinformation among homeless people.

## Capital Region Housing Corporation (CRHC)

**10242-105 Street NW  
Edmonton, AB T5J 3L5**

**Contact:** Cynthia Hanley, Director,  
Property Management  
(780) 420-6161  
[cynthia.hanley@crhc.ab.ca](mailto:cynthia.hanley@crhc.ab.ca)

### **About the Housing Provider**

Capital Region Housing Corporation (CRHC) is a non-profit management agency, with operating authority granted by the Province of Alberta, providing affordable housing to approximately 6500 households in Edmonton. CRHC is federally and provincially funded for operating and rent-gear-to-income subsidies.

The tenant group consists of households requiring rent-gear-to-income housing. While there is no specific focus on housing the homeless, CRHC has housed people coming from the street or living in tents. 'Homeless' is defined as living on the street and typically requiring emergency housing which CRHC does not provide.

### **Access, Waiting List Management and Tenant Selection**

While there is no centralized access for all social housing units across Edmonton, CRHC has a one-stop intake and application process for 4500 units of subsidized housing and 850 units under the private and non-profit landlord rent supplement program.

All applicants are point-scored according to need. At times when there is no waiting list (when vacancy rates rise to about eight percent), then applicants are housed on a first come, first served basis. Top priority is normally given to homelessness (e.g. a household received a notice to vacate or is living in a shelter, van, or car). Other priorities include: living in housing detrimental to health (which can include domestic abuse situations); paying more than 30 percent of income towards rent; and overcrowding. All applicants must demonstrate a source of income.

How quickly the applicant is housed depends on the points total and the number of locations he/she chooses. On average, if the applicant is flexible about location, he/she can typically be housed in four to six months.

CRHC has maintained a waiting list for the past three years. Prior to that, there was no waiting list for about eight years. The list has grown over the last three years, but is starting to stabilize and is expected to decrease. The vacancy rate in the private sector is now at five percent. Approximately 1600 households are on the waiting list; about 500 of these are singles. The earliest application date goes back three years, which indicates a low point score and that the applicant desires very specific locations with little turnover.



The waiting list is updated daily. CRHC writes to applicants each year to ask if they want to remain on the list. If interested, applicants return an updated form. Applicants from shelters are not usually on the waiting list for as long as a year, so are not affected by this process.

In the past when there was no waiting list annual unit turnover was about 30 percent when there was no waiting list. Now unit turnover is lower (about ten percent), as fewer social housing tenants are moving out, and more tenants from the private sector are moving in.

Front desk staff give out and collect applications, explain the application process, and advise applicants about the information needed (e.g. proof of social assistance, and employer letter).

An interview takes place at the time of application, and references, such as from a previous landlord, are requested. In some cases, credit checks are done. Information provided by applicants is verified early in the process to confirm eligibility. If more than six months pass before an offer of housing, income information is verified again to determine the rent charge. A security deposit of not more than \$300 is required.

Applicants are contacted when a unit is becoming available; no pre-offer interview is conducted. Typically CRHC has no difficulty contacting applicants. The building manager shows the unit.

If an applicant wishes to appeal a decision, they can write a letter, which is reviewed by senior management.

### **Support Services**

Basic supports are available at four buildings which are home to many tenants with mental health problems. A staff person organizes recreational and social activities, collective meals, and arranges for medications to be picked up. This staff person is as a 'friend' to the tenants, and does not provide counselling. If concerns arise, the staff person contacts the tenant's mental health worker.

All tenants must be capable of independent living. If supports are needed, they must arrange them on their own. CRHC does not formally broker assistance for tenants from community agencies.

A lack of support services can be a barrier to housing a tenant with significant needs. It can also be a cause for eviction. If outside supports breakdown and additional problems such as non-payment of rent emerge, the tenant can be asked to vacate the unit.

### **Policies and Practices Affecting Homeless Applicants**

The resident manager program is effective for households housed with CRHC. The resident managers are full time employees, living in one of the sites and responsible for up to five buildings. Tenants contact the resident manager directly for maintenance requests and other tenant issues. The managers play a superintendent role in the buildings, handling move-in and move-out, grounds work, and contractors.

Barriers to social housing include: requirements of the funder related to income and income verification; requirement for applicants to be self sufficient and able to maintain their units (majority of the family housing is townhouses); and the absence of support services attached to CRHC units.

### **Improving Access to Social Housing**

A wide range of housing types needs to be available in order that homeless people can access housing suited to their needs. Not all homeless people are interested in, and able to maintain, the housing currently offered by CRHC. Those who are homeless need access to accommodation that has minimal rules, with meals provided.

## **Horizon Housing Society**

**Suite 400-1202 Centre Street SE  
Calgary, Alberta T2G 5A5**

**Contact:** McCol Befus  
Fund Development Manager  
(403) 297-1741  
[mccolb@horizonhousing.ab.ca](mailto:mccolb@horizonhousing.ab.ca)

### **About the Housing Provider**

The Horizon Housing Society is a non-profit housing provider originating from an initiative of the Canadian Mental Health Association (CMHA), but has operated independently for 29 years. The mission of the Society is to provide appropriate housing for people with mental illness and other special needs. It owns and operates eight group homes and five apartment buildings. Federal and provincial funding support this housing, in the form of funds to assist in the acquisition of existing housing or in the development of new housing, rent-geared-to-income subsidy, and rent supplement.

Horizon Housing Society houses over 441 tenants including 222 with a mental illness. The majority of mental health tenants receive government support in the form of AISH (Assured Income for the Severely Handicapped) and have rents-geared-to-income. Other special needs households include tenants with physical disabilities, tenants with brain injuries, and low-income households referred by the Calgary Housing Company. Six percent of the units are market rent to further provide a mixed-use concept while reducing the stigma attached to any one particular group.

### **Access, Waiting List Management and Tenant Selection**

There is no local coordinated access system for subsidized units involving non-profit providers. All mental health tenants in group homes and independent units are referred by CMHA, and are part of that agency's caseload. Tenants with physical disabilities are referred by Accessible Housing Society and tenants with brain injuries are referred by Universal Rehabilitation Service Agency (URSA).

Agreements with the support agencies do not stipulate how their waiting lists are to be managed. With clients from CMHA, the wait time is variable. The waiting list with Accessible Housing Society numbers over 100 applicants. Five tenants housed from this list in 2004 had waited over two years for accessible units.

A pre-offer interview is held if the applicant is referred by the Calgary Housing Company. No supports are in place for these tenants; hence the ability to live independently is a concern. Landlord references are required and checked.

On-site resident managers process lease agreements and calculate rents. Credit checks are done for all prospective tenants. All tenants pay a damage deposit equal to one month's rent.

## **Support Services**

All mental health tenants housed with this provider are supported by CMHA. Participation in CMHA programs is a requirement for these tenants. When concerns emerge with special needs tenants, the provider seeks assistance from referring and support agencies who are their partners.

## **Policies and Practices Affecting Homeless Applicants**

Agency partnerships allow vulnerable individuals to be housed and stay housed. The provider values the expertise and support received from its partner agencies.

Support agencies may have specific requirements for their clients that can be barriers to accessing housing. For example, one partner agency requires the client to be under doctors' care and be in an agency program. Lack of compliance with that agency's expectations could be a barrier to receiving support and housing. As well, an individual with mental health issues who has not had a diagnosis may encounter barriers to service due to not having links with health professionals.

## **Improving Access to Social Housing**

There are too few means for tracking the needs of homeless and at risk people, their situation, and the extent of homelessness in the city. An initiative is underway in Calgary to issue a card to homeless individuals to gather information about service usage.

## Norfolk Housing

**100-206 10A Street NW  
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Executive Director  
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### **About the Housing Provider**

Norfolk Housing is a non-profit housing provider with 126 units spread over six buildings, including a mix of one, two and three bedroom units. Half of the units are market rent. Federal funding provides the mortgage subsidy, with provincial funding available at times.

The mandate of the organization is to provide and facilitate quality, affordable, and supportive housing for families and individuals with low incomes and special needs, using a community-based, democratic, mixed model approach.

Homeless singles and families are not a specific target group for this housing provider. It is one among a number of priorities that also includes low income families and individuals with disabilities.

### **Access, Waiting List Management and Tenant Selection**

There is no local coordinated access system for access to private non-profit housing providers. About 200 households are currently on Norfolk Housing's waiting list, which is updated daily. At present the earliest application date is 2002. The length of the list has remained fairly constant in recent years. Of Norfolk Housing's 65 subsidized units, only three or four turn over each year.

Waiting list management takes into account the applicants' needs and the length of time they have been on the list. Applicants are asked to contact Norfolk Housing on a quarterly basis to re-state their interest in remaining on the list and to update their information. If applicants do not contact the provider, they are removed from the list.

In addition to the standard information collected on the application form, the housing provider also looks for information on health and medical needs. Ages of children and where they are enrolled in school is also noted. The agency's Housing Coordinator and Executive Director are available to assist applicants with filling out forms if needed.

At the time of application, the Housing Coordinator interviews the applicant to determine housing need. If the applicant ends up on the waiting list for a long while, a second pre-offer interview may be arranged. Applicants with an urgent need for housing are referred elsewhere because of the long wait time with this housing provider. Similarly, if an applicant does not qualify for the housing, due to income or needs, he/she is not put on the waiting list. Instead staff refer the applicant to other housing providers. When

referring applicants elsewhere, staff call ahead to establish a personal connection and make the referral.

Incoming tenants are required to pay a damage deposit.

### **Support Services**

No formal support services are attached to these units. There is, however, a building handy-man who assists tenants with some routine personal and maintenance tasks. A lack of support services for applicants with multiple needs is a reason for referring applicants to other providers.

Local agencies are careful to make appropriate referrals to housing providers. Typically, applicants who are referred to Norfolk Housing are suitable for the independent accommodation that is offered. There are good networking opportunities in Calgary and agencies and housing providers know each other. Assistance received from local agencies is brokered on an unofficial and informal basis. Examples of this assistance include help related to developmental disabilities, mental health issues, and immigration and settlement issues.

### **Policies and Practices Affecting Homeless Applicants**

The provider has an open and rapid process for processing applications and assisting applicants.

## **Bissell Centre**

**10527-96 Street  
Edmonton, AB  
T5H 2H6**

**Contact :** Lisa Cottrell  
Manager, Child and Family Resource  
Centre  
(780) 423-2285 x 118  
[lcottrell@bissellcentre.org](mailto:lcottrell@bissellcentre.org)

### **About the Agency**

Bissell Centre is a non-profit, non-denominational, multi-service agency affiliated with the United Church. Agency wide, more than 60 percent of clients are homeless or at risk of homelessness. Clients include: people with mental illness, individuals with addictions, singles and families, Aboriginal people, newcomers to the city, victims of abuse, and ex-offenders. The client caseload has increased over the last ten years as the agency has felt the impact of changes to welfare legislation.

Services at the Bissell Centre include: a drop-in centre, assistance accessing permanent housing, mental health services, help with landlord/tenant issues, emergency community support services (e.g. furniture, food, and clothing assistance), supports to parents raising children affected by Fetal Alcohol Syndrome, a temporary employment program, employment training, drop-in childcare, a family support program, support workers for persons with developmental disabilities, alcohol and drug abuse workers, a child welfare team, and supports for independent living.

### **Access to Private Market Housing**

Private sector units may have affordable rent, but are unaffordable in terms of utilities, due to the long cold season. Affordable units are often in drafty older homes, in need of repair, poorly maintained, and moldy.

Barriers include: inability to afford high rents; discrimination based on race, ethnicity, and source of income; discrimination faced by large families; and high utility charges.

Staff assist clients with housing searches, provide housing lists, accompany clients to look at housing, meet landlords, and negotiate rents. Staff have helped clients in negotiating rents when unit maintenance is required.

### **Access to Social Housing**

Households can apply to Capital Region Housing and be considered for a particular region or multiple buildings, but applications to other providers are made on an individual basis. An advocacy based coalition of agencies exists which will coordinate access to housing when disaster strikes (for example a building being closed down).

The waiting lists for social housing are long (up to two years), and Bissell's clients need housing immediately. Some clients have accessed social housing units targeted, for singles, families and the 'hard to house.' In general it appears that social housing providers know the issues facing homeless individuals, and there is recognition of the conflict that results from their role as property managers.

Single homeless people are typically low on the priority scale (even with the points system). The onus put on applicants to keep their contact information up to date with social housing providers is a barrier for those who are transient, or dealing with addictions and/or mental health issues. In addition, single men who are parenting face difficulties in accessing social housing, as it is more typically geared for women who are heads of households with children.

The Bissell Centre is responding to some of the challenges their homeless clients face in obtaining housing and maintaining their tenancies through an initiative called the Family Shelter Network (FSN). This multi-agency initiative is supported by the Bissell Centre in partnership with the Boyle Street Co-op. In addition to providing support in locating housing and then assisting those families in maintaining that housing (through support and education and practical lifeskills such as communication, negotiation, how to clean a home, etc.) FSN also ensures that families have access to the resources they need to address the barriers to keeping their housing. This can mean child welfare or parenting support, addiction treatment referrals, income support referrals and employment training. Through FSN, housing workers mediate relationships between shelters and some housing providers. Vulnerable families being re-housed are supported for up to a year.

### **Improving Access to Social Housing**

The Family Shelter Network effectively supports families who are 'hard to house,' with no or poor references, unskilled at maintaining their own units, or dealing with overcrowding. Tenants obtain help with budgeting and negotiating the sharing of utility bills, as well as other supports, for a minimum of a year.

More social housing needs to be built. Minimum wage and social assistance rates need to be high enough to allow homeless people to find and rent safe housing, and afford the cost of utilities. In Edmonton, homeless people simply can not afford the cost of housing. As well, many homeless people need continuous support as they learn how to maintain their homes.



## **Mustard Seed Street Ministry**

102 – 11 Avenue SE  
Calgary, AB T2G 0X5

**Contact:** Ken Johnson  
Housing Manager  
(403) 269-1319  
[info@theseed.ca](mailto:info@theseed.ca)

### **About the Agency**

Mustard Seed Street Ministry is a non-profit, multi-service agency serving homeless and at risk clientele in downtown Calgary. The clientele includes: singles; some street youth and victims of abuse; individuals with mental health and/or addictions issues; individuals in conflict with the law; and newcomers to the city. Families with children are typically referred elsewhere.

The agency provides emergency and transitional housing; a drop-in centre; assistance with housing searches; a meals program; job readiness training and educational programming; case management; and referrals. Mustard Seed is in the early stages of developing a street outreach program.

The caseload at Mustard Seed has increased in recent years, with youth becoming a more visible segment of the homeless population. Seniors aged 55 and over are also becoming more visible among the homeless due to poverty and addictions issues. Mustard Seed serves 800 people per day in the meals program alone.

### **Access to Private Market Housing**

Private market housing is typically units in apartment buildings or in houses. Rents in the private market are high and very little low cost housing is available. Substantial income is needed at the outset to afford to move into an apartment, pay the damage deposit, and have utilities and a phone connected.

Agency staff act as advocates for clients and provide support for tenants during the process of looking for housing and re-establishing a household. They also broker relationships with local agencies to ensure clients obtain the supports they need. In addition, Mustard Seed makes phones and a message service available to clients. General access computers and the internet are available for housing and job searches and clients are trained on how to use these resources.

Mustard Seed has identified the need for a follow-up support program for clients who have been housed in the community. The concept for this program is currently under development.

## **Access to Social Housing**

There is one-stop access for applying to Calgary Housing Company units, the largest social housing provider in the city. Clients must apply to the other non-profit and co-op housing providers individually. Clients do obtain bachelor units and apartments in social housing projects located across the city. Some access houses as well.

Barriers for clients in accessing social housing include: limited availability of units; long waiting lists (from the perception of tenants); and lower priority points awarded to applicants currently living in transitional housing compared to those living on the street.

Mustard Seed provides a phone and message service (phone is not answered in a way that identifies the agency), help filling out forms, advocacy and follow up for those seeking social housing.

If clients applying for social housing require supports, Mustard Seed can at times arrange for services, by linking with other agencies. Mustard Seed's own follow-up program, now in development, will also help to meet the on-going support needs of their clients once they move into community housing. If a client's need for services is too high, Mustard Seed will be notified that social housing is not an option for the individual. Housing providers appear to be aware of the issues facing homeless clientele.

## **Improving Access to Social Housing**

Calgary has a good number and range of services for homeless clientele. In other words, there are various initial points of access to agencies where homeless individuals can obtain assistance and 'get into the system.'

More social housing units are needed. Effective follow-up programs to assist formerly homeless people to maintain their tenancies in social housing or private market housing need to be implemented.

# British Columbia

## **Housing Providers:**

Affordable Housing Society  
Elizabeth Fry Society  
HFBC Housing Foundation  
Lore Krill Housing Co-op  
Nelson Community Services Centre

## **Agencies:**

Fraserside Community Services Society  
St. James Community Services Society

## **Affordable Housing Society**

**Suite 211-800 McBride Blvd.  
New Westminster, BC V3L2B8**

**Contact:** Bob Nicklin  
General Manager  
(604) 521-0818  
[bnicklin@affordablehsg.com](mailto:bnicklin@affordablehsg.com)

### **About the Housing Provider**

The Affordable Housing Society is a non-profit housing provider which owns and operates affordable housing for seniors, families and single people with low and moderate incomes, housed in 39 projects. Some projects receive federal funding only, some receive funding from both senior levels of government, and some receive provincial funding only.

The tenant population consists of seniors, families and singles who are low income and able to live independently. While the provider sometimes houses an individual or family who would otherwise be homeless (defined as being without a permanent residence), this is not a specific target group for this provider.

One project in Vancouver's Downtown South (Seymour Place) was specifically built to house tenants dislocated from hotels that formerly operated as 'single room occupancy' which were converted back into hotels. Thirty of the units in this project are designated to house tenants with mental health issues and twenty units are designated to house people who are HIV positive or who have AIDS.

### **Access, Waiting List Management and Tenant Selection**

The provider participates in the local coordinated access initiative for subsidized units. Participation is voluntary and not a requirement for funding. The Housing Registry originally covered only the Greater Vancouver area but is being expanded to cover other areas of the province.

The Housing Registry, managed by BC Housing, is a points or needs based system, which considers the amount the applicant is paying in rent, the condition of the housing, and the degree of overcrowding. Some consideration may be given to length of time on the waiting list. The provider does not keep its own waiting list. The waiting list is managed by the Housing Registry.

Reception staff will assist applicants to fill out forms. With the Housing Registry, however, this happens less often. Previously, the equivalent of 1.5 staff years were required annually for application processing and waiting list management. Now tasks related to application processing account for only one-eighth of a staff year. Staff provide information and housing referrals to applicants on an informal basis, linking them to BC Housing and other local housing providers.

Turnover in the portfolio varies, with seniors having almost no turnover and the market rent units having the highest turnover. Across the whole portfolio, including market and subsidized units, the provider had a 23 percent turnover in the last fiscal year.

When filling a vacancy, the provider contacts the Housing Registry and obtains the names of the top five applicants based on need who qualify for the housing that is coming available. Three to five applicants are sent to see the unit. The on-site manager meets with the applicants and is typically the one who makes the final decision about who to house. The provider always conducts reference checks with current and previous landlords. Credit checks, however, are not always done. Incoming tenants pay a damage deposit equal to 50 percent of their monthly rent. In some buildings tenants are also required to provide a deposit for the security system.

For Seymour Place and three other singles projects owned by the provider, thorough assessments are carried out on the applicants. If possible staff talk to people who know the applicant personally. Landlord references can be difficult to obtain as managers of single room occupancy hotels may be uncommunicative.

### **Support Services**

No support services are available for the majority of the units. However, assistance such as homecare and mental health assessments are sometimes brokered from local agencies. The Seymour Place tenants who are living with mental illness are supported through the provider's partnership with a mental health agency. The agency operates a drop-in centre on-site and provides direct support to tenants. BC Housing also has a mental health team which the provider can access if assistance from other local agencies is not possible.

Because there are not enough intermediate care beds for seniors who are no longer able to live independently, the provider has sometimes forced the health authorities to respond by issuing an eviction notice. This can be traumatic for the tenant even though the provider explains it as part of the process to gain access to a nursing bed. The provider, however, feels it has little choice if the tenant is affecting the safety of other tenants.

### **Policies and Practices Affecting Homeless Applicants**

Most of this provider's projects do not target homeless populations. Applicants must be able to work with the social housing system and get themselves into the system. Homeless individuals can be hard to contact, have difficulty providing references, and face significant financial hardships. If the person is not linked to an agency and is unable to live independently, then she/he will face barriers accessing social housing.

Mental health problems are also a barrier to accessing regular non-profit housing units. Partnering with a community agency to support tenants with mental health issues has been very successful.

## **Improving Access to Social Housing**

More affordable housing is needed: “We can fine tune the process of accessing housing, but the focus of our efforts should be on ensuring an adequate supply.” Other government policies such as downsizing institutions and not providing adequate shelter allowances exacerbate the problem. The homelessness situation is often a mental health issue as well as a housing issue.

## Elizabeth Fry Society

**827 Seymour St.  
Kamloops, BC V2C 2H6**

**Contact:** Judy MacIntosh, Housing  
Coordinator  
(250) 374-2119 x 29  
[judith@efrysoc.com](mailto:judith@efrysoc.com)

### **About the Housing Provider**

The Elizabeth Fry Society provides housing for families and singles at risk of homelessness. It maintains 81 units of family housing and 14 units for singles, with 15 units for homeless people or those at risk. Applicants must be eligible for social housing under the requirements set out by BC Housing.

The Society receives both federal and provincial funding. BC Housing assisted with capital costs and provides the rent-geared-to-income and operating subsidies.

The provider recognizes two categories of homeless applicants. Absolute homeless: those with no shelter or roof over their heads; and relative homeless: those who are couch-surfing, in continual transition, or at imminent risk of losing their housing.

### **Access, Waiting List Management and Tenant Selection**

No centralized access system for subsidized units operates in the area. Elizabeth Fry operates a points-based waiting list, similar to the one used by BC Housing which takes into account the length of time an applicant has been on the list when two or more applicants score the same number of points based on need.

The points system takes into account the applicant's current living situation, with top priority for those who are homeless, in a shelter, or in a state of relative homelessness. Thirty percent of gross income is compared to current rent to determine how much the applicant is paying for rent on a percentage scale. Assets up to \$10,000 are exempted. Discretionary points are given to women at risk, youth at risk, women affected by the justice system, women leaving an abusive situation, references, interview and wait time.

Over the past two years, the waiting list has become longer. Currently there are 430 households on the waiting list, including 174 for the singles units. The earliest application on the current list dates back to February 2000. The wait time for a unit is typically one week to six months and unit turnover is approximately 20 per year. The waiting list is updated monthly.

Applicants are advised at the time of application to contact the housing provider if their circumstances change and to call to re-affirm their interest from time to time. If there has been no contact with the applicant for over a year, the name is removed from the waiting list and no attempt is made to contact the applicant. The housing coordinator and

reception staff are available to assist applicants to fill in the forms, which are the same ones used by BC Housing.

Prior to an offer, the applicant is interviewed by the housing coordinator and sometimes the tenant activity coordinator. The applicant's social worker and the building supervisor are also invited to attend when the applicant has applied under the priority for homeless or at risk of homelessness. A good fit for this housing is someone who is relatively stable and can demonstrate that they have supports in place.

If the applicant is at the top of the list in terms of points, then an offer is made and the applicant is shown the unit. References are requested, and are typically provided by support workers, staff at the women's shelter, an employer, supervisor (in the case of volunteer work), and/or former landlords. In cases where the applicant cannot be easily reached, interagency networking in this small community can usually locate the individual. Decisions affecting applicants can be appealed to the Executive Director of the agency, and a dispute resolution process is in place.

A damage deposit of \$250 plus first month's rent is required upon move-in. Social assistance typically provides new tenants with the damage deposit.

Staff routinely provide information and referrals to households looking for housing. Applicants are encouraged to submit applications to the other local subsidized housing providers and private landlords as well.

### **Support Services**

In the Housing Activity Program a worker provides social, physical, recreational and leisure activities. No life-skills training is offered. Whether or not appropriate community supports are in place for applicants who need them is a consideration in making an offer of housing. Supports not being in place can be a concern.

The Canadian Mental Health Association provides assistance to staff in working with tenants with mental health issues. Psychiatric outreach to homeless at risk individuals is no longer provided by the organization; this caseload was intended to be taken up by a provincial mental health agency. The housing provider is looking at adopting a mental health outreach component to better support tenants. A club house for individuals with mental health issues is located close by and this is a resource for some tenants. An ongoing challenge is to work with tenants who isolate themselves.

### **Policies and Practices Affecting Homeless Applicants**

The agency is known for supporting disadvantaged individuals and families, including those due to interaction with the criminal justice system. Many clients are referred to the Elizabeth Fry Society because of the agency's reputation.



There is no local coordinated access system for social housing. Families and others seeking housing are currently asked to complete five separate housing applications in order to apply to the other local social housing providers. As a result the applicants may also be interviewed five times.

### **Improving Access to Social Housing**

A challenging situation arises when the applicant does not have a reference. It would be ideal to receive a reference letter from support workers and documentation of their intention to continue to provide support.

The local women's shelter no longer has an aftercare program or outreach services. Women leaving the shelter are on their own to provide for themselves. This raises concerns about the safety of their households and the tenant community as a whole. This gap in service needs to be addressed.

## HFBC Housing Foundation

**#206-2590 Granville Street  
Vancouver, BC V6H 3H1**

**Contact:** Barbara Bacon  
Executive Director  
(604) 684-3515  
[Barbara@housingfoundation.ca](mailto:Barbara@housingfoundation.ca)

### **About the Housing Provider**

Historically HFBC's mandate was to provide housing for low income seniors who can live independently. Since 1992, HFBC has housed individuals aged 50 and older. The 660 units are mostly for singles in bachelor or one bedroom units; however HFBC does have larger units for families. One newer building is for low income urban singles; the average age of this tenant population is 25 to 35. Rent-geared-to-income subsidies come from federal and provincial funding.

The provider understands 'homeless' as those with no place to live, who are on the street, or in a shelter. Long waiting lists, lack of on-site supports, and suitability requirements mean that individuals who are experiencing absolute homelessness do not access HFBC units.

### **Access, Waiting List Management and Tenant Selection**

There is no requirement from funders to participate in the local coordinated access system. HFBC voluntarily participates in the centralized housing registry managed by BC Housing for its family units only. Family units are a small portion of the provider's portfolio.

For seniors and most of the singles housing, individuals apply directly to HFBC. Applicants are housed by date of application. No point system or weighting on the basis of need is used. Formerly, BC Housing had the right to fill 25 percent of the units. This is no longer in effect.

Currently HFBC has 300 to 400 households on their waiting list. Approximately 100 of these applicants are very flexible about what unit type or location they will accept. Wait time for them is typically less than one year. Others on the waiting list will wait up to five years to be housed in a particular location.

The list is updated as staff work through it chronologically when a unit becomes available. No purging or periodic updating is done. A recent analysis of the waiting list indicated that younger individuals are applying for HFBC housing.

Applications are only taken in person. Applicants are interviewed at the time of application to ensure that individuals with serious mental health problems are well

supported. Reception staff are available to assist applicants in filling out the forms. Staff assist applicants in contacting other housing organizations by providing a contact list for some larger housing providers in the area. They also try to ensure that the applicants are on the BC Housing list.

Applicants are contacted once a unit becomes available. In some cases a second interview is conducted prior to offering a unit. As well, home visits may be conducted with applicants, most often to assess their need for a wheelchair accessible unit and to ensure their needs can be met.

Applicants must provide proof of income, but no credit check or landlord reference check is required. A damage deposit is required in some of the new buildings. There is no process in place for applicants to appeal or ask for a review of decisions when refused a unit or removed from the waiting list.

### **Support Services**

No support services are available. 'Aging in place' is an important issue for the senior tenants, with dementia being a primary concern. HFBC tries to connect the tenant with mental health services. However, if the tenant refuses assistance from mental health agencies, and behavioural or other issues negatively impact the tenancy, the provider can end up evicting the tenant.

### **Policies and Practices Affecting Homeless Applicants**

The length of the HFBC waiting list is a barrier for homeless applicants as they have an immediate need for housing. In addition, when an individual has no fixed address or phone number, HFBC is not able to readily reach them when a unit becomes available.

HFBC requires all incoming tenants to have independent supports in place, as no supports come with the housing and many buildings do not even have caretakers. Applicants need to be well connected with the medical and health services community, a characteristic that is not common among many homeless individuals.

Incoming tenants need to be able to cope with having neighbours and not pose a safety or security risk to existing tenants, many of whom are seniors. The housing is not well suited to many homeless or formerly homeless people with significant mental health issues. Individuals with addictions to illegal drugs are not well suited for these units.

### **Improving Access to Social Housing**

There is a need for government funded supportive housing to house those who are homeless. Many homeless individuals are unable to live independently, and need to have other supported living options where staff are available around the clock.

## **Lore Krill Housing Co-op**

**300-239E Georgia  
Vancouver, BC V6A 4J7**

**Contact:** Darren Kitchen  
Member, Board of Directors  
(604) 331-1586  
darren\_kitchen@novuscom.net

### **About the Housing Provider**

Lore Krill is a housing co-operative with a mandate to provide stable and affordable housing to people living in the Downtown Eastside of Vancouver. At start-up in 2002 the emphasis was on housing people who were living in substandard housing. Eighty percent of the 203 units are rent-geared-to-income. The co-op's operating subsidy comes from the province and the city provides a subsidized lands lease for one of the co-op's two buildings.

Lore Krill does not typically house people who are absolutely homeless, but does work closely with providers operating transitional housing. The co-op does house households who have been at imminent risk of homelessness due to affordability issues and substandard housing.

### **Access, Waiting List Management and Tenant Selection**

There is no requirement for the co-op to participate in the local coordinated access system for social housing. The co-op has a basic occupancy agreement and operates within a framework established by the province, but establishes its own criteria for membership.

The co-op keeps applications on file and fills units based on a points system which looks at housing need, gives priority to people already living in Downtown Eastside Vancouver, considers applicants' attitudes towards conditions in the neighborhood (e.g. visibility of drug addicts) and social attitudes (e.g. towards people who are HIV positive), looks at whether the applicant is living in substandard housing, considers whether the applicant has disabilities and is unsuitably housed, and looks at the willingness of the applicant to get involved in running the co-op. The co-op requires applicants who are pre-approved to keep their contact info up-to-date.

There are periods when the co-op does not take new applications (current situation). Some applications on file date back to the opening of the buildings. Currently about four or five units turn over each month but these are typically market rent units. The turnover in subsidized units is very low.

There is no formal process for updating applications. Once an applicant is approved for membership he/she is not contacted again until a unit is available. The wait time depends on unit size needed (e.g. one and two bedroom units are more available and larger family units are seldom available).

The information required on the application form includes age, address, language of choice<sup>1</sup>, financial information, current housing situation, disabilities, and contact information for previous landlords.

The co-op urges people to apply everywhere and fill out every application they can. Applicants are given an outreach list for local providers and are referred to the Co-op Housing Federation of BC's newsletter for a list of co-ops.

There are several steps in the member selection process. First the application is submitted to the co-op office and then to the membership committee for review and assignment of points. A major consideration is "Do we want this applicant as our neighbour?" If the application is approved, the committee arranges an interview and, if the interview goes well, the applicant is recommended to the Board and, normally, pre-approved. Only a limited number of interviews are done, as turnover is low. There is no process for appealing decisions about new co-op memberships.

Once pre-approved, the wait is typically a few months for a market rent unit. No credit check is done, but the financial information given on the application is verified. The member share purchase functions as a damage deposit. If a rent-geared-to-income subsidy becomes available, it is tied to a unit and is therefore filled with an applicant needing subsidized rent, unless compliance with the income mix mandated by the operating agreement requires otherwise.

### **Support Services**

No support services are offered. Applicants/members must be able to live independently. In the past the co-op did try to house individuals with physical disabilities, with five units dedicated for these members. There was an agreement in place with a health agency to provide on-site support; however funding was withdrawn shortly into the program leaving households without the services to maintain their tenancies.

If behavioural problems emerge, the co-op has a staged process to deal with the situation, with the final stage being eviction. If financial issues arise for a member, the co-op can help the household obtain assistance. When health issues emerge, sometimes co-op members use informal networks to help the household, tapping into the resources of co-op members who work in the neighborhood.

### **Policies and Practices Affecting Homeless Applicants**

The co-op works with the Cooperative Housing Federation of BC who will make a loan available to women leaving abusive situations; the loan is used for the co-op share purchase. As well, an arrangement between the co-op and a local credit union helps new residents with loans if they cannot pay the member share all at once.

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<sup>1</sup> The co-op makes a deliberate effort to house households from various linguistic groups.

If an applicant is homeless, able to live without supports, and is a good fit, the points system is favorable to them. However, barriers include the requirement for independent living, including making sure the housing charge is paid on time, and the lack of supports available on-site.

### **Improving Access to Social Housing**

Access to social housing could be improved by recognizing that most homeless people access rent-geared-to-income housing through the non-profit housing providers with mandates targeted to this population. In addition, it would be useful to have social services workers and advocates help homeless people fill out applications. This type of assistance assumes workers and advocates have the resources to provide one-on-one help to homeless applicants, and that their services are widely known. Implementing the online application system proposed by BC Housing will be good for service organizations and housing providers, but the problem of homeless clients not updating their contact information remains.

## Nelson Community Services Centre

**701 Front Street  
Nelson, BC V1L 4B8**

Joyce Dahms-Whiffen  
Coordinator, Youth Services and Housing  
(250) 352-9595  
[ncseyouth@netidea.com](mailto:ncseyouth@netidea.com)

### **About the Housing Provider**

Nelson Community Services Centre (NCSC) is a multi-service agency offering supports and services for families and youth, with a mandate to house homeless and at risk youth aged 16 to 22. The agency owns and operates Cicada Place, which consists of ten units of housing, including seven 1-bedroom units and three 2-bedroom units. Residents must be in school, working, or actively seeking work, and must participate in the agency's 'Independence for Youth' program consisting of weekly groups focusing on life skills training. House rules include no drugs or alcohol, and the number of guests is monitored.

Originally, Cicada Place was conceived as transitional housing where tenants would stay for six to nine months. In practice, some tenants have stayed two to three years to finish high school. All units are reserved for homeless and at risk youth, with priority for the 2-bedroom units given to young single parents. Homelessness is defined in both absolute (living outdoors) and relative terms (such as couch surfing and situations emerging from parent-teen conflict).

The primary funding source is the Government of British Columbia through Homes BC (capital costs), and BC Housing (operating and rent-g geared-to-income subsidies). Funding from the federal Supporting Communities Partnership Initiative is allocated to a staff position.

### **Access, Waiting List Management and Tenant Selection**

The Nelson Committee on Housing and Homelessness provides a vehicle for coordination among agencies and housing providers, but no coordinated access to social housing exists. Youth who want housing come to the agency to apply, fill out an application, and attend a 30 to 45 minute orientation session with the Housing Coordinator.

A file of applications is kept on hand, but there is no waiting list per se. At any time, six to ten applications are on file. Over the years, the number of applications on file at any one time has grown, and an increase in younger applicants has been noted. The earliest application on file dates back one year and the average wait for applicants is three to six months. Applicants are encouraged to contact the Housing Coordinator every few weeks to update their contact information.

Information required at the time of application includes: medical history; medications being used; doctor, dentist and emergency contacts; legal guardian information if the applicant is under 19; and contact information for school and/or probation officer. The Housing Coordinator can help applicants fill in the forms.

At Cicada Place, two to six units become available each year. When a unit is opening up, all applications are reviewed and evaluated based on applicants' needs and those of current tenants, gender mix within the tenant population, date of application, and whether the applicant is stable enough to support him/herself. Rent is set at \$325 which includes utilities, and is based on the province's income assistance levels. Tenants need to be able to pay their rent and buy their own food.

A pre-offer interview takes place with the Housing Coordinator and applicants are asked to provide two references (e.g. parent, teacher, social worker, or probation officer). Cicada Place attempts to ensure that the new tenant and existing tenants will be compatible, considering safety issues, and the potential for tenants to be at risk in any way. Tenants pay a furniture deposit of \$100 which can be paid in installments, and a damage deposit equal to one half of one month's rent. If an applicant is refused a unit, she/he has the right to request a meeting by contacting the Executive Director or Board of Directors of the agency.

### **Support Services**

Cicada Place offers: assistance with housing applications; a life skills group that meets weekly; access to a family support worker; an outreach worker to link with youth who are on the street; a housing worker to assist youth in finding community housing; and an amenities room (common space) with movie nights. In addition the agency provides crisis counselling, individual support (coordinating appointments, help with shopping, links to addictions and other services), ongoing counselling through NCSC, and bi-weekly drop-in with a youth addictions worker. Donations are also received from the local Walmart.

The agency and the tenant co-manage tenant finances: social assistance payments go to NCSC to manage. Cicada Place has fostered relationships with a nearby youth centre (recreational and employment training programs), mainstream and alternative schools, police, mental health services, probation services, and social workers.

### **Policies and Practices Affecting Homeless Applicants**

Cicada Place offers housing at affordable rents to youth. It provides supports and sets rules which make the young tenants feel safer. The project provides youth with opportunities for companionship and a social environment where they can connect with other young people.

Rumours and inaccurate information about the housing circulating in the community can create a barrier to applying. The perception exists in the community that this provider has



too many rules, specifically about overnight guests. As well, Cicada Place does not allow dogs and cats, creating a barrier for some potential tenants.

### **Improving Access to Social Housing**

Holding meetings of housing providers every two or three months would make information sharing easier. A universal application for social housing would make it easier for those who have difficulty in filling out forms. Agency staff are in the process of contacting all landlords in Nelson to identify those who have affordable rents for youth.

Another idea for improving access to social housing is distributing an information package to applicants that describes different housing types and application procedures; information on accessing city services such as utilities or phone, and the hook up fees required; the process for obtaining a phone if under 19; and a move-in list with tips for protecting the tenant's damage deposit.

## **Fraserside Community Services Society**

**519 7<sup>th</sup> Street  
New Westminster, BC  
V3M 6A7**

**Contact:** Marina Vereschagin  
Housing Support Worker  
(604) 522-3722  
[info@fraserside.bc.ca](mailto:info@fraserside.bc.ca)

### **About the Agency**

Fraserside Community Services Society is a non-profit, multi-service agency serving the residents of New Westminster, BC and surrounding area. Fraserside's Housing Support Worker assists homeless clients from the agency's shelter, programs and services, as well as individuals from the community who require assistance finding housing. Roughly 80 percent of clients assisted through this initiative are single, and the majority are men. Many clients are living with mental illness and/or addictions. The caseload has remained roughly the same in volume in recent years, with the shelter operating at 80 to 90 percent capacity.

Services of the agency include an emergency shelter, addictions counselling, group homes for developmentally disabled, advocacy, mental health services including housing, programs for children who witness abuse, and employment programs.

### **Access to Private Market Housing**

Typical private sector units include basement suites, shared accommodation, rooms in houses, and one and two bedroom suites in private houses or apartment buildings.

Barriers to obtaining private market housing include:

- high rents (the majority of the clients are receiving social assistance, and the housing allocation is insufficient to afford local rents),
- security deposits (these are repayable benefits which are recovered from income assistance cheques at \$20 per month beginning on the second cheque after the security deposit is issued; an individual might be denied a security deposit if there are two outstanding deposits),
- the stigma attached to being a welfare recipient,
- the clients' lack of skills to contact landlords; and
- the clients' lack of skills or access to newspapers or the internet.

Fraserside's Housing Support Worker assists clients by speaking to landlords and explaining that the rent payment can go directly to them if the tenant is on social assistance. The Support Worker may also advocate on a client's behalf with financial aid workers and make referrals to housing programs (such as those for seniors and people with disabilities). The worker links clients to agencies and services to assist with specific

needs, such as mental health issues; and provides information about vacancies, updated daily.

### **Access to Social Housing**

There is a centralized system for the lower mainland area to allow clients to submit one application for multiple social housing providers and projects. Co-ops, however, are not included in the system.

Barriers to accessing social housing include an extremely long waiting list and a lack of social housing units. In addition, co-ops require residents to buy a membership share and then pay a housing charge, and there is a lack of subsidies available in co-ops for new members.

Fraserside's Housing Support Worker assists clients by providing applications for BC Housing; referring clients to specialized housing providers based on their needs; and, helping with filling out forms.

The perception is that the availability of supports is among the criteria evaluated by housing providers when accepting a homeless client. Fraserside does provide follow-up and ongoing support to their clients after being housed in the community, so this should not be an issue.

Local housing providers are knowledgeable about homelessness issues and are willing to provide information. They are, however, very limited in terms of the housing units they have to offer.

### **Improving Access to Social Housing**

The coordinated access system may improve access to social housing, but there appears to be little movement out of BC Housing units. Through coordinated access, clients have a choice of locations, which is beneficial. However, more social housing needs to be built and there is a need to coordinate efforts between agencies and housing providers and develop referral agreements for housing the most vulnerable clients.

## **St. James Community Service Society**

**329 Powell Street  
Vancouver, BC V6A 1G5**

**Contact:** Kathy Stringer  
Coordinator, Women's and Children's  
Program  
(604) 606- 0400  
[kstringer@sjcss.com](mailto:kstringer@sjcss.com)

### **About the Agency**

St. James Community Service Society is a non-profit, non-denominational, multi-service agency originating with the Anglican Church. The Women's and Children's Program consists of three shelters and ten units of transitional housing where tenants can stay for up to two years. These shelters take in women who are actively using drugs or other substances. This service is a place of last resort for many clients.

Clients served include women sixteen years of age and over with mental illness and/or addictions issues; single and parenting women; Aboriginal women; and newcomers to the city. The shelter has support workers to provide essential services to clients. Referrals for mental health and case management services are provided if needed.

Over the past ten years, the caseload of the agency has increased. More women and children are being served, and an increased number of clients are turned away because the shelters are operating at capacity. Homeless families have become a more visible sub group, as have households described as 'the working poor.'

### **Access to Private Market Housing**

The agency assists clients in filling out forms and provides housing lists on a daily basis.

The maximum stay at the shelter is 30 days. When required to leave the shelter, single women typically find rooms in Downtown Eastside hotels. These environments can be dangerous for women, especially if pimps or abusive partners are nearby. The hotel rooms are in poor condition and poorly maintained. Residents are not permitted to cook in their rooms. This housing contributes to the feelings of loneliness and social isolation experienced by the shelter's clients.

Clients face racism, barriers due to poverty, and barriers due to mental health problems and addictions. The housing allowance through social assistance is inadequate and Vancouver is an expensive city in which to live. When income is insufficient, rent money can go to food, and the household is unable to pay the rent.

### **Access to Social Housing**

The agency is not aware of any coordinated access system. BC Housing is one arm of the social housing in the community. The agency tells clients to apply to BC Housing and to

the other providers individually. Whether or not providers are aware of homelessness issues depends on the organization and the intake worker: knowledge varies between providers.

Clients face long waiting lists, as the need for social housing units is far greater than the supply. In addition, many women need housing where on-site staff supports are available. Without a phone or address it is easy for clients to become lost in the system as they move from one temporary situation to another.

The agency is overstretched and is largely unable to assist clients in maintaining contact with social housing providers. In filling social housing units, no preference is given for women coming from these shelters, except for the agency's own units of transitional housing. In fact, social housing providers show reluctance in housing clients coming from shelters. In particular, there appears to be a bias against women coming from this low-barrier shelter. It seems that housing providers do their own screening. One fear seems to be that the women will trash the units.

When clients do obtain housing through BC Housing, it can be anywhere in the lower mainland. Typically the units offered are in the less preferred locations due to age of the building or neighbourhood characteristics.

### **Improving Access to Social Housing**

Downtown Eastside is a community of residents, neighbours, workers, and agencies. There are many linkages within this community working to make the community the best that it can be. Centralized coordinated access to social housing units would be beneficial

The shelter continues to have contact with women after they leave. Staff try to locate former clients if any offer of housing comes up.

Shelternet BC is bringing shelters and long term housing providers together to get to know and understand each other better. A continuum of housing is needed, with low-barrier supportive housing at one end. Currently, much of the housing that is decent is not available to women with addictions.

## **New Brunswick**

### **Housing Providers:**

Heatherway Housing Co-op  
NB Housing  
New Direction Inc.  
Rehabitat Inc.  
St. John Non-Profit Housing

### **Agencies:**

Hestia House  
Salvation Army

## Heatherway Housing Co-op

**c/o Housing Alternatives Inc.  
28 King St., Suite 3C  
Saint John, NB E2L 1G3**

**Contact:** Kit Hickey  
Executive Director  
Housing Alternatives Inc.  
(506) 632-9393  
[housingalt@nb.aibn.com](mailto:housingalt@nb.aibn.com)

### **About the Housing Provider**

Heatherway Housing is a 40-unit co-op in Saint John, NB property-managed by Housing Alternatives Inc. The co-op is community-based with its members being the residents.

Housing Alternatives Inc. favours the development of non-profit cooperative housing in Saint John, N.B. With financial assistance from the Canada Mortgage and Housing Corporation (CHMC) and New Brunswick Housing Services, low-income families can now find cooperative housing in homes that have been renovated in low income neighbourhoods in Saint John. There are currently nine cooperatives consisting of between 20 and 57 housing units each. More than 800 housing units have been created this way since 1981. The mortgage subsidy is from the federal government and administered by the province. The rent supplement is from the province.

The co-op has a number of targets, including people who are homeless, those at risk of homelessness and people exiting second stage or transitional housing. A major issue for applicants is the lack of housing that is suitable or adequate at an affordable price.

### **Access, Waiting List Management and Tenant Selection**

The provider keeps its own waiting list and fills one in two vacancies from its own list and the remaining vacancies from the government's waiting list for public housing. This is a provincial requirement. The government list is points-rated, with greatest need getting the highest points. The provider's waiting list is generally chronological, but staff have the flexibility to consider particular circumstances of need. To be on the co-op list, applicants must be aware of the obligations of a co-op member and agree to be bound by them.

To update the list, the provider tries to contact applicants to ask about any change in status as they approach the top of the list. As well, the co-op encourages people to stay in touch if they move.

Housing Alternatives maintains one waiting list for the subsidized units across the whole portfolio (800 units), and it currently stands at 193 for 1-bedroom, 205 for 2-bedroom, 153 for 3-bedroom, and 25 for 4-bedroom. There is very low turnover in the units. The earliest application dates on the list are 1990 for the 1-bedroom units, 1993 for the 3- and 4-bedroom units, and 1994 for the 2-bedroom units.

The job description of the receptionist employed by Housing Alternatives Inc. includes helping people fill out forms. Applicants can apply on site with staff help, or take forms away to fill out later. There is an informal network for information sharing between providers and NB Housing to try to find the best match between applicant and providers.

After the applicant fills out the form, there is an interview, which takes place at the applicant's current home. When a suitable unit becomes available, the applicant is invited to see it. The applicant is not penalized for refusing offers of accommodation. There are some logistical problems tracking applicants who move; however, the provider shares information with NB Housing (subject to privacy legislation) in order to locate applicants.

Incoming households pay a member loan equal to the full last month's housing charge. This can be paid over time. No damage deposit is required. The co-op allows appeals of refusal of membership or refusals of a unit.

### **Support Services**

There are no support services attached to these units. The co-op has limited ability to provide services to people with serious mental illness.

The provider is part of an informal network of housing providers and agencies that try to match up need and services, however, the system for information sharing and referrals is fragmented and lacks coordination.

### **Policies and Procedures Affecting Homeless Applicants**

Advantages exist because Saint John is a relatively small city and local providers and social service agencies work hard to maintain information sharing networks; however, the process for getting on the government (NB Housing) waiting list puts barriers in the way of some potential applicants.

### **Improving Access to Social Housing**

More access staff are needed to provide personal assistance to applicants.



## NB Housing

**644 Queen Street  
Fredericton, NB  
E3B 1C2**

**Contact:**  
Luc Sirois  
Program Delivery Manager  
Fredericton Region  
(506) 447-4871  
[luc.sirois@gnb.ca](mailto:luc.sirois@gnb.ca)

### **About the Housing Provider**

NB Housing is the public housing provider in New Brunswick and also administers the rent supplement agreements with private landlords. Across the province, NB Housing has approximately 5,500 units, with 850 in the Fredericton Region. Under the Government of New Brunswick's Department of Family and Community Services, the mandate of NB Housing is to provide affordable housing to those in need, help them become more self-reliant, and provide protection to those who need it. Federal funding provides the mortgage subsidy and some capital investment and the Province funds rent subsidies.

Homelessness is defined as anyone without shelter.

### **Access, Waiting List Management and Tenant Selection**

NB Housing manages a point-rated waiting list system used to fill vacancies in its own portfolio and used by non-profits and co-ops to fill one in two vacancies or more in these developments. Only the Government of New Brunswick has the right to do eligibility assessment, which includes verifying income, assessing unit size as determined by family composition, and assessing current housing situation.

Homeless applicants have priority under the points system. There is no legislative requirement pertaining to waiting list management.

Turnover annually is about 15 percent, and wait times depend on the point-score. In the fall of 2004, about 100 seniors were on the NB Housing waiting list in Fredericton, in addition to 300 families, and 100 disabled and non-elderly single applicants. Over the last ten years the waiting list has remained about the same. An emerging trend is the growth of non-elderly single applicants on the list.

The waiting list is updated annually, and NB Housing sends out letters to all applicants on the list. If there is no response, they are removed from the active list. Applicants moved to the inactive list can request that their file and eligibility be reviewed.

With integration of public housing and social assistance, much more information is being asked of applicants. This is as a result of a tightening of the eligibility rules for welfare and the information requirement for applicants for social assistance. There are provisions for information sharing between housing and social services, and households needing

both only go through the verification process once. To receive welfare, applicants are asked for much more documentation to prove income than was historically the case with housing applications. Applicants are advised that the information they provide is being verified.

Applications are made in person or by phone, and an in-office meeting is held to assess need. When a unit becomes available, four to five applicants are considered in terms of suitability. Only one is invited to see the unit. References and credit checks are not mandatory. Typically there is not difficult in contacting the applicants on the waiting list.

NB Housing has an administrative review process in cases of applicants appealing a decision of the housing provider.

### **Support Services**

NB Housing does not provide direct services to tenants. The provider, does however, support tenant associations and tenant relations committees and as a result tenants have a variety of community resources come into the building for information and educational purposes. The integration of housing, social assistance, and homecare within one government department has resulted in a high level sharing of information about service needs and housing issues. In other words, workers in the Family and Community Services Department can point out housing issues that are emerging for tenants and applicants. Tenants can be linked to mental health, job training, children, homecare and other services available through the government.

In the family buildings, NB Housing has a Community Involvement Coordinator, responsible for programming for parents and children, including hot lunch program, support for tenants obtaining their high school equivalency, and parenting skills.

### **Policies and Procedures Affecting Homeless Applicants**

From the applicant's perspective, the process for applying for social assistance and housing has been simplified: there is one entry points, and documentation only has to be submitted once at time of application.

### **Improving Access to Social Housing**

One issue for many households is the income threshold is too high. If you are working poor, paying 30 percent of your gross income on rent is difficult to manage. Also, in New Brunswick, there is no maximum rent ceiling: policy decisions are driven by market conditions.

An opportunity to improve access to government service generally is to look at where to make technology available. Self service internet centres could be made available in communities across New Brunswick, which would allow for online applications and self assessments of eligibility.

## **New Direction Inc.**

**PO Box 549  
Saint John, NB E2L 3Z8**

**Contact:** Gayle Capson  
Executive Director  
(506) 643-6207  
[newdir@fundy.net](mailto:newdir@fundy.net)

### **About the Housing Provider**

New Direction Inc. provides housing and supportive care to persons suffering from a mental illness in order to enable them to live in the community with dignity and respect.

The agency operates two small apartment buildings with a total of eight subsidized units and two market rent units. This housing includes one and two bedroom units. Two bedroom units are typically rented as shared housing for two tenants. All units are for individuals who can live independently.

In addition, New Direction operates six special care homes in Saint John, housing 33 residents in group homes. The staff support varies between the homes, from a minimum of 40 hours per week to staff available 24 hours a day.

Tenants in the subsidized apartment units are individuals with a mental health disability who are able to live independently. These are individuals who would otherwise be homeless or at imminent risk of homelessness due to low levels of income assistance.

One apartment building owned by New Direction receives mortgage and rent-geared-to-income subsidy from the federal government. The other apartment building operates without a mortgage subsidy, and the agency provides a rent subsidy for two of the four units. The other two units are market rent.

The agency's core funding for the special care homes and the support services linked to them comes from the Province, through a per diem per client based on the level of support required.

### **Access, Waiting List Management and Tenant Selection**

There is no requirement from the funders for New Direction to participate in a coordinated access system for any of its units. Referrals for the special care units come from Family and Community Services and the Saint John Mental Health Centre. Word of mouth and agency referrals fill vacancies in the subsidized units. Staff also personally know many of the individuals with mental health disabilities who are looking for housing.

If New Direction was unable to fill a vacancy in the independent housing units, the agency would contact NB Housing for a referral. This has not been the case to date,

however, as there is little turnover and word of mouth or agency referrals result in applicants coming forward.

A small waiting list is maintained for the subsidized units. Applicants are screened for eligibility, which includes having been diagnosed with a mental health disability, having a psychiatrist, living on income assistance, and being willing to participate in New Direction's trusteeship program. There has been no turnover in the subsidized units in five years.

Four or five applications, which date back several years, are kept on file for the independent housing units. Typically, when a unit becomes available, however, these individuals have already found housing, and the provider looks at housing a new applicant.

When New Direction has a vacancy, individuals apply in person. The Executive Director assists applicants with the forms and meets with them to explain expectations and assess their suitability. Applicants are asked to provide contact information in case they become ill or psychotic. Applicants who are in desperate need of housing or who cannot be housed by New Direction are referred to Family and Community Services or other local social housing providers.

Applicants being considered for a shared living situation (either in an independent unit or in a special care home), have the opportunity to meet the housemate(s), have dinner together, and spend a night. Discussions then take place with the applicant and the in situ tenants/residents to assess compatibility.

It can be difficult to locate an applicant who is homeless. Typically applicants provide several contact numbers. If phone contact is not possible, then New Direction will contact a nearby activity centre for the mentally ill to see if the individual has been seen recently. Another option is to contact the case manager listed on the application, who typically knows how to find the individual.

### **Support Services**

No supports are provided for the independent living units. A lack of supports and involvement in substance abuse could be factors that would result in an applicant not being offered a unit of subsidized housing. Incoming tenants need to have links into the mental health system.

New Direction operates a trusteeship program, which includes all subsidized tenants. Income assistance payments are sent directly to the agency. This ensures the rent is paid and tenants receive a cheque for the balance of the funds. The trusteeship program also means that tenants have some contact with staff each month.

The special care homes have on-site staff support tailored to the needs of the residents. Staff assist residents in pursuing employment or educational activities, teach activities of

daily living skills, and undertake meal preparation, house maintenance and other tasks as required in each special care home.

All tenants are already linked into the mental health system, and can receive assistance from the Saint John Mental Health Centre if needed.

### **Policies and Practices Affecting Homeless Applicants**

The trusteeship program is effective in preventing evictions due to non-payment of rent. Regular inspections of units are opportunities for early intervention when difficulties emerge.

### **Improving Access to Social Housing**

Access could be improved by enabling a broader range of agencies to be eligible for rent supplement or rent subsidy agreements. For example, New Direction could afford to acquire another apartment building, but would need rent supplements to be in place to make the units accessible for their tenant population. More rent subsidies should also be available.

Open and responsive communication should be promoted between NB Housing and community organizations to streamline non-profit operations and housing development at the local level.

## **Rehabitat Inc.**

**c/o Housing Alternatives Inc.  
28 King Street, Suite 3C  
Saint John, NB**

**Contact:** Kit Hickey  
Executive Director  
Housing Alternatives Inc.  
(506) 632-9393  
[housingalt@nb.aibn.com](mailto:housingalt@nb.aibn.com)

### **About the Housing Provider**

Rehabitat Inc. is a community-based non-profit housing provider with 81 units, property managed by Housing Alternatives Inc. The operating and rent-geared-to-income subsidies are cost-shared by the province and federal government.

At Rehabitat, homeless people are one of a number of targets. The specific sub-set of homeless people includes women and children in second-stage housing, as well as homeless, pregnant teens.

In Saint John, in Rehabitat's experience, the core need issues are less to do with "absolute" poverty, but suitability and adequacy of the affordable housing stock.

### **Access, Waiting List Management and Tenant Selection**

The provider maintains its own waiting list and fills one in two vacancies from this list. The other vacancies are filled from the government's waiting list for public housing. This list is points-rated, with the greatest need getting the highest points. The provider's waiting list is generally chronological, but staff have the flexibility to give consideration to particular applicants based on need.

To update the list, the provider tries to contact people to ask about any change in status (as they get closer to the top of the list). The provider also encourages people to stay in touch if they move.

The length of time on the waiting list depends on the unit type. For example, the wait for a one bedroom non-seniors' unit is currently ten years. For three- or four-bedroom units, the wait is less. The time spent on waiting lists has stayed more or less the same over recent years.

Applicants can fill out forms on site, with staff help, or take them away to fill out later. There is an informal network of information sharing between providers and also with NB Housing to try to find the best match between the applicant and providers.

After the applicant fills out the form, there is an interview, which takes place at the applicant's current home. The provider contacts the applicant when a suitable unit is available. The applicant is invited to see the unit and is not penalized for refusing offers

of accommodation. No appeals process is in place for rejected applications (but most applicants are accepted).

There are some logistical problems tracking applicants who move. The provider shares information with NB Housing and this sharing is subject to privacy legislation.

Incoming tenants pay a deposit equal to the last month's rent based on income. This can be paid over time. No damage deposit is required.

### **Support Services**

The provider has limited ability to provide services to people with serious mental illness.

### **Policies and Procedures Affecting Homeless Applicants**

Saint John is a relatively small city and local providers and social service agencies work hard to maintain an information sharing network. Non-profit providers can be more flexible about meeting applicants' needs than the large public housing provider.

## **Saint John Non Profit Housing Inc.**

**39 Charlotte Street  
Saint John, NB  
E2L 2H3**

**Contact:** Sharon Grozik  
Client Services Officer  
(506) 658-1925  
[sharongrozik@nb.aibn.com](mailto:sharongrozik@nb.aibn.com)

### **About the Housing Provider**

Saint John Non Profit Housing Inc. is a non profit housing provider, initially sponsored by the City of Saint John. Its mandate is to develop, construct, maintain and operate mixed income housing for seniors, families and special needs groups. This housing provider has approximately 340 units; 164 units are for low income singles and family households. Most of the singles and families who have been housed would otherwise be homeless due to financial hardship, while the seniors in these projects are mixed income and have downsized their households. The provider is funded by both federal and provincial governments.

### **Access, Waiting List Management and Tenant Selection**

Saint John Non Profit Housing is required to participate in the access system run by NB Housing which has a master waiting list, but the provider does get walk-ins. NB Housing uses a points based system for their waiting list with priority given to housing need (current living conditions), affordability issues, and length of time on the waiting list. Sometimes special priority is given to individuals coming out of a shelter for abused women. Applicants must renew their application with NB Housing on a regular basis. They are sent a letter and if they do not respond their name is removed from the list.

Since some applicants do come directly to the provider, Saint John Non Profit Housing also keeps a waiting list and uses an application that is different from that of NB Housing. The advantage to using the NB Housing list is the government's ability to verify the information provided on the application. All applicants who apply directly to the provider are told to apply to the NB Housing list as well. The NB Housing application includes a lengthy section exploring why the applicant needs housing. Saint John Non Profit Housing does not require this information nor do they require Medicare numbers requested by NB Housing.

The provider's secretary or client services officer will help people fill out applications. If physical needs are too high (e.g. the applicant needs an accessible unit) he/she would be sent to NB Housing.

When there is a vacancy the provider calls NB Housing to let them know what is available. Ninety percent of the housing provider's vacancies are filled through the NB Housing list and staff work collaboratively to ensure that applicants are a good fit for the community. One to two units turn over per month in seniors' housing; two to three units



turn over per month in singles and family housing due to eviction for non-payment of rent.

NB Housing will refer an applicant after interviewing, verifying income information, and doing landlord checks. When NB Housing refers an applicant, they are interviewed again by Saint John Non Profit Housing to assess their suitability for the community. In some cases the provider will also do home visits with applicants to assess housing need. Saint John Non Profit Housing also has a referral agreement with First Steps to house young women and their infants coming out of this transitional housing project. The provider has never refused an applicant.

The applicant is shown the unit and once a decision is made, proof of income is obtained in order to calculate the housing charge. Incoming tenants pay a \$200 security deposit which can be paid over four months.

When working with a homeless person with no contact information, the provider tries to house the applicant quickly; dates are pre-set to get back in touch with proof of income etc, however, once housed, the formerly homeless person often does not pay rent and this quickly jeopardizes her/his tenancy and leads to eviction.

### **Support Services**

The provider will move in an applicant with health or other needs and then staff will link the household to relevant community supports. In the past, the provider has housed tenants with serious mental illness and alcohol addictions. Staff draw on personal connections and knowledge of the mental health sector to broker support for vulnerable tenants. The provider typically looks to organizations such as the mental health clinic, outreach employment and the Urban Core Support Network for needed support.

### **Policies and Practices Affecting Homeless Applicants**

The provider's policy is to give people a chance, therefore they never refuse anyone.

Barriers for homeless applicants accessing social housing include a requirement to have some source of income; the low number of wheelchair accessible units; and the low number of units for single people.

### **Improving Access to Social Housing**

If the province would pay the housing portion of social assistance directly to landlords (including social housing landlords) then many evictions for non-payment of rent could be avoided. More affordable housing is needed; many in the community have lost higher paying jobs and are now in lower paying jobs like call centers.

## **Hestia House Inc.**

**P.O. Box 7135, Stn. A  
Saint John, NB E2L 4S5**

**Contact:** Elaine Northrup  
Executive Director  
(506) 634-7571  
[hestia@nbnet.nb.ca](mailto:hestia@nbnet.nb.ca)

### **About the Agency**

Hestia House Inc. helps women, including women with children, who are victims of abuse. It provides shelter services and referrals to housing help centres and mental health services. The agency's Board of Directors is drawn from interested members of the community.

All of the clients are homeless or at risk of homelessness. The caseload has decreased in the last ten years, but the individual cases have grown in difficulty and complexity.

### **Access to Private Market Housing**

Generally, because of lack of income, clients are forced into the lower end of the housing market. The agency provides referrals and assistance with housing searches.

Barriers to private housing include the financial challenges facing clients, the lack of affordable housing, and the lack of services for children witnessing or experiencing family violence.

### **Access to Social Housing**

There is a formal access system for social housing with providers filling every second vacancy from a central list managed by NB Housing. In addition, agencies and providers talk informally among themselves about individual cases. NB Housing tries to prioritize clients under provisions for victims of abuse.

There is a range of apartments of appropriate size, depending on the needs of the family, but the number of apartments in each category is quite small. Overall availability of subsidized units is the big issue. There is also some second stage housing, but not enough for everyone leaving shelters. Rehabitat (a housing provider) provides some supports.

Barriers to social housing include long waiting lists and lack of available housing. There is a need to follow up to check that the protocols for accessing social housing are being followed and that the quality of service is acceptable.

## **Improving Access to Social Housing**

The system works well at the local level because of formal and informal linkages between agencies and providers, however, there should be an increase to social assistance scales so that families can afford better accommodation in the private market. As well, the social assistance system should offer real incentives for returning to the labour force. More social housing needs to be built.

## **The Salvation Army Correctional and Justice Services**

**68 Gordon St  
Moncton, NB E1C 1M2**

**Contact:** Major Bill King  
Executive Director  
(506)-853-8887  
[william\\_king@can.salvationarmy.org](mailto:william_king@can.salvationarmy.org)

### **About the Agency**

The Salvation Army offers a wide range of services to a client group which includes individuals with mental illness and/or addictions, single men and women, Aboriginal people, victims of abuse and ex-offenders. Twenty to twenty-five percent of clients are homeless. The Correctional and Justice Services branch operates a half-way house for people moving from correctional institutions. The caseload has increased in the last ten years.

### **Access to Private Sector Housing**

Generally, clients find permanent housing in the “rough” part of town. This is a problem, since this is often the area they are trying to escape in order to change their lives. Most ex-offenders end up in the same relatively small area of town, so often people with shared histories with keep encountering each other.

Barriers to private sector housing for these clients include having a criminal record, attitudes of both landlords and prospective tenants, and a lack of income support.

No direct services are provided by the Salvation Army to help with securing permanent housing, other than referrals to Family Services and other agencies. The halfway house does provide meals and clothing for people who have left for private sector housing but come back to visit.

### **Access to Social Housing**

There is no formal coordinated access system for accessing social housing, although informal contacts between the corrections field and the housing field do exist.

Barriers to social housing include having a criminal record and the lack of adequate supply.

The Salvation Army does not have any formal referral agreements with housing providers, but the agency does provide ad-hoc assistance to clients. Counselling is also offered to couples and families.

In the agency’s experience, social housing providers are not really informed about the issues regarding ex-offenders. There is a need for more education about the implications of a “record.”

## **Improving Access to Social Housing**

One suggestion is to increase the amount of allowable income earned over and above what individuals receive on social assistance. This will encourage clients to work and give them experience in the work force.

Suitable housing, not concentrated in one area, should be developed. Better tenant protection laws are needed. It has been said that landlords will collect rent and then invent spurious grounds for eviction, while keeping the rent.

## **Ontario**

### **Housing Providers:**

Ecuhome  
Home Base Housing  
Houselink Community Homes  
Native People of Thunder Bay  
Peel Living

### **Agencies:**

Access Housing Connections Inc.  
Canadian Mental Health Association - Sudbury  
Centre de santé communautaire de Sudbury  
Housing Help Ottawa

## **Ecuhome Corporation**

**75 Simcoe Street  
Toronto, ON M5J 1W9**

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Executive Director  
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[ahains@ecuhome.on.ca](mailto:ahains@ecuhome.on.ca)

### **About the Housing Provider**

Ecuhome Corporation is a private non-profit alternative housing provider begun by seven faith groups, operating in the City of Toronto. The founding faith groups still appoint Ecuhome's board members. Ecuhome has 396 units which include a combination of shared living and self-contained units.

The focus of all units is to house the homeless or the "hard-to-house." Ecuhome meets the definition of an alternative housing provider under Ontario's Social Housing Reform Act.<sup>2</sup> The portfolio is 100 percent rent-geared-to-income.

Most of Ecuhome's funding is from the City of Toronto in the form of mortgage and rent-geared-to-income subsidies according to the terms of the Social Housing Reform Act. Some additional funding comes from the Supports to Daily Living Program, which is also a municipal responsibility.

### **Access, Waiting List Management and Tenant Selection**

Ecuhome is not part of the coordinated access system which operates in Toronto. The provider follows a board-approved list of policies for intake. The City of Toronto also approved these policies as part of the process of recognizing Ecuhome as an "alternative provider."

Ecuhome has two waiting lists: "active" and "inactive." If an applicant on the active list cannot be found after three attempts, he or she goes on the inactive list. If an applicant on the inactive list is eventually found and contacted, he or she will go back on the active list with the ranking date of the original application. Ecuhome tries to keep the list updated on an ongoing basis, however because most applicants are homeless they often do not have useful contact information. Once approved, applicants are encouraged to phone in regularly to check on their status. Many applicants do not keep in regular contact, so the responsibility is with the provider. Only if the applicant cannot be found in a reasonable time when a vacancy arises, will he or she be passed over.

The waiting list has become longer over the past ten years. Currently there are 90 applicants on the "active" list and seven on the "inactive" list. One hundred and thirty

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<sup>2</sup> The Social Housing Reform Act defines *alternative housing provider* as a housing provider that has a mandate to provide housing to households that are homeless or hard-to-house.

eight units turned over in the past year, with 128 of these being single rooms in the shared housing projects.

Ecuhome uses a very basic application form (as permitted by the alternative housing status) and staff members are available to help applicants fill out forms and can provide referrals to other housing as needed.

Ecuhome contacts the applicant when a vacancy arises and there is a pre-offer interview. If the accommodation is shared, the other occupants participate, but cannot veto an applicant.

### **Support Services**

Ecuhome provides a variety of supports to their tenants including life skills development, conflict resolution and referrals to a variety of educational, vocational, health or community resources.

### **Policies and Practices Affecting Homeless Applicants**

Ecuhome has self-styled “extreme” non-discrimination policies, and is willing to take almost anyone. There is an eviction-prevention policy including ease of terms of repayment to avoid eviction for non-payment of rent.

### **Improving Access to Social Housing**

An improved and secure email connection between the shelters and alternative providers, including Ecuhome, would make it faster and easier to find applicants when a unit becomes available.



## Home Base Housing

**417 Bagot Street  
Kingston, ON K7K 3C1**

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Executive Director  
(613) 542-6672  
[tgreening@kingstonhomebase.ca](mailto:tgreening@kingstonhomebase.ca)

### **About the Housing Provider**

Home Base Housing is a private non-profit, alternative housing provider with a multi-service focus begun in 1987 by citizens groups, social service organizations and a City of Kingston initiative arising from a Mayor's Task Force (1985). Home Base Housing provides housing and support to individuals, aged 16 and over, who are homeless or unable to remain in an unsafe situation. The housing portfolio includes both shared units and one bedroom apartments for a total of 68 units plus a 24 bed emergency shelter.

The services of Home Base are open to single adults with a range of life experiences and challenges. These may include homelessness, financial issues, substance abuse, mental health issues, developmental disabilities, head injuries, or physical disabilities. Home Base meets the definition of an alternative housing provider under Ontario's Social Housing Reform Act.

The portfolio is 100 percent rent-geared-to-income. Funding for the operating and rent-geared-to-income subsidies is from the City of Kingston. Support service funding is from the provincial Ministry of Community and Social Services, which is flowed through the municipality. Project-specific funding comes from a variety of sources including the Province, the Government of Canada, and the United Way.

### **Access, Waiting List Management and Tenant Selection**

Home Base Housing is part of the City's coordinated access system but is also permitted to take applicants independent of that waiting list. Home Base has two waiting lists, its own, and the coordinated access list.

The provider follows a modified chronological approach. That is, Home Base generally tries to house the people who have been longest on the waiting list. However, the city has given Home Base the flexibility to house people who are not on any waiting list but whom Home Base believes are in high or urgent need. A separate list is maintained for youth who are disadvantaged by a chronological waiting list. All applicants who are eventually offered accommodation, regardless of which waiting list they were on, must be vetted through the coordinated access system. Home Base believes this system has resulted in increased internal workload, but that it is beneficial for applicants/tenants.

The waiting lists have become longer over the past ten years, with about 75 households on the lists at present. The average time on the list is between one and two months, but the actual time can vary from one day (in the case of someone in urgent need who is

housed immediately) to one year. The applicants currently being housed from the chronological list have been on the list for one year. Turnover is roughly 50 percent of units per year.

Staff members are available to help applicants fill out forms. Staff maintain contacts with other providers to refer applicants to other housing as needed, though in practice this does not happen frequently. Housing information, advocacy and outreach services are available through the Housing Help Centre Kingston, a separate program operated by Home Base.

Home Base contacts the applicant when a vacancy arises. There is a pre-offer interview by staff. If the accommodation is shared, the other occupants participate, but they do not have a veto. There is no reference check or other process to verify information during the application process. No damage deposit or other up-front payments are required. There is a process for appealing a decision to refuse occupancy.

Generally, there are no logistical problems keeping track of homeless applicants, as they usually stay in touch. Home Base offers a free voice mail system for low-income people on the waiting list.

### **Support Services**

Support services are available for all units. This includes 24-hour staff presence at the youth shelter. In the regular housing, staff offer life-skills training, advocacy, help with budgeting, counselling and crisis management. A partnership with the Children's Aid Society results in additional support for some units.

Home Base makes use of home care services and community mental health support. A lack of services is never a reason for refusing accommodation.

### **Policies and Practices Affecting Homeless Applicants**

Home Base uses a multi-service approach and has the ability to offer many services in house. The agency is "ready to make it work" for tenants with complex issues.

### **Improving Access to Social Housing**

There is a perception that rules set out by the provincial Ministry of Health and Long-Term Care have resulted in a bureaucratic and rigid process for accessing community mental health providers. As a result, many homeless people with serious mental illness are not being housed by providers with a specialized mandate to serve this population. Improving access to these community mental health providers would help improve access throughout the entire system.

## Houselink Community Homes

**805 Bloor Street West  
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**Contact:** Jackie Rankine  
Program Manager  
(416) 516-1422 x 239  
[jackiera@houcelink.on.ca](mailto:jackiera@houcelink.on.ca)

### **About the Housing Provider**

Houselink Community Homes is a private non-profit housing provider with a community-based board of directors, including members of the public who need the housing being provided (for example, individuals living with mental illness.) Originally founded by people with ties to the Newman Centre Roman Catholic chaplaincy at the University of Toronto, Houselink provides 294 units of supportive housing to consumer survivors and people living with mental illness.

Houselink focuses on individuals who are homeless or at risk of homelessness due to mental health issues housing people from the street, from shelters, and those being discharged from a hospital following a psychiatric crisis.

Rent-geared-to-income subsidy is available for 100 percent of the residents. The majority of the funding comes from the provincial Ministry of Health and Long-Term Care. This is for both mortgage and rent-geared-to-income subsidy. A portion of the mortgage subsidy is also federally funded. A small amount of municipal subsidy is available for specific programs, such as food, recreation or social programs.

### **Access, Waiting List Management and Tenant Selection**

As an “alternative housing provider,” Houselink is not required to participate in the local coordinated access system for social housing. While there is no official protocol for linking with other housing providers, there is an informal network of 32 providers in the City of Toronto who provide housing for people living with mental illness. These providers are actively investigating creating their own system for coordinated access.

Houselink maintains a waiting list with a specific criterion for all units (people living with mental illness). Some units are filled by a support agency, under a formal agreement.

The waiting list is updated regularly and was completely overhauled for shared accommodation in 2001 and family accommodation in 2004. At present the waiting list has 23 families and 230 singles. The provider is now housing from June 2004 for shared accommodation for women and May 2003 for men, and housing from June 2001 for single units and June 1999 for family units. The earliest application date on the current list is from 1993 for a family housing unit. For shared accommodation, the earliest application date on the current waiting list is May 2002 for women, and September 2002

for men. For small, self-contained units for a single person the oldest application for women is December 1998 and for men is February 2000.

The turnover of units for shared accommodation is 32 percent, self-contained units 13 percent, and family units 17 percent per year. These numbers include internal transfers.

Full-time staff are available to help applicants complete forms. Keeping track of applicants is a problem, due to the lack of a telephone or reliable contact points.

When a unit becomes available, a staff person interviews the applicant. If the housing is shared accommodation, the other occupants participate in the interview process. While in situ residents cannot veto an applicant, staff, residents and applicants are aware of the need for compatibility. There is no appeals process for an applicant refused a unit.

No damage deposit is required and the provider has flexibility on the issue of a last month's rent deposit. Houselink also has an eviction prevention policy.

### **Support Services**

Supportive housing workers are on-site with a ratio of one staff person to 15 residents. Workers provide emotional support, crisis counselling and practical help for day-to-day issues. A lack of support is not an issue in housing homeless or at risk tenants. Houselink attempts to provide the services that residents require for independent living.

### **Policies and Practices Affecting Homeless Applicants**

There are programs to involve residents and keep them linked and Houselink tries to make employment opportunities available to the residents.

Barriers to social housing include:

- the lack of a sufficient number of supportive housing units, and
- immigration laws and practices that are not consistent with other social assistance rules and render many potential applicants ineligible.

### **Improving Access to Social Housing**

A more formal coordinated access system among housing providers working with the "hard-to-house" is being discussed. More supportive and subsidized housing units need to be developed. Shorter wait times will help ensure homeless people are not 'lost' while waiting for social housing.

## **Native People of Thunder Bay Development Corporation**

**230 Van Norman Street  
Thunder Bay, ON P7A 4B8**

**Contact:** John Abramowich  
Housing Manager  
(807) 343-9401  
[jabramowich@nptbdc.org](mailto:jabramowich@nptbdc.org)

### **About the Housing Provider**

Native People of Thunder Bay Development Corporation is a private non-profit housing provider begun by members of the Native Friendship Centre and affiliated with the Aboriginal Inter-Agency Council. Members of the board must be Aboriginal. The agency provides 239 affordable housing units for low-income Aboriginal families and seniors living in the City of Thunder Bay.

All units house Aboriginal people who are either homeless or at risk of homelessness because of unsuitability or the high price of existing housing. The portfolio includes both rent-geared-to-income and market housing, with units scattered in various parts of the City, decreasing overall visibility of the project.

Although funding was originally from CMHC, Native People of Thunder Bay is now funded by the Ontario Ministry of Municipal Affairs and Housing, as part of the block funding of federal responsibility in Ontario.

Many Aboriginal people need a culturally sensitive place to live and cannot integrate well in non-native housing. As a result, many Aboriginal households double up because of a lack of affordable housing or culturally sensitive housing. The provider defines these as at risk of homelessness. Some applicant households are in expensive or substandard housing, and thus are also at risk of homelessness.

Other applicants for this housing come from the street or are referred by women's shelters.

### **Access, Waiting List Management and Tenant Selection**

The provider is not required to be part of a local coordinated access system and no requirements are set out by the funder for waiting list management. Native People of Thunder Bay keeps its own list, based on an estimate of need with the highest need being the quickest housed.

The provider requires applicants to check in once a month to find out where they are on the list and also to provide updated information. People who fail to check in for more than three months are taken off the list.

The waiting list has become longer over the past ten years with a 15 percent increase over the last three years. One hundred and twenty-five applications are currently on the list (October 2004) and the list is updated daily. The turnover is roughly 30 percent per year.

Staff members (tenant relations workers and a tenant placement worker) are available to help applicants fill out forms. One frequent task is translation, since some applicants only speak Ojibwa.

Staff maintains contacts with the coordinated access system in Thunder Bay to refer applicants to other housing as needed.

There is an interview at the time of application and a home visit to assess current housing status and need. The interview is by the Tenant Selection Committee made up of members of the board and staff.

The provider contacts the applicant when a vacancy arises, the applicant is shown the unit, and references are checked. No damage deposit or last month's rent deposit is required.

Sometimes a household is refused because of arrears (either to Native People of Thunder Bay or to another provider) or because the household previously had an unsuccessful tenancy with this provider. Applicants who are refused for the waiting list can appeal to the Board.

### **Support Services**

No support services are available. Sometimes the lack of service is a reason for refusing accommodation. Examples would be a senior who needs round-the-clock care, or a person with serious mental illness. Otherwise, the provider tries to take anyone who is eligible. The provider does not specifically link to other community services.

### **Policies and Practices Affecting Homeless Applicants**

Native People of Thunder Bay has a high cultural sensitivity to the needs of the applicants/residents. With a high ratio of staff to residents and a good maintenance budget, this provider is willing to risk housing the hard-to-house.

### **Improving Access to Social Housing**

The provider believes more affordable housing should be created.

## Peel Living

**5 Wellington St. East  
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### **About the Housing Provider**

Peel Living is a municipal non-profit housing provider owned and operated by the Region of Peel with a board of directors made up of regional councilors. Peel Living has 6900 units including family, seniors and supportive housing.

Individuals and families with low or modest incomes are eligible to apply for the subsidized housing. There is some market housing in the family and seniors' portfolio and some individuals have been housed in market units using rent supplement dollars allocated to Peel Living or a support agency working in partnership with this housing provider.

Most of the portfolio (including the supportive housing) operates under Ontario's Social Housing Reform Act with operating and rent-g geared-to-income subsidies provided by the Region of Peel. Some of the housing is also federally funded and some support service funding is available from the provincial Ministry of Community and Social Services.

### **Access, Waiting List Management and Tenant Selection**

There is a single coordinated access system for social housing in Peel Region. Peel Living participates in this for all of its rent-g geared-to-income units. Peel Access to Housing is operated by the Region of Peel and 47 non-profit and co-op housing providers with funding through the Region are part of the access system.

The waiting list for Peel Living is managed according to provincial regulations by Peel Access to Housing. Applicants are added to the waiting list in chronological order, with the exception of applicants who fall into priority categories. Under the Social Housing Reform Act, priority is given to victims of abuse and to households already in social housing that are over-housed. An example of over-housing would be a single person living in a 2-bedroom subsidized unit who under the occupancy standards would only be eligible for a 1-bedroom unit. Local priorities for access to subsidized units in the Region of Peel are limited to households with significant medical issues and existing tenants currently paying market rent who are at risk of eviction due to a change in their financial circumstances.

The coordinated access system receives all applications for rent-g geared-to-income units and eligibility is assessed. Once approved for the waiting list, the applicants' building choices are entered into the system.

Peel Access to Housing staff monitor the providers' waiting lists and who is being added to, or housed from, the various lists. Providers have on-line access to their waiting list, but are required to take the applicant at the top of their list when a unit becomes available.

Across Peel Region, there are 14,000 households on the waiting list for social housing. Peel Living is the largest provider in the region. The wait for a subsidized 1-, 3- or 4-bedroom unit is seven to eleven years. There is a six year wait for 2-bedroom units. The wait time for a seniors' unit is three to seven years.

Peel Living selects applicants based on referrals from the coordinated access system. A conversation with the applicant by phone re-confirms his or her interest in a building, after which the applicant views the unit and signs the lease. In addition, Peel Living has referral agreements with a variety of agencies, including those serving mental health clients, clients with physical disabilities, individuals with developmental disabilities, and seniors.

Peel Region is participating in the Greater Toronto Area Task Force to spearhead the development of the Homeless Individuals and Families Information System (HIFIS).

### **Support Services**

Technically, every unit is eligible for support services, but practically speaking, there are not enough resources available for everyone. There are residential support workers who work throughout the portfolio. In addition, Peel Living works with a number of different agencies to assist with tenancies. These include Peel Senior Link and Caledon Community Services (seniors), Supportive Housing in Peel (mental health), PHABIS (acquired brain injury), March of Dimes (physical disabilities) and Ontario Works to name a few.

Peel Living has implemented several homelessness initiatives including a pilot program with Ontario Works to permit direct payment of rent to the social housing landlord and a pilot program to support the tenancies of victims of family violence. Peel Living has adapted their arrears collection process to help keep tenants housed, through increased opportunities for personal contact between staff and tenants with financial difficulties, and referrals to programs and agencies which can assist them such as Ontario Works, Legal Aid and Preventing Homelessness in Peel Program which includes Share the Warmth.

### **Policies and Procedures Affecting Homeless Applicants**

Interdepartmental coordination within the larger Regional Government structure and a common mission with other partner agencies in the community to stabilize living conditions are effective policies in housing the homeless in the Region.



## **Improving Access to Social Housing**

An expansion of the model pioneered by Peel Youth Village would be beneficial. This new building form allows time for a stable transition from homelessness and the shelter environment to permanent housing.

## **Access Housing Connections Inc.**

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### **About the Agency**

Housing Connections is a social housing registry funded by the City of Toronto to fulfill Toronto's coordinated access obligations under Ontario's Social Housing Reform Act. It is a subsidiary of Toronto Community Housing.

As of June 30, 2004, 2,571 applicants to the registry had self-identified as homeless or at risk (out of a total of 66,201 files). Applicants include singles, families, Aboriginal people, individuals with mental health issues, those with addictions, and other subsets of the homeless population. Most advocacy calls are about families with children, recent arrivals and victims of abuse.

### **Access to Private Market Housing**

All kinds of private market housing is available including basement apartments, second suites, units above stores or other commercial space, and units in high density areas.

Barriers to accessing private market housing include tenant history; lack of access to a phone; credit rating; family size in relation to the cost of rent for larger units; and lack of income for victims of violence leaving the family income earner.

Services to help access housing in the private market include:

- rent supplements;
- partnership with a local multi-service agency which includes a housing help centre to identify private sector landlords willing to rent to homeless people (through a rent supplement pilot); and
- partnerships with agencies, shelters, and community organizations to help with applications and provide some support to applicants.

### **Access to Social Housing**

Access to social housing is through this initiative. Nineteen alternative housing providers working with homeless people are officially not part of the coordinated access system, but there are still links. Social housing providers are reasonably well-informed about homelessness issues.

While Housing Connections itself does not make offers of housing, the statistics for the first six months of 2004 illustrate the unit types accessed by homeless clients:

- Single person, no dependents 16-58 yrs old (1,599 cases) to small, self-contained units
- Families with dependents (781 cases) to 2+ bedrooms
- Seniors (191 cases) to bachelors or 1-bedroom units.

The availability of services is not a criterion for acceptance, but it often helps.

A demonstration program supported by the City of Toronto is underway. The Next Steps Program focuses on assisting homeless individuals to make the transition from shelter to supportive housing to independent living in private sector housing. Alternative housing providers participate in the program by identifying tenants who could successfully maintain tenancies in the private sector with the help of a rent supplement.

A pilot program is also underway to get rent supplements to families in family shelters with one or more members in a wheelchair.

Barriers to accessing social housing include arrears owed to a social housing provider; lack of access to a phone; and poor match between family size and available units. There is also a quota in the access system and targeting one in every seven vacancies for homeless and at risk individuals is not enough.

Rent supplement funds, portable shelter assistance, assistance with family reunification and local networking and information sharing among community agencies help to overcome some barriers as does multiple site access to the waiting list.

### **Improving Access to Social Housing**

Housing Connections is involved in various networks which promote sharing of information. Many agencies have access to the waiting list database and can assist applicants. Clients can learn from housing help centres about how to locate housing and approach landlords.

Hard-to-house tenants with alternative housing providers are allowed to keep their original application date in the access system. Access could be further improved by a web system for quicker and more accurate updates of contact information.

Rent supplements for people not on the general waiting list can speed access to affordable housing for homeless or at risk households. Because of the links to support agencies, fair and open referral processes could be developed. More rent supplement dollars are needed.

At present, under local access rules, one in seven vacancies are allocated to households disadvantaged by a chronological waiting list (including homeless applicants, youth, and separated families). Lowering this ratio would increase the number of homeless applicants who obtain units through the coordinated access system. Alternatively, increased formal referral agreements between agencies and housing providers may be more effective in housing homeless clients.

## **Canadian Mental Health Association – Sudbury**

**Suite 100  
11 Elm Street  
Sudbury, ON P3C 1T3**

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Executive Director  
[mquigley@cmha.sudbury.on.ca](mailto:mquigley@cmha.sudbury.on.ca)  
(705) 675-7252 ext. 208

### **About the Agency**

The Canadian Mental Health Association – Sudbury is a community based agency providing mental health and case management services. The board and membership are made up of people interested in mental health. Funding is from the Ontario Ministry of Health and Long-Term Care and City of Greater Sudbury.

Thirty-five percent of clients in 2003 were homeless, and 35 percent were at risk of homelessness. These included people with mental illness; individuals with drug and alcohol abuse/addictions issues; single males; single females; Aboriginal households; families with children; victims of abuse; and ex-offenders. The caseload has increased in the last ten years.

### **Access to Private Market Housing**

Housing in the private market includes bachelors and 1-bedroom apartments, some furnished and some unfurnished.

Barriers to private market housing include the high rental costs vs. the income of the applicants. As well, some clients do not interview well because of anxiety and fear, perhaps because of past bad experiences, and stigmatization and fear of people with mental illness.

The agency provides outreach services, rent supplement agreements, assistance in seeking apartments, and dispute resolution between landlords and tenants.

### **Access to Social Housing**

The agency does not use the local coordinated access system. The client applies directly to CMHA. If the client also wants to apply to the coordinated access system run by the City, Sudbury CMHA will assist with the application.

Typically, social housing units are small self-contained apartments. The Local Housing Authority (public housing) has homelessness as a priority and local social housing providers are aware of homelessness issues. Rent supplements are available under the Homelessness Initiatives Program. The availability of support services is not an absolute requirement, but some landlords want case management support for their residents.

Barriers to accessing social housing can include past behaviour, outstanding debts to social housing providers, length of time on the waiting list, and ability (or inability) of applicants to integrate with other social housing tenants. Past history with landlords can also be a barrier.

### **Improving Access to Social Housing**

There is a need to increase sensitivity towards mental health issues and the ability of clients to self-direct their care. Early intervention for medical needs might avoid lengthy hospitalization and the need to be re-housed. In addition, more social housing would reduce the waiting time for applicants.

## Centre de santé communautaire de Sudbury

**19, chemin Frood  
Sudbury, ON P3C 4Y9**

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Promotrice de la santé  
(705) 670-2274  
[leblancl@csc.sudbury.com](mailto:leblancl@csc.sudbury.com)

### About the Agency

The agency provides primary health care, health promotion and prevention, and community development programs to the Francophone population living in the greater Sudbury area. It operates the Corner Clinic, a satellite health clinic established in 1999 operating along side a soup kitchen.

Services of the Corner Clinic include: primary health care, social work, addictions counselling, showers, drop-in centre, clothing, personal care products, shelter and housing referrals, assistance with finding housing (done in partnership with the Canadian Mental Health Association and the Red Cross which provide housing workers), street outreach (through partnerships with local agencies), and case management. Services are provided in French and English.

Close to 500 clients are registered with the Corner Clinic. Of these about 30 percent are Francophone, 40 percent are Aboriginal, and 30 percent are Anglophone or from other cultures. On average, the clinic receives 1,200 visits per month from approximately 300 individuals. These clients are homeless or at risk of homelessness. Many clients are transients from more northerly communities; others are coming out of prisons and institutions. Since the Corner Clinic opened five years ago, the volume of clients has stayed roughly the same.

Francophone people living on the street typically become assimilated due to a lack of services in French. They learn to speak some English, or learn to avoid speaking French for fear of being singled out as troublemakers. Support coming from within Francophone families may also reduce the visibility of French-speaking homeless people. The result is they often do not ask for help through formal services. Offering health and support services in French encourages Francophone homeless people to seek out assistance and allows clients to fully express themselves and fully understand their interactions with service providers.

The Community Health Centre is 100 percent funded by the Ontario Ministry of Health and Long-Term Care. Other sources of government funding support particular programs. The Corner Clinic is funded at present by the People Helping People Homelessness Initiative Fund and the United Way.

## **Access to Private Market Housing**

The Corner Clinic has partnered with the Canadian Mental Health Association and the Red Cross to have a housing worker at the clinic. The workers help clients access housing.

Some clients save money by staying outside from May to September, but are more likely to get into trouble with drugs or the police. A lack of accessible public transit, or poor linkages and the lack of service at certain times of the day or week are barriers to housing. Among homeless individuals with mental health problems, their appearance and behaviour are barriers to accessing housing. If problems emerge with tenants with mental health issues, landlords will evict. Regulations are needed to ensure fair treatment and secure, quality housing.

## **Access to Social Housing**

Housing workers provide referrals to the social housing waiting list. There is a one to three year wait for social housing and many applicants end up moving away before being offered housing.

Homeless clients may not comply with the rules and expectations of housing providers, or may be unresponsive and experiencing difficulty in taking on responsibility. The clinic is working on a program to help build communication skills and self esteem among homeless people as a way of addressing some issues that fuel non-compliance. Insecurity of income, a lack of support services, compliance issues or addictions can mean a homeless person goes on a waiting list and stays on the list, with no chance of being housed.

The need for group homes, supportive housing with case management, or other models of housing which are sensitive to linguistic and cultural needs would better assist in long term housing for this clientele.

## **Improving Access to Social Housing**

There is great need to have various models of affordable housing available, including housing with supports. A specific need is housing managed by an on-site staff person, operating from a self-empowerment model for residents. This would be housing where the resident is not easily evicted and staff are committed to working with residents to identify solutions and foster accountability when problems emerge.

Other ways to improve access to social housing include: developing housing that is culturally and linguistically sensitive, with components to deal with low education levels; developing housing targeted for homeless Francophone people; and, promoting tolerance and patience in society, with awareness of the importance of services for the Francophone population.

## **Housing Help Centre, Ottawa**

**116 Lisgar St., Suite 202  
Ottawa, ON K2P 0C2**

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Executive Director  
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### **About the Agency**

The Housing Help Centre is a non-profit community-based agency with core-funding from the City of Ottawa plus project-specific funding from Community Partners (provincial), and Hostel Redirect and Homelessness Initiatives (federal Supporting Communities Partnership Initiative).

The agency assists with housing searches in the private market and helps some clients in applying for social housing through the local housing registry. The centre provides a workstation, telephones, vacancy listings, newspapers and information about social housing to assist clients in finding housing, as well as information on tenants' rights and responsibilities. The agency will also make referrals to community services to assist clients in finding or maintaining their housing.

Ninety-five percent of clients are homeless or at risk. The clientele includes people with mental illness and/or addictions, victims of abuse, street youth, ex-offenders, new arrivals to the city, and Aboriginal people. The agency assists singles, couples and families.

The total number of people in the agency's caseload has been consistent over the years, but the needs have shifted with more people at serious risk of homelessness. Also, housing help services have changed over time to meet the shifting priorities of funders.

### **Access to Private Market Housing**

A variety of private market housing is available. The agency provides a list of affordable rental units; contacts with willing landlords; printouts of ads; help finding housing; coaching about how to approach a landlord; and advocacy to landlords (e.g. about credit ratings). Services are provided in both official languages.

Barriers to private market housing include the price of housing; discrimination against social assistance recipients; family size (finding larger units is a problem); and credit checks.

### **Access to Social Housing**

In Ottawa there is a coordinated access system for social housing which the agency uses to help clients. Various types of housing are available. The major barrier to social housing is the length of the waiting list.



Providers are generally aware of homelessness issues. Homelessness is a local priority for access to social housing, but support services are not always available. The agency tries to connect services to clients and recognizes that often it is hard to assess a client's ability to live independently.

### **Improving Access to Social Housing**

One way to address the barrier to social housing is to work with clients who may meet the eligibility criteria for supportive housing and who can be considered for housing under the City's local priorities for access. Where there are no applicants eligible under the special priority rule for victims of abuse, providers are to fill one in ten vacancies with applicants who are disadvantaged by a chronological waiting list system. This includes homeless people, and those with an urgent need for housing due to medical or safety reasons.

Collaboration between agencies and social housing providers increases the likelihood that individuals will be directed to the right place. In addition, more affordable housing and more support services to enable re-integration and successful independent living are needed.

## **APPENDIX 4**

### **Focus Group Questions**

***Two focus groups were held, one with residents of Ecuhome Corporation who were formerly homeless and the other with clients of the Peel Family Shelter. Below is a summary of the questions posed in each focus group.***

**Questions for Residents of Ecuhome:**

1. How did you find out about Ecuhome? Where were you, and what was happening in your life when you applied for housing at Ecuhome?
2. What kinds of supports are available to you at Ecuhome and what difference do they make?
3. Have you ever had help from someone at an agency when you were looking for housing? If yes, what kind of agency, and what kind of help did you get?
4. What types of housing have you heard about, and what types of housing have you applied for?
5. Are you on a waiting list for other subsidized units? What did you have to do to apply for other housing? Tell us about your experience.
6. Have you faced discrimination in applying for housing? Can you tell me about it?
7. Are there ways that you can think of to make it easier for someone who is homeless to get into subsidized housing?

**Questions for participants from Peel Shelter:**

1. Is anyone helping you look for housing? What types of housing do you think you might be able to get?
2. Have you faced discrimination in applying for housing? Can you tell me about it?
3. What things happening in your own life or happening with agencies or landlords make it hard to find housing? What would help you find housing and get settled in?
4. Have you applied for subsidized housing? If yes, what did you have to do to apply? Where did you go? Tell us about that experience.
5. Are there ways that you can think of to make it easier for someone who is homeless to get into subsidized housing?

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