

Regina Community Plan 2007: A Home for All

Appendix IX:

**Review of Selected Reports and Research Related
to Homelessness**

prepared for the Regina Homelessness Committee
by Barbara Kahan, Kael Consulting, June 2007

Regina Community Plan 2007

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EXECUTIVE SUMMARY

The purpose of this review of reports and research was to gather information to develop a best practices approach in addressing homelessness issues. The best practices definition used is a comprehensive one which recognizes the importance of consistency between practice and evidence, values, theories, evidence, and understanding of the environment.

Guidelines for Decision Making

Possible guidelines for decision making were identified, based on values, evidence and other elements that contribute to best practices.

values and vision

Equity, inclusion and a range of accessible housing and service options which meet individual needs were some of the key values and vision pieces implicit in many of the documents reviewed.

evidence

Strategies that current evidence indicates effectively address homelessness in general include:

- combining housing and supports
- housing subsidies
- collaboration and partnerships
- participation by former or current clients
- a “housing first” approach

Examples of effective strategies for specific populations are: ACT for people with mental illness, positive youth development approach for youth, and harm reduction approach for people with substance use issues.

theory

Documents provided a theory of homelessness and housing issues based on a combination of beliefs and evidence:

- **factors contributing to homelessness.** Factors influencing homelessness, by contributing to low income, a lack of low-cost high-quality housing, or other challenges, range from public policy and market forces to personal circumstances and service issues.
- **impact of housing and homelessness.** Housing status affects the individual, the community, and the country as a whole, for example regarding health, social inclusion and the economy.
- **solutions to homelessness.** Key components of a strategy to ensure a home for everyone include:
 - a range of available and accessible high quality *housing* options that people can afford and which exists in a positive community environment

- a range of *supports* that meet individual needs, involving high quality staff and information sharing, coordination and integration
- adequate long-term *funding* for support programs and for social and affordable housing
- *policy* which among other things is based on “horizontal connections,” for example between housing, social, economic and environmental policy streams
- *community building* to increase social inclusion and community capacity and to reduce poverty
- *working together* which involves including as part of the solution: people who are homeless; other key stakeholders ranging from agencies to government; all relevant sectors from housing to health

understanding the environment

A review of Regina’s environmental assets and challenges indicate that many assets exist in Regina, which need to be built on and enhanced, for example with respect to housing and service options and working together. Specific populations, ranging from Aboriginal peoples to youth, have needs which are not being met. Examples of key assets include individual people who have knowledge of homelessness through lived experience, community based organizations, and government-funded programs such as the National Homelessness Initiative (now Homelessness Partnering Strategy), the Saskatchewan Rental Housing Supplement, and the City of Regina’s Inner City Housing Stimulation Strategy.

Information on Specific Populations

The group of people who are homeless is composed of several specific populations ranging from Aboriginal peoples and youth to people with mental illness and people with legal system involvement. Many of these populations overlap, with some individuals belonging to two or more of these groups. The specific populations have many commonalities, including:

- low income as a key factor influencing homelessness issues
- the need for a wide range of individualized housing and service options
- the need to be involved in decision making and implementation for different aspects of housing and services

Examples of what makes some of the populations unique include the long-term discrimination faced by Aboriginal peoples, abuse and neglect as a major cause of youth homelessness, the challenge of treating people who have both mental illness and substance use issues, the difficulty many people with FASD have in living independently, and the need for planning to help people who have been incarcerated re-enter the community when their sentence ends.

Conclusion

Documents reviewed indicate that it is possible to eliminate current homelessness and prevent future homelessness. Following best practices guidelines will make it possible to provide a high-quality stable home for everyone.

INTRODUCTION

Background to this Review

This review of reports and research related to housing and homelessness gathered information to develop a best practices approach for addressing homelessness issues. The documents reviewed were identified by people working on the Regina Community Plan and through an internet search. Selected documents focused on the following five categories:

- an overview of key areas related to housing and homelessness
- an overview of a best practices approach
- details of the Regina context
- an overview of the situation for specific populations
- examples of effective or promising housing initiatives from around the world

Preference was given to documents that based their content on a range of sources such as evaluation results and interviews with all key stakeholders. The most recent document included in the review was dated June 2007. The key limitations of this document review are that it was not comprehensive and that secondary rather than primary sources were used.

This document review includes three main parts:

- definitions and concepts
- best practices guidelines for decision making ranging from values and evidence to theories and environmental considerations
- information on specific populations ranging from youth and Aboriginal peoples to people with mental illness and people with Fetal Alcohol Spectrum Disorder (FASD)

The review is intended as a resource for homelessness- and housing-related topics rather than as a “quick read.” The section *Summary and Conclusions* provides an overview of the review’s key findings.

Review Notes

“Homelessness” in this review refers to both absolute and relative homelessness. Where this review identifies points made in documents, for the most part the references cited by the documents are omitted. Note that the National Homelessness Initiative (NHI) recently changed to the Homelessness Partnering Strategy. A list of acronyms used in this review follow.

- *ACT*: Assertive Community Treatment
- *CBO*: Community Based Organization
- *CCHRC*: Collaborative Community Health Research Centre
- *CCPA*: Canadian Centre for Policy Alternatives
- *CED*: Community Economic Development
- *CHRA*: Canadian Housing and Renewal Association
- *CIHI*: Canadian Institute for Health Information

- *CMHC*: Canada Mortgage and Housing Corporation
- *FASD*: Fetal Alcohol Spectrum Disorder
- *HSRU*: Health Systems Research Unit
- *IDM*: Interactive Domain Model
- *KFR*: KidsFirst Regina
- *NHI*: National Homelessness Initiative)
- *RICCP*: Regina Inner City Community Partnership
- *SCPI*: Supporting Communities Partnership Initiative
- *SITC*: Safe in the City
- *SLSGOH*: The Supportive Learning Strategies Group On Homelessness
- *UAS*: Urban Aboriginal Strategy

DEFINITIONS AND CONCEPTS

Terms and concepts used in this report are discussed below.

Home

“Home” is not often defined. Discussing the relationship between the meaning people attach to where they live and their health, the Canadian Institute for Health Information (CIHI) in *Improving the Health of Canadians* (2006) makes the point that a home is more than a physical structure. Along the same lines, according to survey results described by Distasio et al. in *An Examination of Hidden Homelessness Among Aboriginal Peoples in Prairies Cities* (2005), home has many meanings to people ranging from a physical house to other dimensions such as a place of safety, place of comfort, gathering place of friends and family. This report quoted one survey participant as saying “home for me is where the heart is at and right now that is nowhere so I am homeless.” The report notes that “many contended that *home* was a place that they could exert control over and independence in thinking and acting” and was a refuge from problems.

Homelessness

Documents identified different categories of homelessness: absolute, relative, and hidden. Another category, core housing need, is similar to the concept of relative homelessness. In general, according to CIHI, homelessness is defined as “those who live in emergency shelters or on the street” and more broadly as including “those who are at risk of homelessness because their accommodations are unsafe, insecure, or not affordable.” According to Distasio et al., the hidden homeless, “a vulnerable segment of the population that lacks permanency in their shelter,” are “invisible as they ‘couch surf’ amongst the homes of family and friends.”

Chisholm in the Canadian Mortgage and Housing Corporation report *Affordable Housing in Canada's Urban Communities* (2003) provides a definition of core housing need:

A housing problem is deemed to exist if a household pays more than 30% of pre-tax income for shelter (a housing affordability problem) and/or if a household lives in crowded conditions (a housing suitability problem determined by National Occupancy Standards) and/or if a household lives in a home in need of major repairs (a housing adequacy problem).

The second core need test is based on the availability of rental housing at or below 30% of the income of the household with a housing problem in their community or area of residence. If no such housing is available based on rental surveys, then the household is deemed to be in core housing need.

Kowalchuk in *Regina Mental Health Housing Project Phase 1* (November 2005) lists the United Nations’ standards for shelter: “adequate protection from the elements, access to safe water and sanitation, proximity to employment, education, and health care and affordable prices, secure tenure and personal safety.” People living in places which do not meet these standards are considered to be among the relatively homeless.

Distasio et al. propose another category to add to absolute, relative and hidden homelessness: “A formulation is required that identifies a somewhat ‘grey area’ of the continuum that represents those who live between places on a more frequent basis or those who are attached to multiple locations through a strong relationship with one’s home community and family relations.” This category is particularly relevant to Aboriginal peoples who frequently move between reserve and city or within a city. “The term ‘churn’ has been coined to describe the high mobility of Aboriginal peoples both within urban areas and between urban and rural areas.”

Appropriate Housing

According to the proceedings from *2003 CHRA National Symposium*, “‘Appropriate’ housing meets the specifications of those who will live in it.” (Canadian Housing and Renewal Association [CHRA], 2003)

Affordable Housing

According to CIHI, “The CMHC indicates that *affordable housing* is that which costs less than 30% of one’s household income before taxes.”

Social Housing

Chisholm writes, “Social housing usually means housing in receipt of ongoing public subsidies to reduce rents to 25-30% of household income.” The Mayor’s Advisory Committee on Housing in *The Future of Housing in Regina* (July 2000) adds, “Social housing refers to subsidized housing targeted to low-income households who would otherwise not be able to afford safe, secure shelter.” This subsidy fills “the gap between family income and the cost of housing.”

Transitional Housing

The document *Transitional Housing: Objectives, Indicators of Success and Outcomes* (CMHC, February 2004) provides a detailed definition of transitional housing:

Transitional housing is conceptualized as an intermediate step between emergency crisis shelter and permanent housing. It is more long-term, service-intensive and private than emergency shelters, yet remains time-limited to stays of three months to three years. It is meant to provide a safe, supportive environment where residents can overcome trauma, begin to address the issues that led to homelessness or kept them homeless, and begin to rebuild their support network...

Program models range from medical treatment to community economic development. They tend to cluster at the ends of a continuum from service-intensive facilities with rigorous expectations of residents (‘high-demand’ programs) to programs with flexible requirements and optional services (‘low-demand’). Transitional housing is distinguished from supportive housing primarily in its length of residency – supportive housing is permanent.

Supportive and Supported Housing

Kowalchuk describes the difference between supportive and supported housing. With supportive housing, services are provided to members of a group who live together in one location, “from institutional settings to board and care homes” such as group homes. With supported housing, services are provided to people living independently, with the housing scattered throughout the community or in one location. “This supported housing model provides flexible, individualized, portable supports in people’s homes.”

Housing First

The study *Homelessness, Housing, and Harm Reduction: Stable Housing for Homeless People with Substance Use Issues* (CMHC, September 2005a) defines “housing first” this way: “the direct provision of permanent, independent housing to people who are homeless. Central to this idea is that clients will receive whatever individual services and assistance they need and want to maintain their housing choice. The housing is viewed primarily as a place to live, not to receive treatment.”

Best Practices

Many definitions of “best practices” exist. The most common definitions are evidence based, similar to the definition the Health Systems Research Unit (HSRU), Clarke Institute of Psychiatry mentions in the document *Review of Best Practices in Mental Health Reform* (1997): “activities and programs that are in keeping with the best possible evidence about what works.”

This review uses a comprehensive definition which bases practice on evidence as well as other components, adapted from *The Interactive Domain Model of Best Practices in Health Promotion* (Kahan and Goodstadt, 1998): “Best practices are those sets of processes and activities which are consistent with values, theories, evidence, and understanding of the environment and which are most likely to achieve selected goals in a given situation.”

In the Interactive Domain Model (IDM) upon which this definition is based, three domains influence each other:

- underpinnings (values, theories, evidence)
- understanding of the environment (vision and analysis of social and organizational issues; includes identification of strengths, challenges and opportunities for positive change)
- practice (addressing social issues, addressing organizational issues, and conducting research)

According to the IDM, these domains interact in the context of socio-political, economic, psychological and physical environments.

GUIDELINES FOR DECISION MAKING

The best practices definition mentioned above contains a number of elements which guide best practices decision making. Examples from relevant documents are provided below for each element.

Vision

The *Regina Community Plan 2001* (March 2001) states, “the SCPI (Supporting Communities Partnership Initiative) Planning Committee recommends that the following vision guide the ongoing strategic thinking towards meeting the needs of those who are homeless or at risk of becoming homeless”:

To have a visible and responsive process in place that encourages an integrated and seamless approach to meeting the needs of those that require safe and secure housing.

Implicit in many documents was the vision of a community where everyone has adequate income to provide the basic necessities of life, a range exists of readily accessible housing and service options to meet individual needs, and housing is situated in a positive community environment. This positive community environment involves qualities such as close proximity to services and amenities, green spaces, recognition of individual and community assets, and an inclusive approach which actively promotes opportunities for all community members to participate in decision making regarding factors affecting their lives as well as in social and economic activities.

Values, Goals, Principles and Ethics

Most documents reviewed did not explicitly identify values. However, the following values were implicit in many documents (and explicit in some):

- **equity** regarding income, housing and services
- **inclusion** in decision making regarding housing and services and in community life relating to social, educational and economic activities
- **choice and flexibility** so that housing and services that meet individual needs

A few documents touched on the value of the environment, for example regarding the importance of housing being energy efficient, and on the value of building on existing assets. Explicit examples of values, goals, principles and ethics, all closely related to each other, are listed below. Examples are from a variety of groups, most of them Regina based. They are presented to assist with the process of building a community values base which would contribute to best practices decision making.

Decision-making principles for reaching homelessness solutions, recommended by the SCPI Steering Committee (quoted directly from the *Regina Community Plan 2001*) include:

- Build on recent housing initiatives and link with other homelessness initiatives.
- Maximize dollars and service by joint ventures, collaborative processes and partnerships.

- Focus on supportive measures that will sustain self sufficiency in the long term by creating linkages to existing services and agencies and supporting a “continuum of supports” approach.
- Complete projects within a two year time frame and/or provide evidence of self-sustainability after two years.
- Fit projects within agreed-to priorities and criteria.
- The Community Plan is seen as a living document, measured against performance and is responsive to changing needs, opportunities and circumstances.
- The Homelessness Committee on the SCP[II] initiative will annually review and update the Community Plan in response to the changing conditions and circumstances found within the community. Provision should be made on an annual basis, to keep the community involved in the ongoing development of the plan.

The *North Central Community Partnership Report on the Community Vision and Action Plan* (Parnes, May 2003) lists a set of values and goals developed through a consultation process with key stakeholder groups:

- caring
- community pride
- cultural diversity
- community working together
- premium placed on the value of family, seniors, children and youth
- confidence in the future
- forward looking
- good physical environment
- greater safety
- healthy community/good human services
- higher proportion of home ownership
- high level of employment and business development
- extensive community participation
- quality education
- ease of access

As discussed in *Evaluation Report: Regina Inner City Community Partnership 2002-2005* (Kahan, January 2006), through interviews and a survey, evaluation participants reviewed the above list; they agreed with many of the listed values and goals and qualified others. The greatest difference in opinion was between youth and adult participants. Evaluation participants added to the above list with the following values or principles, either implicit or explicit in their comments:

- inclusion, meaning “meeting the needs of, allowing active participation from, and valuing, all residents regardless of characteristics such as age, cultural background, or vulnerability due to health challenges or low income”
- respecting and validating each other’s roles and mandates
- high quality of life for community residents

- a healthy community
- equity which to at least one evaluation participant meant raising low income levels
- partnership and collaboration
- transparency
- wanting the best for the community
- value of the person
- celebration/fun
- integrity, meaning “responsibility of everyone to act in good faith to make a difference”
- justice

A set of values developed by the Drug Strategy Reference Committee, for use during consultations and to guide drug strategy activities, quoted directly from *The Regina and Area Drug Strategy Report* (Laude, June 2003), include:

- **Inclusiveness.** Build partnerships to engage and include the whole community when implementing the strategy.
- **Sensitivity and Acceptance.** Preserve an individual’s rights to compassionate care, to be treated with dignity, and to be free from harassment and discrimination.
- **Fairness.** Value people equally and ensure their basic rights regardless of race, gender, age, ability, religious belief, cultural outlook, sexual orientation, or citizenship.
- **Cultural Assurance.** Validate and respect people’s cultural rights, values, and expectations by providing programs and services of equal quality and outcomes irrespective of cultural background. p8

The set of principles developed by KidsFirst Regina (KFR), as quoted directly from Appendix I of *Outcome Evaluation 2002-2006: a KidsFirst Regina internal working document* (Kahan, September 2006), states that KFR processes and activities should be:

- **beneficial to families:** the priority of KFR is to benefit families through enhancement of healthy child development and prevention of health and social issues
- **strengths based:** strengths are used to develop capacities and address challenges
- **inclusive:** no individual or group stakeholder is excluded from KFR processes and activities, all major stakeholders participate in decision making, and resources are shared equitably on the basis of need
- **collaborative:** KFR actively cooperates and coordinates with, and enhances, existing networks/services
- **respectful:** all stakeholders are treated with dignity; processes and activities are sensitive to differences in culture, income, gender, age, health status, or other
- **accountable:** processes and activities are transparent, efficient, based on evidence, continuously improved on the basis of ongoing reflection and evaluation, and consistent with KFR values, theories and underlying beliefs, and understanding of the environment
- **evidence approach:** qualitative and quantitative; all key stakeholders as information sources

The following Planning Principles for the Core Neighbourhood are quoted directly from the PowerPoint presentation *Shaping Your Neighbourhood: Core Neighbourhood Sustainability Action Plan Charrette* (Urban Planning Division City of Regina 2007):

- Stabilize Housing for All
- Reinforce Identity & Character
- Green the Core
- Connect People & Places
- Partnerships, Services & Opportunities for All
- Develop Beacon Projects

Distasio et al. write that Aboriginal values are “non-oppositional and self-governing” and lists a set of principles “reflective of Aboriginal cultures and histories” from Cora Weber-Pillwax (1999) to be considered in research. As quoted directly from the document these Aboriginal values are:

- The interconnectedness of all living things;
- The impact of motive and intentions on person and community;
- The foundation of research as lived Indigenous experience;
- The roundedness of theories in Indigenous epistemology;
- The transformative nature of research;
- The sacredness and responsibility of maintaining personal and communal integrity; and
- The recognition of language and culture as living, developing processes.

The document *Urban Aboriginal Strategy [UAS] Community Consultation and Feedback* by Marg Friesen lists “principles of a ‘whole’ community development model” (Service Canada 2006). As quoted directly from the document these principles are:

- An integration of people and structures in a specific community
- Multi-focused goals
- Participatory methods of engagement, community organization and effective linkages
- Result oriented action
- Incorporated learnings
- A motivating story (history-present-future)
- An evolving journey

Friesen then presents “a model that captures all of these keys to a successful community engagement piece.” The components of this UAS model, as quoted directly from the document, follow.

- **Invite and Inspire Community Leadership.** [This component is at the centre of the model.]
- **Funding Opportunities.** Align with community assessment of needs and priorities and provide a clear method of accountability and accessibility.

- **Community Involvement.** Includes active and meaningful role in setting priorities, program development, problem solving, assessment and evaluation.
- **Community Resources.** Identifying existing strategies, research and data to support initiative and link to what is already working to support the work.
- **Community Capacity.** Identify assets (all forms) and provide necessary tools and training when needed.
- **Community Champions.** Engage experts in community sectors, including experiential people with knowledge of the issues.
- **Community Collaboration.** Working in partnership on various tasks strengthens the bond between networks, organizations and the communities they serve. Building positive relationships is key to successful collaboration.

The seven themes that emerged from this Regina community consultation process also suggest general guidelines for decision making. Again as quoted directly from the document these themes are:

- **Embracing our traditions and cultural experiences in a holistic way:** A holistic approach considered the teachings of elders and cultural values by healing the past and present to build a healthy future results in pride, dignity, safety, support, hope, balance and energy.
- **Strong leadership:** Active, visionary and accountable individuals as positive role models.
- **Respectful inclusion and belonging:** Full participation and a sense of belonging for all where healthy relationships are built on understanding, patience, acceptance and respect for other beliefs, values and cultures.
- **Respectful and honest collaboration:** All parts of the community working in partnership to address community needs.
- **Recognition for Aboriginal driven community solutions:** The Aboriginal community determines and owns solutions to community issues.
- **Strategic solutions and accountability:** Create long-term solutions with sustainable impact where community priorities are acted on with integrity, transparency and accountability.
- **Strengthening community through resources and access:** Ensure there is equal access to opportunities such as employment, education, and skill development. The community is strengthened through the empowerment of its people such as our youth and the disadvantaged.

A few miscellaneous principles from other groups follow:

- The Mayor’s Advisory Committee on Housing refers to an ethical principle when it mentions the “government’s moral obligation to ensure citizens have access to sound, safe accommodation.”
- According to a report by Skelton et al., summarized in *Research for Communities: Inner-City Housing Programs and Community Economic Development (CED)* (Canadian Centre for Policy Alternatives [CCPA] – Manitoba, Summer 2006), “CED should become a guiding principle in the housing initiative so that purchasing and

hiring decisions may be made with regard to their impact on neighbourhood economies, and not simply in terms of superficial initial costs.”

- “A guiding principle” identified in the Toronto Open Door Centre’s *Asset Mapping* document “is that people from the community you want to work with are the ones who know the community the best.”

Evidence: What Works/What Doesn’t

This section contains general information related to homelessness based on evaluation results. See the section *Information on Specific Populations* for more evaluation-based information related to assisting different groups such as Aboriginal peoples, youth, and people with challenges such as mental illness, substance use issues and FASD. See the section *Solutions* under the main heading *Theory* for information based on key stakeholder opinion and experience. A limitation of this section is that it did not include a comprehensive search and review of the relevant literature.

summary of effective strategies

A summary of strategies that appear to be effective in addressing homelessness follow.

- **combining housing and supports.** In their work with people facing housing and other challenges, many programs with positive results combined housing and service components. Descriptions of successful programs combining housing and service components are listed further in this section and also in individual sections on specific populations.

Some of these successful programs were identified in Phase 1 of the National Homelessness Initiative’s Promising Practices project (2003-2004), which used three screening criteria “to guide the nomination process (effectiveness, relevance and replicability) in addition to a number of selection criteria (geography, urban/rural setting, sustainability, etc.).” Selected programs’ priority populations varied, ranging from Aboriginal single mothers to male offenders with FASD. The nature of the housing component also varied from emergency and transitional to permanent independent living situations. Services ranged from individualized case plans and counselling to advocacy and training. The constant in the programs was the combination of housing and services.

A review of outcomes from a number of transitional housing programs, which included supports, found benefits to a range of people, from immigrants to people with mental health problems: “Where outcome data was available, from 66 per cent to 90 per cent of the residents moved to permanent housing or achieved other forms of success.” The report notes, “More of those who complete their programs obtain housing than those who leave before the end of the program”; in addition, research indicates that “transitional housing programs are more effective than services alone.” (CMHC February 2004)

The report qualifies these positive findings in three ways. One qualification relates to research limitations: “Published studies frequently lack control or comparison groups. Long-term effects of transitional housing and the impacts of various types of case management are unknown.” The second qualification involves

critics of transitional housing who “view it as institutional, stigmatizing, and a drain on resources better used for permanent housing.” The third qualification is that “the model’s success is predicated on the availability of move-in permanent housing and supportive community-based services.”

- **housing subsidies.** According to two different sources housing subsidies increase housing stability. According to CIHI, “the best predictor of achieving housing stability among the homeless is receiving subsidized housing.” CMHC (February 2004) states, “Projects that are able to provide subsidized housing or housing subsidies for their graduates have higher rates of success in terms of achieving permanent housing.”
- **collaboration and partnerships.** According to *From Street to Stability: A Compilation of Findings on the Paths to Homelessness & Its Prevention* (Raising the Roof, June 2001), “Most successful programs result from collaboration among existing non-profit and governmental agencies serving the homeless and at-risk population.” The report mentions “close collaborations in service provision between agencies, governments, businesses and other community stakeholders.” It provides an example of the housing and education sectors working together to meet the needs of homeless children: “School systems have found ways to provide education on site in shelters, or to meet with children and parents prior to the children entering their classrooms. Both kinds of initiatives have been described as effective by the students in the schools.”

Along similar lines, the CMHC report *Homeless Applicants’ Access to Social Housing* (April 2005) notes, “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.”

- **participation by former or current clients.** Programs with positive results contained elements of participation by people with direct experience of absolute or relative homelessness. The Raising the Roof report states, “The involvement of former or current clients seems to have positive results, particularly in programs targeting youth... Similar benefits are achieved when other people who have been homeless – people who have suffered from job losses, evictions, substance abuse, mental illness, family abuse, etc. – are consulted and involved in the creation and delivery of programs.” For example, the Toronto Open Door Centre used drop-in participants and individuals who were homeless for asset researchers rather than professionals: “Participants in the asset mapping research reported significant improvements to their self-image and confidence as a result of their involvement with the project.” Other successes of the project included a number of participants finding employment.
- **housing first.** One study indicates that the emphasis on immediate permanent housing may increase housing stability for some populations. CIHI provides a description of this study: “A New York City study looked at a number of outcomes, including the achievement of stable housing among mentally ill chronically homeless individuals who participated in a program based on a ‘Housing First’ approach. The Housing First approach gives priority to ensuring adequate housing for homeless individuals rather than working to help them by addressing other issues – such as mental illness or substance use – first (the ‘Continuum of Care’ model). Although flexible, program requirements include participating in a money management plan and meeting with a staff member at least twice per month. Participants in the Housing First group spent

significantly more time in stable housing over a two-year period than did participants in the Continuum of Care group.”

The Beyond Shelter program, described below, also had success moving homeless people directly into permanent housing while providing a significant service component.

examples of programs showing signs of success

Examples of programs that show signs of working – that is, decreasing conditions that contribute to homelessness and increasing housing stability – follow. The examples range from Regina-based to international. They also include a range in program focus, such as a national program which focused on developing affordable housing, a program which used a city-wide approach, and a program geared to men with intellectual disabilities who sexually offend.

examples from other countries

Information for the two programs described below comes from UNESCO’s Most Best Practices Clearing House website. The website identifies as best practices projects whose evaluations show the presence of four criteria: innovation, positive impact, sustainability, and possibility of replication. Information dates from 1996 and 1998 selection processes.

- **Graduated Plan of the City of Vienna for the Reintegration of Homeless.** This comprehensive plan, implemented in 1989, includes measures related to: prevention; accommodation; services; follow up; public awareness; and research. “Since 1989 1,000 homes have been occupied by former homeless persons as final flats. Only 3% relapsed into homelessness.” One of the plan’s basic principles is “the cooperation and networking of public and private facilities.” Its housing continuum includes temporary emergency shelters, a socio-therapeutic residential home, an assisted living component, affordable “final flats” (in some cases local authorities provide individual assistance), and “preventive measures to avoid the loss of one’s home.”

The socio-therapeutic residential home for homeless people “was set up by the Social Welfare Department in 1989.” It uses socio-therapeutic counselling to prepare homeless men, women and families to live independently. “This home provides space and counselling for 270 persons and 15 units as well as for 8 families.” Participants move from the residential home into permanent accommodation, approximately 85% city-owned and 15% privately owned. “Follow-up services are provided, if necessary, by the local field agency of the Social Welfare Department or by the Working Group ‘Citizens in Distress.’”

The assisted living component is managed by Citizens in Distress, which includes groups such as the Salvation Army. Citizens in Distress “organizes and provides flats with unlimited master leases for former homeless persons... The City of Vienna provides funds to the associations for the acquisition, adaption and furnishing of flats, as well as for the operational costs. The flats are integrated into normal house communities in a decentralized way. The counselling provided includes also assistance in finding jobs, in case of financial problems, in dealing with authorities and institutions, in finding a final flat etc. City-owned flats are mainly used as final flats as these ensure affordable social rents.”

- **Beyond Shelter (Los Angeles).** This program bypasses “traditional ‘transitional housing’, to move homeless families and adults directly into permanent rental housing

in residential neighbourhoods. This makes use of existing programs, services, and institutions that have, for the most part, operated dynamically but somewhat in isolation from each other and from providers ‘outside’ of their fields.” Its results since 1989 included helping “over 750 high risk homeless families stabilize in permanent housing”; in addition, “approximately 40% of programme graduates enroll in school/vocational training.” The program is “based on collaboration between non-profits, government and the private sector.” The program process involves the following steps:

“During screening and enrollment, the family works with agency staff to develop an individualized family transition plan which identifies their housing and social services needs – and the steps necessary to achieve independence and self-sufficiency. Families are then assisted in obtaining affordable rental housing in neighbourhoods of their choice throughout L.A. County. Targeted assistance is provided in negotiating leases, accessing move-in funds and overcoming the barriers of poor credit history, prior to evictions and discrimination based on ethnicity, family size and unemployment. Each enrolled family is assigned a case manager, who provides comprehensive support for up to one year as they participate in their Family Transition Plans.” The “interrelated urban problems” the program addresses range from lack of access to jobs and credit opportunities to economic development, “including access to economic development training opportunities for low-income, isolated, potential entrepreneurs, social infrastructure and services and housing.”

examples from across Canada

This section includes programs selected as best or promising practices by CMHC as well as the previously mentioned NHI Promising Approaches Phase I and UNESCO’s Most Best Practices Clearing House. The first example is mentioned by Chisholm.

- **Homegrown Solutions.** This program in its six years funded 66 projects. Chisholm writes, “Homegrown Solutions managed to maintain and build upon the capacity to develop affordable housing at the community level through a period of cuts to social housing programs... The initiative was successful in attracting new sources of participation and investment. Over half the applications received were from non-traditional housing providers. New sources of funding were identified and housing trust funds were put in place in some communities. The groups that managed to develop housing were generally located in small communities where the housing costs were lower. The process of putting together an application itself was in some cases enough to stimulate community interest. Four out of five groups that applied but did not receive funding continued with their project. The community capacity built through this relatively small initiative has enabled communities to build and retain a minimum level of know-how and participate in new initiatives such as federal-provincial/territorial Affordable Housing Initiative which was launched in 2001.”
- **Co-operative Housing in Canada.** Co-operative housing is owned collectively rather than individually. The Most Best Practices website notes that member residents include a number of groups, for example Aboriginal peoples, immigrants, low and moderate income families, people with AIDS, and people with disabilities. “Some co-ops have set aside housing units specifically for women and children who are fleeing violence.” In common with other successful initiatives, partnerships is a key feature

for co-operative housing: “Since the 1970s, Canadian co-operative housing has symbolized a productive partnership between local community groups, the federal and provincial governments, and private sector lending institutions.” The co-operative housing experience includes “extensive adult education programs. These have been based on a ‘learner-centred’ approach, designed to draw on participants’ experiences with a combination of theory, discussion and practice.” Residents, the principle stakeholders, participate extensively in their co-operative housing, for example through their volunteer activities with boards and committees. “Clear independent evidence exists that co-op participation helps people break traditional ‘poverty cycles’ by encouraging the transfer of skills learned in the co-op to paid employment.” In addition, “Being able to count on secure housing at reasonable cost has allowed many co-op members to further their formal education, develop new job skills, or, sometimes, to start their own businesses.” Beyond the individual level, “co-ops have also dealt with environmental sustainability issues such as energy and water conservation, environmentally appropriate landscaping, healthy environments and reduction of the use of automobiles.” The website description states, “Housing co-operatives have proven that they are the cheapest form of social housing and thus have demonstrated that they are more financially sustainable than other forms.”

- **Homelessness Component of Solidarité 5 000 logements (Montréal).** This initiative was one of the CMHC 2006 Housing Awards Winners for Best Practices in Affordable Housing. The CMHC website provides the following description:

“From 2002 to 2005, the City of Montréal coordinated a fine example of housing partnership involving government, municipal, community and institutional stakeholders to produce 611 affordable housing units for homeless people. Rather than increasing the number of shelter beds, Montréal opted for the development of housing with community support services, a sustainable solution that promotes the social re-integration of these people. Concrete results were observed starting in the winter of 2004 when, unlike previous years, no emergency shelters for homeless people had to be opened up.”

- **The Other Twelve Hours (TOTH) and Families in Transition (FIT) (Calgary).** These complementary programs were selected as a promising approach under the NHI Promising Approaches Phase I. The description is based on information from the NHI website.

“**TOTH** offers intense support services to address fundamental issues that led to homelessness (via the development of individualized *action plans*).” TOTH includes a therapeutic childcare program “designed to assist children in addressing the issues which arise from being homeless and/or abused and/or neglected” and an outreach position “which allows for immediate intervention if the client is not attending the program.” It requires mandatory program attendance; “however, program staff recognize that homeless families are in a perpetual cycle of crisis and thus require flexibility in attendance due to mental health issues, physical health issues, family crises.” TOTH results include “clients obtaining and maintaining housing, clients relying less on resources and systems, and children attending school consistently.” One of TOTH’s lessons learned was that “success is dependent on a combination of factors” such as adequate advance planning and an ability to modify the program.

FIT “provides supported housing and works towards a process of goal setting

to ensure the continued stability and safety of the family unit.” Benefits resulting from participation in FIT included: “positive development in emotional functioning, positive changes in behaviour, improved money management skills and financial stability, increased educational opportunities and access to employment, increased stability of family and stable housing for parents and children, increased awareness of other community resources and programs within Calgary.” An example of FIT’s lessons learned included “consideration for the need to individualize the program according to each individual’s needs is pertinent (e.g. budget, mental health, socializing, meetings).”

examples from Regina

Examples of three Regina-based programs, each geared to different populations, follow.

- **Regina Inner City Community Partnership (RICCP).** At the time of its 2006 evaluation, RICCP’s focus was on the North Central neighbourhood; its purpose according to the previously mentioned evaluation report was “to work with the community in achieving the community’s vision” through three sub-committees which concentrate on employment, housing, and safety and crime prevention. Among RICCP’s successes were “improved working relationships amongst the three levels of government, substantially increased enforcement of housing standards while maintaining homes for everyone, establishment of a youth employment project, and support of a community audit of the environment.” Increased enforcement of housing standards was the result of the crime and safety sub-committee’s key activity: weekly housing inspections conducted by a team of a community resident and members from the health region and fire and police departments.

Another successful RICCP project in 2004 was “a series of coffee parties to engage residents in identifying issues and solutions that they could carry out.” In the words of one interview participant “the community facilitator knocked on doors to ask residents to host a coffee party for neighbours, offering to bring the coffee, cups and cake.” Not only did the coffee parties generate ideas, “several months after a coffee party, one set of neighbours was still getting together and talking as a group” as well as providing support to each other. According to the interview participant, “There’s your magic.”

- **Community Living Skills Project (CLSP).** According to *Community Living Skills Project: Process Evaluation 1996-2002* (Kahan, March 2003), CLSP’s intent was to provide “a treatment program specifically focused on men with intellectual disability with sexually offending behaviour, in order to allow them to live in the community without reoffending,” rather than living in institutions ranging from Valley View Centre to correctional facilities. Core program components included: a treatment group; education group; individualized life skills training; individual support such as counselling, risk management including environmental interventions, and accessing other services such as daily living help; and regular meetings between the participant and his Community Support Network, composed of “the relevant paid and unpaid support people” in the participant’s life. A second evaluation, *Community Living Skills Project: Phase 2: Cost Evaluation 1999-2002* (Kahan, August 2003), noted that, according to key informants, the program “reduced the occurrence and risk for sexual offending behaviour of CLSP participants.” The program also assisted participants to

find the appropriate housing and services. For example, CLSP facilitated one participant's move to a situation that provided the level of supports he required, was less restrictive, more age-appropriate, and less environmentally risky – that is, he did not have contact with people having the characteristics of his “at-risk population.” Participants' living situations “ranged from living on their own in private apartments to 24 hour care and supervision.”

- **KidsFirst Regina (KFR).** KidsFirst Regina is a program for parents and very young children living in extremely challenging circumstances. Its key components are screening and assessment, home visiting, mental health and addictions, early learning and childcare, and family support. It uses a strengths-based approach to assist parents to identify and reach their long-term goals and to support children's attainment of their age- and capacity-appropriate development. According to the KFR *Outcome Evaluation 2002-2006*, “Over half of families (54%) who experienced housing as a challenge at baseline no longer experienced it as a challenge in 2006, compared to 13% who did not experience it as a challenge at baseline but did in 2006; this represents a net decrease of 41%.” Housing improvements resulted from “the collaboration between KidsFirst Regina and housing services, and home visitors' knowledge of housing resources.” Home visitors worked actively with families to improve their housing situations. (Kahan, September 2006)

Theory to Understand Homelessness and Housing Issues

This section includes a synthesis of theories, beliefs and evidence which contribute to an explanation of how homelessness and housing issues fit with other factors. Which factors contribute to homelessness? How does homelessness affect individuals and communities? What processes and activities will eliminate homelessness?

factors influencing homelessness

According to Raising the Roof, homelessness results from a combination of individual and societal factors: “In almost all cases, the individuals in the focus groups understood their route to homelessness to be a combination of personal experiences and issues, coupled with social and economic issues including the lack of affordable housing.” Raising the Roof describes a homelessness spiral which includes both elements:

“At the top is the economic or personal crisis that might push an otherwise middle-class person or family into homelessness – whether through job loss, eviction due to gentrification, assault by a partner, or loss of the primary income-earner through illness, accident, death or family breakdown.” In the spiral middle is “the discharge from a mental health, rehabilitation or criminal justice facility, or ‘graduation’ from the child welfare system.” The spiral bottom contains “those who are ill, who have an addiction problem, who have a long history of sexual and/or emotional abuse, perhaps combined with some other of the trigger points described above. Exacerbating the situation is often an absence of support networks among family and friends, inadequacies in services and income security systems, and discrimination as a result of the history that has led an individual or family to this point on the spiral.”

Factors which documents indicate influence absolute and relative homelessness, either by contributing to low income and lack of low cost high quality housing or as additional challenges, follow.

- **public policy.** Public policy affects the availability of housing that people with low income can afford. For example, the discontinuation of government social housing funding in the 1990s resulted in the current inadequate supply of social housing (Chisholm, Raising the Roof). The Mayor’s Advisory Committee on Housing noted, “As part of the continual balancing of fiscal responsibilities, government resources for social housing have, over time, been reallocated to other areas.”

Another policy decision impacting homelessness was the deinstitutionalization of people with mental illness without adequate community alternatives: “the lack of options to deinstitutionalization together with reductions in medical services has also contributed to increasing homelessness among people with mental illness.” (Chisholm)

Chisholm provides another example: “Inadequate social assistance levels have been identified [as] a major contributor to housing affordability problems...” Raising the Roof points to “the inadequacy of welfare rates to cover basic needs and shelter.” Social assistance levels, minimum wages which are below the poverty line, and changes to Employment Insurance are all examples of public policy decisions affecting housing situations.

Regarding coordination of policies across systems, “Incoherent policies and practices combined with poor cross-sectoral coordination increase the challenges of housing marginalized individuals.” (CHRA, 2003)

Another key policy-related factor contributing to homelessness issues identified by Raising the Roof in their discussion on ignorance as the greatest enemy is that “policy and decision-makers are not always acquainted with the causes and solutions to homelessness.”

- **market forces.** In the 1990s the production of private rentals declined (Chisholm). In addition, gentrification has contributed to the increased cost of housing: “There is evidence that existing housing is being taken out of the lower end of the market and being shifted toward the middle and higher income markets (for example, conversions to condominiums, renovations to rental units which in turn causes increases in rent).” (*Regina Community Plan 2001*) Another factor contributing “to sub standard housing and unhealthy communities” is “landlords who do not maintain safe and secure housing at affordable rates.” (*Regina Community Plan 2001*) The result of market forces is a lack of high quality affordable housing options.
- **combination of aging housing and high costs.** “Without adequate repair or renewal, housing stock in older areas of the city can quickly deteriorate to unsafe, substandard conditions.” (Mayor’s Advisory Committee on Housing) Contributing to substandard housing conditions are high construction and utility costs.
- **personal circumstances.** Raising the Roof describes homelessness triggers at the individual level:

“Both scholarly research and the National Strategy project’s focus group discussions indicate that homelessness can be triggered by a sudden trauma or an accumulation of disadvantages. The traumas include domestic violence, sexual assault, job loss, bankruptcy, eviction, illness, accident or disease, the death of a partner or

caregiver, discharge from a mental hospital or prison, and being ‘thrown out’ by a partner or parent.

“The accumulation of disadvantages can include one or more of the traumas noted above, but also might be characterized by persistent poverty, lack of skills and education, illiteracy, chronic illness or disability, discrimination, a history of sexual or emotional abuse, a history in the child welfare, mental health or criminal justice systems, and being born into a family with addiction or other dysfunctions.”

- **services/supports.** Lack of coordination of services is a key factor that contributes to homelessness. According to the *Regina Community Plan 2001*, “An inability to coordinate agency and government programs and services, limits the community’s ability to put the appropriate supports in place for those most at risk.”

Another contributing factor is lack of awareness of available services and supports: “People at risk of homelessness are often unaware of the resources available to them. As well, people administering existing programs, particularly government-run financial assistance programs, are not aware of, nor often forthcoming about, all the resources that might assist an individual from becoming homeless.” (Raising the Roof)

A third factor is discrimination: “Focus group participants revealed troubling accounts of discrimination from police, lawyers, landlords and health/social service workers based on the individual’s income, age, marital status, family status, race and/or ethnicity. This widespread discrimination has made it difficult for the homeless to access services and housing.” (Raising the Roof)

Other points raised by Raising the Roof include focus group participants’ complaints “that welfare workers are unresponsive to client’s needs and counter-productive because they are unwilling to bend the rules” and the fact that “counselling is rarely a provincially-insured health service, making it difficult for agencies to provide the counselling services needed for at-risk and homeless people who are in crisis.”

- **structural issues.** Illustrating this point, a CMHC report (April 2005) states, “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,’ 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.”
- **other.** Other factors contributing to homelessness include the following:
 - migration to Regina from rural and reserve areas (*Regina Community Plan 2001*)
 - “few opportunities for knowledge sharing between local communities” about homelessness initiatives (The Supportive Learning Strategies Group On Homelessness [SLSGOH], in the document *From Research-on-homelessness to Action-on-the-ground*, July 2006)
 - “Community resistance to housing forms other than single detached housing is another impediment to the development of affordable housing... In many cases, a vocal minority of a limited number of citizens causes the withdrawal of housing

proposals that are urgently needed in the neighbourhood and the larger community.”
(Mayor’s Advisory Committee on Housing)

At its simplest level, the cause of homelessness is an inadequate supply of social or high quality market housing that people with low incomes can afford, linked with difficulties in accessing services.

impact of housing and homelessness

According to the documents reviewed, homelessness affects the individual, the community and the country as a whole:

Housing should provide a platform for integration into communities and into the economic and social benefits that healthy communities offer. Once securely housed, evidence shows that health improves, that children fare better, that higher grades are achieved in school, that community supports and services are more regularly utilized. All of these benefits lead to overall life improvements. Affordable housing provides a means for supporting inclusive communities through strategic integration with community services, transportation, jobs and schools. It provides a solid base for participation in the broader social, economic and cultural mainstream, helping to build the kind of Canada we want. (Chisholm)

individual level

A summary of impacts of housing on the individual follows.

- **health.** While “health issues are a contributing factor to homelessness” (Raising the Roof), CHRA notes that “homelessness can actually precipitate both mental and physical illness.”

CIHI provides an overview regarding the impact of housing on health, starting with examples of health problems for which homeless people are at increased risk: mental health problems, intentional injuries such as those resulting from suicidal behaviours, respiratory tract infections, musculoskeletal conditions such as arthritis, and infectious diseases such as HIV. CIHI lists ways housing affects physical health, ranging from the presence of lead and unsafe stairs to poor temperature regulation and lack of smoke detectors. Housing affects mental health through the type of housing – multi-dwelling units, especially high-rises, being worse than houses or low-rises – and floor level, with higher-floor levels worse for mental health. In addition, CIHI reports on links “between self-rated health and mental health with the meaning people attributed to their homes, the level of satisfaction they felt with their homes and the control they felt they had over their home lives.” CIHI further notes, “Research shows that people who own their home generally report being healthier than those who rent.” Another health-related aspect is that food insecurity may result from high housing costs relative to income; food insecurity “has been associated with inadequate nutrition and physical and mental health problems.”

Chisholm adds another viewpoint: “From a population health perspective, the homeless are lacking many of the things that keep people healthy like income, social status, support networks, education, a healthy environment for children, jobs, health services.”

The Raising the Roof website provides details of the impact of homelessness on youth: “Homeless youth are exposed to significantly more physical abuse, sickness, injury and mental health problems than their non-homeless peers, with often long-term implications for their self-esteem, relationships, and ability to become self-supporting. A Quebec study found that the death rate among homeless youth was 11 times higher than in the general population.” Many of these details also apply to older people.

- **social and economic opportunities.** According to Chisholm, “The availability of affordable housing is a major constraint to equalizing the life opportunities of individuals.” Chisholm further writes, “Lack of affordable housing can deny individuals of their connection to family, friends, community, support networks, schools and the ability to participate in the life of their communities” and can “create obstacles to employment,” for example because of transportation issues. Raising the Roof adds, “It is difficult to pursue or secure decent work without an address, a phone, or any family, health or economic support network.”

Similar to Chisholm, Distasio et al. note that housing is not only shelter, but also a place for individuals and families to actively participate in their communities. “For those Aboriginal persons experiencing hidden homelessness, the lack of housing impacts negatively upon the linkages and supports offered by the community.” Community connections are also affected by high mobility. “It has been suggested that high residential mobility rates within cities, as well as between cities and rural and reserve settlements, reflect the lack of adequate, affordable housing that confronts Aboriginal persons in metropolitan areas.”

- **children.** According to Chisholm, “Secure housing is essential to children’s growth and development and situates children in a physical and social environment which will significantly affect outcomes.” Chisholm lists a number of ways that housing situations affect children in addition to their health status. It plays a role in cognitive and behavioural development, self esteem, school performance, social skills and engagement, and parenting (as a result of parents’ stress levels). Chisholm quotes a study which “found that secure, affordable housing would significantly reduce the placement of children into care and serve to stabilize the family in a way which would promote the child’s well-being.”

KidsFirst Regina outcome evaluation results indicate that positive housing conditions were “associated in positive ways with other program outcome areas (chosen as outcome areas because of their role in supporting healthy child development). There was a statistically significant relationship between positive housing and a positive parent-child relationship, and overall positive housing was positively associated with 8 out of 11 outcome indicators (73%).”

CHRA outlines research suggesting that low-income children’s social and emotional development is negatively affected by exposure “to significantly more environmental stressors, such as noisy, crowded, poor quality housing, than their better-off peers. Such children register higher levels of stress and stress-induced hormones.”

- **other.** The CMHC study *Aboriginal Housing: Local Materials and Design Preferences* (May 2005) states, “The ways that participants suggested to make their interior and exterior living space more suited to their lives would increase pride, satisfaction, safety, and potentially improve social outcomes” Another CMHC study

Housing Options Upon Discharge from Correctional Facilities write that the homelessness of people discharged from correctional facilities “increases their likelihood of re-incarceration.” (January 2007)

community and national levels

The CHRA “recognizes that the well-being of our communities depends on everyone in Canada having access to appropriate, secure and affordable housing.” Chisholm writes, “There is consensus among the research reviewed that the health, competitiveness and continuing vitality of our cities depends on strategic investment in the social aspects of community including investments in affordable and appropriate housing for all citizens,” adding that “housing outcomes go far beyond the mere provision of shelter and have a multitude of social and economic benefits.” More points related to housing and community well being follow:

- **environment.** Housing’s degree of energy efficiency affects the production or reduction of greenhouse gases. (Chisholm)
- **crime.** An interview participant in the RICCP evaluation stated, “Criminality is associated with housing conditions: poor housing becomes places for sex trade, criminal activity hang outs, addictions, because no one cares; the environment makes it easy or hard for gang members and drug dealers, by how easy it is to use a house as a trick pad or to distribute drugs.”
- **social inclusion.** Chisholm discusses the role of housing in social inclusion. “A social inclusion agenda calls for structural change in a broad range of areas in order to promote the participation of all citizens in the social, cultural, economic and political realms. It recognizes the importance of access to basic needs like housing in order for the individual to be able to fully participate in society.” Similarly, Solomon in *Examining the Housing Choices of Individuals with Disabilities* (2002) notes, “Enhancing the housing options of individuals with disabilities will help towards ensuring that individuals with disabilities have full participation and citizenship in societies.”
- **the economy.** Chisholm makes a number of points related to housing and the economy: “Housing policy can realise its fullest potential in influencing social and economic progress when the community effects, relationships and connections are understood.” For example, “Housing activity has a major effect on the Canadian economy. New housing starts have a high multiplier effect in generating employment...Housing also plays a role in sustaining economic growth by providing places for a growing population and workforce to live and attracting the kind of talent that will foster economic growth.”

solutions to homelessness

Documents provided many suggestions for solving issues related to homelessness. In general, Raising the Roof states, “Initiatives which do not recognize the need to address the problems of both the individual and of the ‘systems’ and society in which s/he operates are unlikely to move a person to complete security and stability.” Solutions are discussed below.

housing

“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.” (CMHC April 2005) The necessity for more high quality housing that people can afford, for supports in addition to housing, and for a range of options were very common themes in the documents reviewed. These and other points related to housing follow.

- **housing availability, accessibility and quality.** A shortage of social housing exists. Private rental and owner-occupied housing that people with low income can afford is also in short supply. At the same time, privately rented or owned housing that is available and accessible to people with low income is often of low quality. According to CCPA-Manitoba’s summary of Skelton et al.’s report, “Even where subsidies minimize down payments and reduce purchase prices, carrying costs such as mortgage payments, insurance, repairs and maintenance expenses exclude those with low incomes.” In order to reduce or solve homelessness issues, housing must be available, accessible and meet minimum standards.

Lack of availability is addressed by increasing the amount of quality housing. Suggestions for increasing accessibility of housing include: providing more social housing (Mayor’s Advisory Committee on Housing); matching “shelter rate components of available income support programs” more closely to “the actual cost of housing” (Regina Community Plan 2001); “expanding options for new housing for purchase under \$150,000” (Mayor’s Advisory Committee on Housing); “increas[ing] affordability by reducing energy costs” (Shaping Your Neighbourhood); and changing zoning by-laws in order to protect affordable housing from cost-raising gentrification (Raising the Roof). Another suggestion to increase accessibility involved facilitating applications of homeless people to social housing, for example by relaxing “requirements to update application information in order for homeless applicants to keep their place on waiting lists” and making “rapid processing of applications from homeless clientele a priority.” (CMHC, April 2005)

Suggestions for raising the quality of housing include: “rigorous enforcement” of housing standards and “positive incentives” for landlords who maintain standards (Brownstone 2003), initiatives to repair housing (Mayor’s Advisory Committee on Housing), and registering rooming house landlords (Raising the Roof).

The Mayor’s Advisory Committee on Housing lists ways the City of Regina could increase availability, accessibility and quality: through “regulations, standards, and approval processes”; “incentives, rents, or land donations”; and “shortened and simplified” approval processes. It also lists ways senior levels of government could assist: by “reviewing tax policies related to housing with a view to implementing mechanisms such as GST and PST rebates, tax exemptions, and tax incentives for social and affordable housing”; and, along with financial institutions, by removing “any barriers that would restrict not-for-profit housing corporations from being able to use the equity in their housing stock to leverage funds.”

Shaping Your Neighbourhood outlines an action plan for Regina’s Core neighbourhood which lists specific 10 year targets, ranging from “300 new dwelling units” to “dwellings in need of repair reduced to City average or better.” The action plan suggests a Community Development Corporation to assist in reaching these

targets, for example by coordinating renovations, developing properties and managing rental properties.

- **housing options.** “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.” (CMHC, April 2005) The 2003-2006 Regina Community Plan provides a list of what this range might include:” Housing options from safe houses to shelters, to transitional housing, to social and affordable housing options are needed.” (Brownstone, 2003)

Adding to this list, CCPA-Manitoba’s summary of Skelton et al.’s report state, “Co-operative, non-profit, condominium and other tenure categories should also be supported,” with owner occupation not favoured over other forms of tenure such as rental: “Home ownership is neither attainable nor desirable for everyone.” Some interview participants in the RICCP evaluation agreed with this perspective; for example one interview participant “commented that what community members most want is clean, safe, affordable housing, which may be rental housing.”

There was not total agreement regarding the inclusion of transitional housing in the range of options, for example: “Housing should be permanent rather than transitional and should offer security of tenure.” CHRA

Another aspect to housing options is meeting diverse cultural needs: “...attention should be paid to the particular needs of certain groups like immigrants and Aboriginal peoples who have needs for housing and social supports that can vary from the norm. For example, immigrant families often need larger housing units. They may need assistance with language or understanding the systems that are available in order to access housing.” (Chisholm)

Also mentioned is the importance of a choice of housing appropriate for groups in different circumstances, such as people with health challenges, seniors and families. For example, Raising the Roof notes, “There is a good case to be made for having designated housing – some strictly for people who are currently abusing alcohol or drugs, and the other for those who do not have a substance abuse problem or who are in treatment.”

- **housing in context.** Proximity to services and green spaces and the degree of crime in the area were some of the environmental considerations mentioned in a housing model for people with mental illness. (Kowalchuk) Regarding safety issues, Raising the Roof suggests evicting drug dealers “to make housing safer for residents.” Regarding affordable housing and families, Chisholm discusses “concerns of location, childcare, and neighbourhood safety” as well as access to cultural activities and the need for an “environmental lens” for housing development or redevelopment in order to “support environmental goals.”
- **control over housing.** A common theme was the need for participation in housing decisions by people using the housing. For example CHRA notes that in general “all relevant stakeholders should be involved in planning new housing initiatives” and in particular that “Aboriginal peoples must decide for themselves how to meet their housing needs.” Chisholm discusses the importance, from a social inclusion perspective, of “the degree to which an individual can retain and enhance their autonomy and sense of self-worth by having some control over their housing.” Some of Raising the Roof’s suggestions are relevant to increasing shelter residents’ control,

for example “more shelters without curfews” and “more flexibility in the rules regarding alcohol and drug use by shelter residents.”

- **supports in addition to housing.** The importance of supports was mentioned again and again in the documents reviewed. Supports might be attached to a specific physical location: “Housing with support services provides residence for individuals who require more than shelter to remain living independently. Typical support services include food services, housekeeping and laundry assistance, housekeeping services, on-site social, emotional and physical support, crisis support, peer support, childcare, life skills and employment assistance.” (Mayor’s Advisory Committee on Housing) Supports are also required for people living independently throughout the community. Supports are discussed in more detail in the next section.

services/supports

“Some homeless adults, youth and families require support as well as housing to stabilize their lives, perhaps due to histories of abusive treatment, addictions, mental health problems, or lack of employment skills.” (CMHC, February 2004) Desired characteristics of services ranged from being “based on client-identified needs” (Raising the Roof) to being culturally appropriate and individualized (best and promising projects such as those identified by CMHC and NHI). The importance of multiple access points “for homeless people to obtain emergency assistance and ‘get into the system’” was also identified. (CMHC, April 2005)

The importance of staff who are highly trained, knowledgeable in a number of different areas, and caring and respectful was identified in a number of documents. For example, study participants “identified a need for staff to be well-trained and knowledgeable about their issues. They also stated that experience is important – experience working with the target population and also real-life experience.” CMHC, September 2005a

Specific content for ongoing training includes “anti-discrimination training for those whose work brings them in close contact with people who are homeless” (Raising the Roof), “training in CED” (CCPA-Manitoba), and “greater education and information about harm reduction and how it can work” (CMHC September 2005a). In addition Kowalchuk recommends that “one aspect of staff training should focus on this fundamental change,” that is, the change “away from the ‘care’ model of service provision, to a consumer-driven, rights-based model.” This new philosophy “acknowledges and supports consumers’ rights of citizenship, including the right to decent housing, privacy, autonomy and freedom of choice.”

Regarding staff qualities and approaches, the Collaborative Community Health Research Centre (CCHRC), University of Victoria (October 2002) in the document *Research Review of Best Practices for Provision of Youth Services* mentions the need for well-trained multi-disciplinary staff who use a strengths-based approach and are “sensitive, honest, humble and caring” while Raising the Roof notes that “respecting the skills, experiences and reality of the individual who is homeless or at risk is critical to assisting in the transition from street to stability.” According to a CMHC study, “Participants indicated that they value staff who are friendly, caring, supportive, responsive, helpful and compassionate. They want to be treated with respect, ‘like a person’.” (CMHC, September 2005a)

An increase in information sharing, coordination, and integration among agencies in general and between housing providers and services in particular was also recommended. (CMHC, April 2005, Raising the Roof, Chisholm) According to Raising the Roof, “It is an axiom of our field that the longer a family or person remains homeless the more dysfunctional they tend to become... Without benefit of an integrated approach to service delivery and systematic case management support, many families risk becoming chronically homeless.” A specific suggestion from the Regina Community Plan 2001 was “to develop a Web site which will incorporate service information provided by all helping agencies within Regina.” One of the two strategic objectives for the 2003-2006 Community Plan was to establish a “circle of supports” with “preventive, emergency, transitional, outreach and follow-up services available for those who either experience, or are at risk for homelessness so they reach their maximum level of self-sufficiency.”

Examples of Raising the Roof’s suggestions to improve some of the systems involved in homelessness issues are provided below. In general Raising the Roof notes that it is “critical to ensure that individuals at risk of homelessness are aware of the entitlements and their rights.”

- **health system.** “Participants emphasized the need for more, better-targeted and more sensitive counselling services by health professionals for those at risk of homelessness... Additionally, counselling by people who have experienced homelessness was seen as valuable for people who are homeless or seeking to avoid homelessness, and counselling available within emergency shelters was identified as an important prevention method.” Other health system suggestions included: “more follow-up programs to detoxification”; “a commitment by health care workers to listen to people who are at risk of homelessness or already homeless, rather than medicating them without listening”; “efforts by workers in health facilities who encourage and facilitate the development of social networks for patients to provide self-help support after medical discharge.”
- **justice system.** “Discharge planning for individuals leaving correctional services need to be improved, particularly with regard to housing issues.” Examples of other suggestions included the following: “advocates in mediation between tenants and landlords to resolve conflicts and to help with the protection of tenants’ rights”; “more legal aid for tenants who are being harassed, evicted or charged by their landlords... and advocacy in the courts to protect the rights of those who are homeless.”
- **financial system.** “The main suggestion was to have easier access to bank accounts, with less waiting times for withdrawal of at least some portion of deposits.” Another potential solution mentioned in the report was “micro-lending from private institutions.” However, although “some programs have described success” with micro-lending, “in many cases, such funds would be deducted from welfare cheques.”
- **welfare system.** “According to participants, the welfare system needs to be more accessible, responsive and flexible.” Specific suggestions range from “direct payment of rent to the landlord at the request of the welfare recipient” to “compensation of rental payments and other deposits in the case of unfair evictions.” Raising the Roof also notes the mismatch between welfare rates and cost of food and housing.

Raising the Roof lists suggestions for preventing homelessness specific to the child welfare system. For example, “An overriding concern mentioned by youth

almost universally is how regular counselling, starting from the time of their intake into the child welfare system, could have made an enormous difference in how their lives unfolded...Further comments on the services provided by child welfare agencies focused on the need for special services for Aboriginal youth and the need for better screening of foster parents.”

- **employment system.** Examples of recommendations include a higher minimum wage, more job training and apprenticeship programs, use of shelters’ addresses and phone numbers, “changes to employment insurance to make more people eligible for benefits” and “strategies to assist people who are homeless to create their own enterprises and/or to be employed within social service agencies.”
- **education system.** To prevent youth homelessness, “schools need to be more aware that there are children who are being abused by one of their parents and to provide the necessary support to help those children. In particular, teachers could be trained to spot the signs” and link children with counselling services. Other suggestions included: “more education in the school system about homelessness”; “more emphasis in the school system on life skills” such as budgeting, parenting and job seeking; “more affordable and flexible secondary and post-secondary education programs for youth who are homeless”; and “better communication between teachers and social workers” to prevent youth from falling through the cracks.

funding

The Mayor’s Advisory Committee on Housing emphasizes the key role of senior governments in providing funding to address homelessness issues. At the same time, the Committee’s report discusses the importance of all levels of government pooling resources. “While it is suggested that senior levels of government will represent only two of the partners in any community-based initiatives, the financial contributions of these two governments are key to the success of any longterm social and affordable housing initiatives.” The Committee urges federal and provincial governments to commit to “creating a large pool of funding for social and affordable housing” and to “reviewing tax policies related to housing with a view to implementing mechanisms such as GST and PST rebates, tax exemptions, and tax incentives for social and affordable housing.”

The Committee identifies as “one of the main recommendations of the report” the “creation of a committee of Council called the Regina Housing Commission” which among things “would ensure that the City is in a state of readiness to engage in partnerships and leverage funding from senior governments and other partners.”

Other funding suggestions range from examining ways “to provide long-term core-funding for programs and services that address homelessness issues” (Brownstone 2003) and the need to ensure “adequate funding for providers housing homeless applicants.” (CMHC, April 2005) CHRA notes that “capital and operating funds to sustain program interventions” is one of the priorities for addressing homelessness.

policy/planning

The HSRU list of key elements for best practice policy making, while identified in relation to mental health issues, can be generalized for application to other areas. Examples of points from their list, quoted directly from the HSRU document, follow.

- The mental health policy is supported by an explicit vision that the various stakeholders are aware of and in agreement with.
- The full range of stakeholders, including consumers and families is involved in the ongoing development and evolution of policy.
- The policy supports development of services and supports that go beyond the formal mental health system, for example consumer and family initiatives, and informal supports.
- Policy covers issues such as priority setting, reallocation of fiscal and human resources, coordination of care, integration of services and supports, consumer and family participation, monitoring quality and outcome.

Other recommendations for policy and planning follow.

- **horizontal connections.** Chisholm discusses the need to integrate housing, social, economic and environmental policy streams through “horizontal connections” which “would result in far greater program effectiveness across various issues such as child poverty, early childhood interventions, employability, transportation, and environmental sustainability” as well as meeting goals related to health and social inclusion. For example, to improve child-related outcomes “linkages will need to be made between those working on children’s policy and those engaged in housing policy.” Concurrent with development of horizontal policy connections, “Further work is needed on the design and delivery of measurements that can apply to multi-faceted social policy.”
- **key areas of emphasis.** Several areas to focus on were suggested for policy and planning content including social/health issues, prevention and social inclusion:
 - “A social/health plan provides a venue for addressing the root causes of social problems such as homelessness.” (Brownstone 2003) For example, the “Healthy Cities” program “has been adopted worldwide” and “some Canadian communities have implemented local Quality of Life and community sustainability initiatives with similar elements.” (Brownstone 2003)
 - Raising the Roof recommends changing the public policy framework in order “to move from a remedy to a prevention stance with regard to homelessness.”
 - Regarding social inclusion, according to Chisholm, “Cities must use their existing powers to develop official plans, which enable all citizens, regardless of income, to co-exist in their neighbourhoods. Low-income households, students, knowledge workers, and immigrants will all need to find adequate housing in proximity to each other and economic opportunities. Without a mix of housing options including homeownership, rental housing, rooming houses etc. in all neighbourhoods, cities risk increased spatial segregation and the variety of disadvantages that result. Inclusionary planning strategies will allow cities to build harmonious and less stratified neighbourhoods.” The Mayor’s Advisory Committee on Housing also notes the need for “policies that encourage a mix of housing types for all income levels” and for neighbourhood zoning to “allow for a greater mix of housing types (other than single detached).”
- **stakeholder participation.** CHRA makes the point that “all relevant stakeholders should be involved in planning new housing initiatives.”

- **ongoing research.** “In order to achieve timely solutions current information and data is required.” (Regina Community Plan 2001)
- **ongoing commitment.** The CMHC report *The Transferability of the “Safe in the City” Approach to Youth Homelessness Prevention in Canada* (April 2006) comments, “There is a danger that Canadians slide into a situation where homelessness is considered an unavoidable component of present-day society. There needs to be a commitment to the idea that this is not inevitable and that means can be found to prevent its occurrence.”

community building

Community building involves a number of different components, from social inclusion to capacity building. Points related to community building follow.

- **social cohesion and inclusion.** As discussed under policy and planning above, one way to increase community cohesion and inclusion is through neighbourhoods with a mix of housing. “A mix of housing targeted to a variety of household incomes is regarded as a critical factor in building integrated and inclusive communities.” (Chisholm) CCPA-Manitoba, in their summary of Skelton et al.’s report, emphasize, “Social cohesion must be built through means other than owner occupation. Social infrastructure in the form of community facilities where people can form and enhance bonds directly, rather than through the housing market, is essential.” Chisholm suggests using existing informal networks “so that cities can build a sense of inclusion and empowerment” noting that although this process is time consuming and requires a significant increase in government contributions it would have long lasting benefits.
- **community capacity.** According to Chisholm, “There is the need to support and build on local capacity, to involve a larger and more diverse group of active players, to achieve results that go far beyond the provision of shelter. This paper suggests that a new arrangement between the essential partners is essential to meeting the goals of social inclusion, community vitality and civic competitiveness.” Further, “by involving communities in the delivery of affordable housing, multiple objectives will be more easily achieved. In order for this level of community capacity to be effective, a stable, predictable public infrastructure will be required to provide resources to community groups.”

Also regarding community capacity, SLSGOH states that there is a “need to offer sustained support for knowledge-action processes between geographic areas, but also between and among various disciplines of research, service providers, sectors, and government agencies in order to build community capacity not only at local levels, but more globally across Canada in the interest of our collective effort to end homelessness.” SLSGOH suggests a number of strategies, from internet to face to face, in order “to promote *sustained* support to frontline service providers serving the homeless community to incorporate findings of homelessness research into their everyday practices, and to enhance local community capacity building.”

- **asset based community development.** The Toronto Open Door Centre writes that their asset mapping research project “is a rare instance in Canada in which US based John McKnight and John Kretzmann’s asset based community development theories have been put into practice. It is a direct response to ‘needs assessments’ which focus on weaknesses and problems, and can demoralize individuals and neighbourhoods.

Instead, in the Toronto research project, shelter residents and other marginally housed people, are asked to describe their assets to others in similar circumstances in their community. The premise is that all people, including those who are marginalized, homeless, with low or no income, or dealing with addictions, mental or physical health issues, have assets. These assets include skills, talents, gifts abilities, interests, experiences, knowledge and dreams, and are the starting point for ideas for community development and capacity building.” They add, “Community development that stems from an analysis of assets places people’s future in their own hands by mapping and mobilizing their strengths.”

- **addressing poverty.** “Lessening the grip of poverty on North Central was seen as the best means of revitalizing the community by a substantial portion of the respondents. Many possible approaches to dealing with poverty were suggested including more education, more employment, more social assistance and a more efficient use of existing social programs, facilities and services.” (Parnes) One of the 2003-2006 Regina Community Plan’s recommendations to the community at large was, “Update income security program allowances to reflect the current shelter and food costs in Regina.” Another suggestion to address poverty is to plan for all citizens, from students to immigrants. (Chisholm)

Two RICCP evaluation suggestions to address poverty follow:

— “Initiate a **community economic development** approach to reduce poverty, where community residents and local institutions work together to build solutions.

Information sources include: Simon Fraser University’s Centre for Community Sustainable Development (<http://www.sfu.ca/cscd/index.htm>); Canadian Community Economic Development Network (<http://www.ccednet-rcdec.ca/en/pages/home.asp>) and Vibrant Communities (www.vibrantcommunities.ca) which “contains links to a variety of poverty reduction resources, and has examples of other groups’ experiences.” Another resource mentioned is the Economic Success Clearinghouse (<http://www.financeproject.org/irc/win.asp>) which “includes information geared to welfare, skill development, employment supports, income supplements, and asset development (initiatives to raise income and create financial savings).”

— “Implement **public policies** designed to reduce poverty: The Canadian Association of Food Banks in its document *HungerCount 2005* recommends ‘a comprehensive set of policy measures – including living wages, adequate employment insurance and social assistance programs and more affordable housing and child care...”

working together

A number of documents identified working together as important to address homelessness issues. Points related to working together follow.

- **include people who are homeless as part of the solution.** Focus group participants “saw the responsibility for prevention and ‘cure’ (ending their homelessness) as requiring personal commitment to change, adequate social and economic supports, and hope.” (Raising the Roof) Sharing information with people who are homeless is part of the solution, for example, “Some agencies offering services now put a focus on teaching those who are homeless or at risk of homelessness what their own rights and obligations are” in order to counter discrimination. (Raising the Roof) As discussed

previously, possibilities for including people who are homeless range from decision making about programs and housing design to working as peer counsellors and participating on boards of directors.

- **working together in general.** “Capacity building and collaboration on an individual, agency, government and community-wide basis are essential. It will take the whole community to solve the problem of homelessness.” (Brownstone 2003) In addition, “cross-sector collaboration” is also important. (CMHC April 2005) In agreement with the preceding points, Chisholm writes, “Increased cooperation across government departments and between governments and the community sector is required. The involvement of local communities will be essential if cities are to build healthy, vibrant, inclusive communities.”

The Mayor’s Advisory Committee on Housing notes that “partnerships of government, business, non-profit organizations, and other members of the community, including Aboriginal businesses and non-profit organizations, represent a key means of implementing immediate and long-term strategies to take advantage” of opportunities to improve Regina’s housing. The Committee further suggests that “the City of Regina can play a key role in encouraging these types of partnerships and in advancing the overall condition of the Regina housing market,” for example through “the creation of a committee of Council called the Regina Housing Commission to act as a catalyst to advance housing opportunities in Regina.” The Committee also recommends “that a partnership of the three levels of government, the community and the consumer be established to generate opportunities for social housing development and examine new and creative methods of delivering social housing.”

A suggestion to increase working together among a number of groups is to “facilitate communication between Aboriginal peoples, governments and community based organizations so that partnerships can be developed and issues of governance addressed.” (Brownstone 2003)

- **working with community.** Chisholm states, “Improvements to the neighbourhood including expanding affordable housing options are best achieved in partnership with community residents. Capacity building and community redevelopment is most effective when it builds links with other sectors. Such links support achieving multiple objectives, since different interest and goals are brought to the table. More importantly, they connect the participants to supports and services which can enable them to better their situation. In Canada and elsewhere, this has often been accomplished through using a community economic development, CED, approach.”

Chisholm notes, however, that a CED approach requires support from provincial/territorial and federal governments. In addition, “An understanding of the problem(s) must be developed at the local level with the agreement and support of senior government funders in order to identify and begin the work of regenerating poor neighbourhoods.”

Results of “communities working together” are that “poverty is reduced, housing is provided to all, and commitments are made to reduce emissions and build more sustainable infrastructure in a way which is appropriate to community resources and practices.” (Chisholm)

- **three levels of government working together.** Government partnerships “can greatly increase the effectiveness of the programs and improve the financial viability of a

project.” (Mayor’s Advisory Committee on Housing) The Committee notes that “government programs on their own are limited in terms of their impact on social housing development. However, stacking incentives available from all three levels of government can greatly increase the effectiveness of the programs and improve the financial viability of a project. For example, municipal support through land donation or property tax incentives could be combined with federal RRAP assistance and provincial grant assistance to provide funding for social housing projects.”

Environmental assets and challenges

“Although the provision of adequate shelter is a fundamental human right, the crisis of homelessness in Canadian metropolitan centres continues to escalate.” Distasio et al. At the same time, assets exist to build on in order to address homelessness issues. A discussion of Regina assets and challenges is presented below, followed by examples of initiatives across Canada.

Regina context

This section first discusses the general situation in Regina regarding numbers of people who are homeless, housing, services and working together. Next, the section provides summaries of NHI activity in Regina and the preceding two Regina Community Plans. Also included in this section is information on the situation in Regina for specific neighbourhoods and specific populations.

number of people for whom homelessness is an issue

The following information, taken directly from Mobile Crisis Service’s *Statistical Report 2005-2006* as included on its website, provides an indication of the extent of absolute homelessness in Regina:

Homelessness was the primary issue in 67 client contacts during the past year. Homelessness was identified as a contributing issue in a total of 721 client contacts.

Homelessness Services Number of Cases

- Single Male 585
- Single Female 115
- Single Female with children 29
- Teenager 25
- Couple (no children) 21
- Elderly Person 1
- Single Male with children 5
- Couple with children 3
- Other Issue or Information 4

In other words, 788 people for whom homelessness was an issue contacted Mobile Crisis Services in 2005-2006.

the general housing situation

Regarding housing, “the whole spectrum of housing options was identified [by the 2003-2006 Regina Community Plan community consultation] as having a potential impact on homelessness, including shelters, housing organizations, affordable housing, and bridging services.”

(Brownstone 2003) At the same time, in general in 2003 there was a “lack of transitional and supported housing options.” (Brownstone 2003)

The NHI Assessment Template (Service Canada, 2003) identifies that in Regina in 2003 the following number of shelter beds existed: 49 emergency, 29 transitional, 102 supportive, and 40 long term. This document also identifies a number of challenges, for example: a need for more “shelter spaces for women and children in crisis, [and] older women”; a need for shelters “to provide crisis management services”; and lack of “one registry that covers all Social Housing in Regina.” The document notes that “the Regina Housing Authority indicated that in 2002 558 households were on a waiting list at some time” with “waiting lists longer for family units than for senior units”; while there was the ability “to place people who are having a housing crisis fairly quickly” it took “longer to place a large family as suitable units are not readily available.”

The document *ANC's Second Year in Regina: The Core Neighbourhood* (Makhoul, Caledon Institute of Social Policy 2007) reports that the Core Community Association “has completed a database of every property in the Core. Part of the Core Housing Strategy, this resource stores information on every property in the Core, including a photograph and site description.” This document also mentions a door-to-door survey in North Central where “tenants of rental properties were contacted and informed of their rights and responsibilities, as well as the expectations and obligations of landlords.”

the general situation for services

Regarding services, the 2003-2006 Regina Community Plan community consultation identified CBOs as an asset. “In particular CBOs’ ability to collaborate, network and work together was identified as having the greatest potential for impact by the community consultation.”

(Brownstone 2003) At the same time, “collaboration between agencies” was viewed as a barrier. (Brownstone 2003) Other service-related assets identified by the community consultation include “health services across the spectrum,” educational opportunities and “programs and services such as safe houses, shelters, life skills programs, including those aimed at young parents, access to child care services, including early childhood support, food programs, employment services, and crisis services.” Similarly, the 2006 Urban Aboriginal Strategy Community Consultation identified as an asset “organizations that are impacting the community through programming and services.” (Friesen) Regarding creation of a community network, the document *Homelessness Research Project: Summary* (Street Culture Kidz Project Inc. undated) states, “There are several working, effective models in our community usable as ‘best practices’ for development including ‘Community Partnerships Against Violence’ (CPAV), ‘United Way Interagency Meetings’, and ‘STOPS to Violence (Sask. Toward Partnered Solutions to violence).”

Examples of service challenges include a “lack of on-going sustainable funding” and “education of staff working in the field, education of renters/home owners regarding housing rights.”

(Brownstone 2003) In addition “life skills, nutrition and food management, transportation,

financial management, mentorship programs [are] all needed” as well as a “24 hour drug free treatment center.” (Service Canada)

the general situation for working together

Examples of challenges range from “accountability at all levels” to “resistance to change.” (Friesen) Examples of assets range from “expert knowledge in community sectors (i.e. housing, employment, education, health or justice)” to “people who have lived the struggles and have gained hope for the future by overcoming barriers – These experiential individuals bring knowledge of the core issues we all can learn from.” (Friesen)

As mentioned above, the 2003-2006 Regina Community Plan community consultation identified CBO collaboration as both an asset and a challenge. Although intergovernmental collaboration exists and “there is a committed community of people working to reduce homelessness in Regina” (Brownstone 2003), at the same time “funding criteria and processes create competition and territorial attitudes in the community” and there is a “lack of authentic and natural partnerships among organizations” (Friesen). In addition, while “governments are willing to take direction from the community” (Brownstone 2003), government has a “paternalistic view” and there is “reluctance to participate in community processes due to tokenism” (Friesen). On the one hand, “The causes of homelessness are recognized, and there is a great deal of consensus about how to address the problem” (Brownstone 2003); on the other hand, a challenge is “understanding the implications of situational and generational poverty in the community” (Friesen).

NHI

The Government of Canada implemented the National Homelessness Initiative (NHI) in 1999 “to combat homelessness across Canada.” (Brownstone 2003) The National Homelessness Initiative funded an extensive range of initiatives in Regina between 2000 and 2006. Examples, which fall into three major categories, follow. (For a complete list see Appendix III: *Regina Government-Funded Projects And Programs*). Summary numbers are from the document *Overview of the NHI funding and accomplishments for Regina as of February 1, 2007* (National Homelessness Initiative). Brackets contain the name of the organization which received the funding and the year in which the funding was received.

- **renovations and construction.** Renovation examples included the 2002 renovation of the Regina YWCA “to create 15 new residential spaces and make facilities wheelchair accessible” to the 2003 renovation of the Scott Collegiate Infant and Toddler Centre “to equip a parent education facility to serve homeless or at-risk teen parents, their infants and toddlers.” Construction examples ranged from “construction of a facility to offer programs and services to homeless or at-risk Aboriginal individuals” (Regina Métis Sports and Culture 2002) to development of nine units “for transitional housing for individuals living with HIV/AIDS” (All Nations Hope AIDS Network 2006).

In total, 18 sheltering facilities (emergency or transitional shelters for homeless people or supportive housing for people at risk of homelessness) have received funding “for the purchase, construction or renovation of sheltering facilities” and 15 support facilities (such as food and clothing banks, drop-in centres, and soup kitchens) have received funding for “purchase, construction or renovation.”

- **support services.** Examples included the following:
 - family literacy and outreach programming (Herchmer Community School 2002)
 - MOVE UP (Moving Ourselves from Vulnerability to Empowerment Urban Project) to support homeless or at-risk youth (Rainbow Youth Centre 2002)
 - academic, labour market readiness and personal life skills for at-risk young adults (Regina Adult Learning Centre 2002)
 - mentor and provide assistance with daily life skills to individuals and families with FASD (Aboriginal Family Services 2006)
 - interim salary for Regina and Area Drug Strategy Coordinator (Regina Qu’Appelle Health Region 2006)

During the two phases NHI has funded a total of 14 project activities (12 in Phase I, 2 in Phase II) “to improve or establish new support services, including training, skills development, counselling, psycho-social support, and provision of materials such as clothing and/or blankets, for homeless people and those at-risk.”

- **capacity building.** This category of capacity building includes staff training, public awareness initiatives and research and planning activities. Examples of staff training ranged from hiring adult educators to conduct train the trainer sessions with frontline workers dealing with FASD clients (Ehrlo Community Services Inc. 2005) to a homelessness-related resource center and training facility for CBO staff (United Way of Regina 2005).

Examples of research and planning included: development of the Regina Community Plan to address homelessness (City of Regina 2000 and 2003); a needs assessment “to determine the extent of Métis homelessness in Regina, Saskatoon and Prince Albert” (Regina Local 175 Secretariat Inc. – 2001); feasibility studies “on the establishment of a Centre for Collaboration in Regina to increase the capacity of community organizations which support homeless and at-risk individuals” (United Way of Regina 2003) and on “services and housing needs of Aboriginal youth” (Aboriginal Family Services 2005); and “research into best model housing for clients with mental health issues” (Phoenix Residential Society 2005).

In total, 29 capacity building project activities (15 in Phase I and 14 in Phase II) were funded by NHI “to enhance coordination between community organizations, develop training programs for agency staff, improve service, and increase the level of planning and evaluation activities within communities.” In addition, NHI funded five public awareness project activities (three in Phase I and two in Phase II) “to promote awareness of the causes and solutions to homelessness through workshops, campaigns, and the development of tools such as brochures and videos.”

In summary, up until February 2007, NHI had funded 86 projects. By the end of Phase II, 130 new emergency, transitional and supportive housing beds will have been created (26 in Phase I, 104 in Phase II). NHI spent \$3.79 million in Phase I (1999-2004); \$4.75 million has been approved for Phase II.

Regina Community Plans for housing and homelessness

In 2000, “the Mayor of Regina appointed a 13 member SCPI Steering Committee to look at the needs of those who are homeless or at risk of becoming homeless, and to recommend an approach that will make self-sufficiency sustainable in the long run.” (Regina Community Plan

2001) It was under the auspices of the SCPI Committee that the first two Regina Community Plans were developed.

The objectives of the first Community Plan (2001) to address homelessness issues were to: promote a continuum of supports, strengthen community capacity, develop collaboration and partnerships, increase public awareness, develop effective preventive measures, and develop a knowledge base. In addition, the 2001 Community Plan recommended five priority funding areas for SCPI: stabilization shelter, youth at risk, small cap projects, outreach services and preventive services. (Regina Community Plan 2001)

The second Community Plan (2003-2006) had two strategic objectives: building community (collaboration and capacity building) and enhancing Regina's circles of support ("preventive, emergency, transitional, outreach and follow-up services"). Action priorities for capacity building included:

- Life skills, employability and other capacity building programs for people who are homeless or at risk of homelessness, including projects "that are culturally sensitive to Aboriginal peoples" and those "that have mentorship options for families and youth." Other suggestions included evaluation of each funded program and a project length of two to three years.
- Training for people working with people who are homeless or at risk of homelessness.
- "Venues for collaboration" such as a Healthy Community Phone Line, Housing Directory, or Clearinghouse of Services.

Action priorities for the circle of supports, which "should build on existing housing initiatives," included:

- "Emergency shelter options for families in crisis that are not related to family violence."
- "24-hour drop in program where homeless and at risk individuals can get knowledgeable support, and have a warm place to go and relax in safety."
- Long-term transitional housing options with preventive and supportive services, in particular for "high school and post-secondary students, youth, families (single and two-parent families), people with disabilities, people with FASD, people with mental health problems."
- Housing options appropriate "for people with multiple disabilities/diagnosis: people with addictions, FASD, mental health and behavioural issues," as well as "for people with multiple disabilities/diagnosis who are offenders/ex-offenders."

specific neighbourhoods

Information about assets and challenges in two Regina neighbourhoods follows.

- **North Central.** What 2002-2003 survey participants liked most about living in North Central ranged from its "central location and ease of access" to facilities such as the hospital and its cultural diversity. What survey participants liked least about living in North Central ranged from the "lack of quality housing and poor property maintenance" to poverty. "Many respondents noted that poverty is a factor in many of

the challenges facing North Central including crime, substance abuse, poor housing and the negative impact it has on children and youth.” (Parnes)

- **Core.** Positive aspects of the Core neighbourhood range from “proximity to downtown” to “housing variety: single family, towers, apartments, affordable, etc.” Challenges range from “no grocery stores within walking distance” to “vacant lots and housing stock need rehabilitation.” (Shaping Your Neighbourhood)

specific populations

Information about assets and challenges for specific populations in Regina follows.

- **Aboriginal peoples.** One key challenge is that, according to the 2001 census, “Regina had the highest percentage of Aboriginal renter households in need (45.5 percent).” (Distasio et al.) Another key challenge is “systemic racism – this is an underpinning we all need to address to overcome some of the barriers for Aboriginal people with education, employment opportunities, economic development and social programming.” (Friesen)

A key asset is “strength in the development of First Nation and Métis self-governance models.” (Brownstone 2003) Another key asset is “government engagement – all levels of government are interested with working with the Aboriginal community. There is an acknowledgement that the community needs to be integrally involved in identifying priorities and being part of the solutions to the issues for sustainable impact.” (Friesen)

- **youth.** Challenges include the lack of: “shelter spaces for teen mothers, outreach services for runaways, street youth and youth with mental health issues; transitional/ supportive living for youth affordable housing life skills and mentoring programs” and 24 hour facilities for youth including a “24 hour youth drop-in center in the core community area.” (Service Canada)

The Street Culture Kidz Project Inc. document categorizes youth homelessness in Regina with associated causes:

— *circumstantial homelessness*: Circumstances range from “unplanned pregnancy & lack of resources” and “violence and abuse issues” to “mental illness, addiction, lack of significant adult support.” These circumstances “are often temporary, resulting in the young person transitioning into some type of housing.”

— *seasonal homelessness*: “Park kids” in warm weather and “couch surfers” in colder weather, “seasonally homeless youth are often so by choice – part of the culture of the nomadic lifestyle being expressed.”

— *systemically forced homelessness*: This category “refers to participants leaving custody, community agency placements or becoming an age where privileges or rights change, and they are without ready and available options, (or lacking in personal resources) to meet their housing needs.”

— *absolute homelessness*: This category “refers to young people who are totally destitute – having no resources to meet basic housing needs, and are not at odds with the legal system. Often not even noticed as being homeless, they resort to other methods of meeting their housing needs including drugs, prostitution and/or criminal activity.”

— *custody living*: “Although institutions are designed to serve as housing for young people, our experience suggests that this type of housing does not fit our definition of appropriate, safe or adequate. It is our experience that custody living contributes as a factor to serious social ills.”

The John Howard Society of Saskatchewan Regina Council Annual Report 2005-2006 provides information on its Next Step Program, “an alternative to custody for youth 16 to 19 years of age that are neither attending school or employed.” In 2005-2006 74 youth participated in this program, which includes a number of activities such as life skills, work projects, literacy and Narcotics Anonymous meetings.

- **people with mental illness.** “Regarding best practices in crisis response and emergency services the only service missing in Regina from the list of examples (which include telephone crisis services, mobile crisis services and psychiatric emergency/medical crisis services in hospitals), is crisis residential services.” (Kowalchuk) At the same time, “it has been well established that there is a shortage of safe, affordable, decent housing for mental health consumers in Regina, most of whom live in poverty.” (Kowalchuk) There is a greater gap in emergency housing resources for Regina women with mental health issues than men (Kowalchuk, quoting Geller and Kowalchuk 2000) and “there are currently no supportive or supported congregate apartment programs for this population unless mental health consumers also belong to a very specific sub-group.” (Kowalchuk) In summary, challenges include: a lack of “supportive housing for individuals with mental health issues, disabilities, or high need individuals”; a lack of “shelter spaces for individuals with mental health issues”; and a “lack of affordable housing for women, families & individuals with mental health issues and disabilities, low income housing.” (Service Canada)
- **people with substance use issues.** One key challenge is that “there is no resource in Regina that incorporates a harm-reduction approach to providing housing and support” for people with mental illness and substance use issues. (Kowalchuk) Another key challenge is that “there is presently no brief detoxification service in the community for adults or youth.” (Regina and Area Drug Strategy Brief Detoxification and Homelessness Shelter Initiative Phase II: Request for Proposals, April 1, 2004)
- **people with FASD.** A key challenge is the lack of “services to people with disabilities – especially those with mental health disabilities and those with Fetal Alcohol Spectrum Disorder (FASD).” (Brownstone 2003) According to the document *Interim Report: Aboriginal Family Services Mentoring Project - Community Readiness Project* (Brownstone, 2006b), results of interviews and focus groups show that people with FASD, parents and agencies agree there is a critical need for outreach involving “a process of working with those who are currently outside the system (homeless, street workers, runaways, etc). This would involve a 24 hour per day 7 day per week drop-in centre, with highly knowledgeable, accepting staff. This is important for a variety of people, not just those with a cognitive disability, but those with HIV/AIDS, mental health and substance abuse problems.” (Brownstone, 2006b) People with FASD, parents and agencies also agree on the need for “emergency supports for people with FASD. This would include at least 2 emergency beds available in the community, and quick access to services.” (Brownstone, 2006b)

- **people released from correctional facilities.** Current shelters and services for adults (over 18) released from provincial or federal correctional facilities, in addition to the John Howard Society, include the following.

- *Regina Community Training Centre:* for 12 males 18 years of age and older on early release from the Provincial Correctional Centre or on a Probation order with no place to stay. The Centre serves about 100 men a year. “The people that are taken to the Community Training Centre continue to maintain structure and their immediate needs are being met. They are able to connect with DCRE and establish benefits within a 2 week period.”

- *Salvation Army:* for males on parole or pending parole from a provincial facility.

- *Oskana Centre:* for males on parole from a federal facility.

- *YWCA:* for women on parole from a provincial or federal facility.

- *Provincial Training Allowance:* for people attending SIAST.

- *Transitional Employment Allowance:* for people participating in CanSask.

In addition, the John Howard Society refers inmates requesting housing assistance to places such as The Regina Rescue Mission and Regina Housing Authority.

For youth 16-18 years of age “DCR can provide emergency and temporary shelter at the YWCA, YMCA or the Salvation Army.”

Challenges for addressing the needs of people released from correctional facilities include the following:

- Service needs include “addiction, anger management, domestic violence, and sexual offender programming.”

- “There is a ‘disconnect’ in moving people from one program to the other.”

- “Individuals that are outright released are dropped off at the Bus Depot at 6:00 am with their belongings. This in and of itself is problematic... The people that are finished their sentence and are dropped off at the bus station are on their own.”

- Many people from communities outside of Regina end up in Regina for two main reasons. One is that “some Reserves will not accept these individuals back because of the harm that was done in their community” and another is that “in many cases the person being released does not want to return to their community and chose to reside in Regina to get a new start.”

- Once released into the community, safety nets are missing. About 75% of people do not have sustainable housing or employment after finishing their sentence at the Community Training Centre. “Many of the people leaving the Centre are heading to transitional housing such as family or with a friend. This alone complicates the situation in that the individual has little or no control over their environment and often puts them at risk.” In addition, transportation is often a challenge.

- A number of people released to the community, because of reasons such as “their age, physical and/or mental health are unemployable” and “require housing and additional supports.” For example, it is estimated that over a third of people incarcerated have FASD. “The need for these individuals is unique and more complex.

Many of these people are unemployable through no fault of their own and they are functioning at lower than average level. They have significant needs beyond housing which in most cases are not being met. As a result these people are extremely vulnerable and unfortunately are cycled through the criminal justice system repeatedly.”

— “There is a serious need to establish a variety of housing needs for [the 16-18] age group. Outside of institutional facilities there is very little appropriate housing in place for this age group... While “a valuable asset for emergency shelter,” the YWCA, YMCA and Salvation Army “are not designed or appropriate for transitional or long term housing... Youth who have no family supports and in some cases inadequate family support often end up ‘couch surfing.’... The most significant area of concern is ‘non-institutional’ housing for youth in the custodial system. There currently are only a few residential homes in Regina that will accept these people.”

Information provided above in this bullet point is from *John Howard Society (Regina Council) report to the Regina Homelessness Committee* (Greg Fleet, May 2007). The John Howard Society of Saskatchewan Regina Council Annual Report 2005-2006 provides this information:

— The John Howard Society’s Institution/Visitation Program provided assistance in 2005-2006 to 424 clients at the Regina Correctional Centre regarding “managing pre-offence commitments and eventual planning for release. Release planning might include assistance with application for educational/employment programs, acquiring job search and readiness skills, as well as a variety of other requests” from the incarcerated person and/or family members.

— The Society’s Community Program provided assistance in 2005-2006 to 99 people in Regina regarding “employment, education, pardons, pre and post court assistance, sentence follow-up, treatment referrals, family issues, food, clothing and shelter, and transportation assistance.”

Additional pieces of information include the following:

— Shelley Johnson (Corrections and Public Safety, email June 2007) identifies as a large obstacle affording a damage deposit as well as first month’s rent.

— There is “a lack of facilities currently available to meet the needs of all the people in Saskatchewan with intellectual disabilities and sexual offending behaviours.” (Kahan August 2003)

- **people with physical disabilities.** In 2002, just over half of survey participants with mobility and/or agility disabilities (53%) “reported that there were features inside their dwelling that they needed, but did not have”; these features ranged from the inexpensive such as grab bars and lever door handles “to more costly modifications such as lowered counters, sinks and switches” and “widened doorways.” Two thirds (68%) did not want to move, 6% were unsure, and a quarter (26%) did want to move. People under the age of 65 were more likely to want to move (43%) than seniors (7%). Dwelling preferences of those wanting to move or who were unsure about moving also varied according to age with 74% of non-seniors compared to 35% of seniors wanting a single family detached dwelling.

“Respondents wanting to move indicated a number of reasons for not having moved,” including: “no suitable accommodations (78%)”; “cannot afford other

accommodations (59%)”; and too costly to move (57%)”. In addition, “most respondents wanting to move indicated that they would need assistance to move, especially help in finding accommodations.” (Information in this bullet point is from *Examining the Housing Choices of Individuals with Disabilities* by Solomon, 2002).

government sponsored programs

As of 2006 a range of government sponsored programs existed to address housing and homelessness issues. Examples follow, with funders listed in square brackets. (See Appendix III: *Government-Funded Projects and Programs* for a complete list.)

City of Regina Housing Programs, 2006, Urban Planning Division

- **Inner City Housing Stimulation Strategy** targets inner city neighbourhoods: “5 year exemption on property taxes for residential construction” [City of Regina]
- **Regina Housing Incentive Program** targets the Old Warehouse District Business Improvement District: “Tax exemption up to five years to a maximum of \$7500 for residential conversion projects, additions, or new residential construction” [City of Regina]

Government of Saskatchewan Housing Programs 2006, Saskatchewan Housing Corporation

- **Centenary Affordable Housing Program (CAHP).** CAHP assistance ranged from funding for new construction and renovations to funding for rental and home ownership options. [CMHC, SHC, City of Regina]
- **Residential Rehabilitation Assistance Program.** RRAP assistance included funding to low-income home owners and rental property owners to repair substandard housing to meet health and safety standards and “to homeowners and property owners to address the needs of people with disabilities in gaining greater independence.” [CMHC, SHC]
- **Shelter Enhancement Program.** This program provided financial assistance “to increase the number of emergency shelter spaces and second stage housing units available to women and children, youth, or men who are victims of violence” [CMHC, SHC] and to increase the health, safety and security levels of existing shelters. [CMHC, SHC]
- **Saskatchewan Rental Housing Supplement:** “Includes two benefits: the Family Rental Housing Supplement and the Disability Rental Housing Supplement. These income supplements help low-income renting families and individuals to access quality and affordable housing.” [SHC]
- **Saskatchewan Home Energy Improvement Program (SHEIP).** SHEIP “Assists low and moderate income homeowners and rental property owners who are housing low-income tenants undertake energy retrofits that will make housing more affordable and reduce greenhouse gas emissions that contribute to climate change.” [Province of Saskatchewan]
- **Social Housing Rental Program.** This program “provides quality rental housing that is affordable for low-income seniors, families, and people with disabilities. Rental housing projects are owned and operated by public and private non-profit housing corporations, co-operatives, private owners, and SHC.” [CMHC, SHC, City of Regina]

Government of Canada Housing Programs, 2006, Canada Mortgage and Housing Corporation (CMHC) and Service Canada

- **Mortgage Loan Insurance:** “Access to lower mortgage loan insurance premiums and more flexible underwriting criteria for affordable housing projects for both homeownership and rental.”
- **External Research Program (CMHC):** “Funding assistance to help Canadian researchers carry out research investigations on topics related to housing.”
- **National Homelessness Initiative (Service Canada).** This program provides “funding for projects that develop a comprehensive continuum of supports addressing the needs of homeless and at-risk of becoming homeless individuals. Includes projects such as emergency shelters, transitional and supportive housing, support services assisting people to live independently, and services that are preventative in nature.” As discussed previously NHI funded a number of projects in Regina between 2000 and 2006.

examples of promising initiatives from across Canada

Examples provided below are from a range of sources.

The NHI funded initiative below was highlighted as a best practice by Service Canada Regina personnel. The description of this project was provided by Service Canada.

- **Souls Harbour Rescue Mission (Regina).** This project allowed Souls Harbour Mission House to purchase and renovate a building where they could provide all their services – meals, clothing, furniture and other basic necessities to those in need. Souls Harbour Mission has been serving the needy in Regina since 1990. Their services were located in 3 different locations. The building where their main service (provision of meals) was located was sold and they were in urgent need of a new location to continue to provide these services to the community.

In 2005, NHI invested \$111,250 to assist the sponsor to purchase and renovate a building for consolidation of all their services. Since moving to the new location, Souls Harbour Mission provides services (meals, clothing and furniture) to up to 425 people per day.

Shortly after Souls Harbour Mission moved to the new building, another CBO in the community, Regina Rescue Mission, was evicted from a building scheduled for demolition. Regina Rescue Mission provided emergency shelter, low income transitional housing and a soup kitchen to the homeless in Regina. In 2006, a second NHI contribution allowed Souls Harbour Mission House to complete more renovations, including changes to the second floor of the building to allow Regina Rescue Mission to use this space for 12 emergency beds while preparing to construct a replacement facility.

Through this partnership, the two organizations realized their cooperative efforts would allow them to enhance and expand the services they could offer to the community at risk, and have merged into one organization, Souls Harbour Rescue Mission.

In 2006, 16 initiatives received a CMHC Housing Award, “which recognizes individuals and organizations that have implemented innovations to improve the quality, choice and affordability of housing for Canadians.” Selected initiatives had to “demonstrate that homeless persons were involved in developing solutions, that they were empowered to actively pursue the goal of independence, and that safety and security was offered, especially to vulnerable groups such as women, children and youth.” Other criteria ranged from “the integration of front line service providers in the development of solutions” to “a multidimensional approach to meeting needs.” (CMHC, Documentation of Best Practices Addressing Homelessness, undated) Beyond these specific criteria there was a wide variation in the selected initiatives.

- Populations served ranged from single people to large families and included people who were Aboriginal and people with health and other challenges.
- Housing type included affordable and subsidized, owned and rented, new and renovated, apartments and houses, shelter and transitional, and support services provided on site or elsewhere. In addition, many were mixed, for example including both affordable and subsidized units, or both shelter beds and transitional housing units.
- Stakeholder involvement ranged from non-profit to co-operative structures. There was a strong emphasis on partnerships.
- Supports provided by initiatives ranged from daycare and transportation to counselling and training in life and job skills.

Below are 4 of the 16 selected initiatives as described on the CMHC website.

- **Affordable Housing at Benny Farm (Montréal).** The first phase of the redevelopment of Benny Farm – a mix of affordable and subsidized housing including both rental and homeownership units, located in new and renovated buildings on Cavendish Boulevard – is nearing completion. These are significant initiatives in innovative affordable housing – renovation of existing structures, non-profit development and operation, community involvement, functional and efficient unit planning, as well as energy efficiency and sustainable development.
- **Fort York Residence (Toronto).** Fort York Residence is the first of its kind in Toronto. Built in conjunction with a child care facility, this innovative project provides 74 dormitory style shelter beds and 24 transitional housing units for homeless men. Breaking the mold of transitional shelter design in Toronto, Fort York Residence was developed using a unique service model and in response to a need to provide shelter, affordable transitional housing, life skills and employment support under one roof. Recognizing that finding employment is a key route out of homelessness, Fort York Residence provides the tools and support for clients to rebuild their lives.
- **Mole Hill Housing Project (Vancouver).** This project is a redevelopment and restoration of 27 City of Vancouver-owned houses in the heart of Vancouver’s West End which provides units of non-market housing for low-income singles, families, seniors and long-time residents of the block. The project protected and restored the home’s interior and exterior heritage features and incorporated green building techniques and energy efficient features. In addition, one new building was constructed, three daycares, community gardens and greenways, as well as the Dr. Peter Centre for persons with HIV/AIDS.

- **HOMEWARD BOUND (Toronto).** HOMEWARD BOUND is a ground-breaking project that allows women and children to make a permanent transition out of the shelter system and into a life of economic self-sufficiency. The program exemplifies the power of a holistic and integrated support system by offering intensive career and life-skills training with a focus on computer literacy and business education; housing; childcare, counseling and community integration – all under one roof. The final phase of the program guarantees a job placement within one of HOMEWARD BOUND’s Industry Council partners and through WoodGreen’s home ownership program, the chance to buy a permanent home.

The 2005 NHI Promising Approaches Phase II placed “a significant emphasis on identifying homelessness initiatives demonstrating strong sustainable partnerships.” Similar to CMHC 2006 award winners, NHI 2005 promising approach initiatives displayed a wide variety in populations served and services provided. A key difference is that not all NHI selected initiatives included a physical housing component, although all the activities related to housing in one way or another. Below are four NHI 2005 initiatives as described on the Service Canada website as of March 2007.

- **Calgary Homeless Foundation - Collaborative Funding Process (Calgary).** An initiative that utilizes community knowledge, experiences and resources to prioritize community investments to address homelessness. Facilitates collaboration and dialogue among and between funders, service and housing providers while fostering partnerships, networking and planning.
- **Neighbourhood Information Post – The Toronto Rent Bank Project (Toronto).** An eviction and homelessness prevention project for low-income families that provides interest free repayable loans ensuring that at-risk tenants are protected and supported through various supportive resources.
- **Na-Me-Res Mobile Housing Unit (Toronto).** A ‘Housing on Wheels’ project targeting hardcore homeless pockets by offering counselling outreach supports. Services include providing direct access to affordable housing, transitional support and the tools to self-sufficiency, minus the shelter system.
- **Association YWCA de Québec - La Grande Marelle (Québec City).** This project provides women who are homeless or at risk of homelessness with a personalized plan for self-sufficiency, enabling them to regain their independence and self-esteem. The various components of this project include intake services, accommodation, coaching and assistance. The cost of rent is based on the participants’ income.

Two examples of housing- and support-related initiatives identified as positive by other sources follow.

- **Victoria Coolaid Society.** “The main innovation” of this non-profit service provider’s initiative was “the design of compact, modest but liveable units” based on wide consultation “with tenants of rooming houses and others who lived in small housing units... an affordable housing project was developed in a collaborative manner with broad community acceptance.” p35 Another “innovative component of significance was the financing of the development. Coolaid found financial supporters to provide loans in a non-traditional way without traditional guarantees.” (Chisholm)

- **Montreal collaboration.** Dr. Richard Lessard, Director of Public Health for Montreal-Centre “pointed to his success at working collaboratively with CMHC, the City of Montreal, and other partners to address housing problems and to safeguard his constituents’ health. The liaison with the City of Montreal is particularly crucial, given its power to influence housing and other health determinants. Recent examples include bylaws on housing standards, staff training and community education programs. The Public Health office also worked with the city to identify affected neighbourhoods and to measure the damage. They have begun collaborating on urban revitalization, environmental issues and social programs to boost population health.” (CHRA)

A number of municipal government initiatives address housing issues. Of the seven municipalities included in the Urban Planning Division City of Regina document *Programs/Best Practices of Special Interest* (2006), three had “toolkits” which included a range of strategies:

- **Saskatoon’s** Enterprise Zone Initiative “offers a suite of 12 programs/tools for targeting particular neighbourhoods” and includes “permit, tax and development charge rebates.
- **Toronto’s** Let’s Build Program “includes land, waiving of fees, exemptions, grants, SCPI and an operating agreement.”
- Action **Ottawa’s** incentives toolkit “includes as-of-right and discretionary incentives as well as capital grants and lease/donation of city land.”

Other examples of Canadian municipal government initiatives include:

- **Vancouver’s** “land assembly” for social housing
- **Edmonton’s** Landlord and Tenant Advisory Board, which “works with landlords and tenants by providing information, advice, workshops, dispute resolution, and tenancy agreement/inspection forms”
- **Winnipeg’s** Neighbourhood Housing Program which gives multi-year funding agreements “for implementation of neighbourhood plans”
- **Montreal’s** Home Ownership Program which provides “grants to first time home buyers, e.g. \$6,500 for household without children, with a bonus of \$2,500 if the property conforms with energy efficiency requirements – targeted for the purchase of existing rental units”
- **Halifax’s** Community Grants Program, with “one-year and multi-year funding to non-profits for initiatives in affordable, transitional and supportive/special needs housing”

INFORMATION ON SPECIFIC POPULATIONS

Various population groups overlap with each other. For example, many people with mental health issues also have substance use issues, many homeless youth are Aboriginal, a number of people involved with the legal system have FASD, and members of any of these groups can be single or part of a family. Among the various populations there are both commonalities and differences. The differences relate to the specific circumstances of a group, ranging from health status and age to cultural characteristics and historical background. The commonalities include the importance of being involved in decisions and implementation related to different aspects of housing and service, the need for a wide range of housing and service options, and low income as a key factor influencing homelessness issues. For example, the HSRU cite a reference which points out that “the housing needs of many special needs groups (including the psychiatrically disabled, the poor and the developmental disabled) are similar; that support needs are critical factors in determining tenure in housing choice; and that housing problems relate more to economic and social factors than to disability.”

Who are the homeless? Distasio et al. note the pervasiveness of hidden homelessness among the Aboriginal population and CHRA mentions that poverty and poor housing are widespread for Aboriginal peoples. According to the Raising the Roof website, “It has been estimated that one-third of Canada’s homeless population are youth.” Kowalchuk provides an estimate of 30 to 40 percent for “the proportion of homeless people also having a mental illness” with the proportion increasing to 50 to 75 percent for “the proportion of single homeless women who are mentally ill.” Kowalchuk states that “the population viewed as being at the greatest risk of homelessness, victimization, illness and death are those with concurrent (mental health and addictions) disorders.” CIHI writes that “in 2001, core housing need levels were high among single-parent families, seniors living alone, recent immigrants to Canada and Canada’s urban Aboriginal population.” A discussion of specific population groups follows.

Aboriginal Peoples

“Aboriginal persons experiencing hidden homelessness are a diverse group represented by males and females, youth, single parent families, elders, and increasingly, families.” (Distasio et al.) A discussion of Aboriginal peoples and homelessness issues follows.

factors contributing to Aboriginal homelessness

“The reasons for housing distress amongst [hidden homeless Aboriginal peoples] are wide-ranging, however, all suffer from overwhelming poverty and the lack of adequate shelter opportunities (both long-term and short-term emergency/temporary).” (Distasio et al.) The study *Temporary Supportive Housing for Aboriginal People and Their Families* (CMHC, September 2005b) provides some reasons for the poverty: “Extreme poverty due to unemployment and cuts to social assistance is another reason people – particularly those already in urban centres – use temporary housing.”

Other “contributing factors that place Aboriginal peoples in the condition of homelessness (or at-risk of homelessness)” range from the “ongoing systematic oppression that faces Aboriginal

people in Canada” to “long-term, large-scale economic and social trends.” (Distasio et al.) In addition, funding is a general issue: Urban Aboriginal Homelessness Event participants “agreed that the available funding did not adequately address the magnitude of the need facing homeless Aboriginal persons and that often the allocation of funds did not reflect the disproportionate number of urban homeless people who are Aboriginal.” (*Canadian Housing Framework: Urban Aboriginal Homelessness Event Report*, January 2005) Similarly, Distasio et al. note that “disputes over jurisdiction have led to inadequate provision of services and funding.”

Distasio et al. identify two homelessness-related dimensions that make the situation of Aboriginal peoples unique among the homeless population. “The uniqueness of this phenomenon for Aboriginal individuals is related to oppression, racism and discrimination that have resulted in severe social and economic marginalization. Moreover, the high mobility of this population between urban and rural domains, along with the inadequacy of housing in both reserve and urban environments has created a dynamic that is distinct to the experience of homelessness for Indigenous Canadians.” High mobility interferes with continuity between people and services, the development of neighbourhood networks, and policy and planning. (Distasio et al.)

Distasio et al. discuss three factors that influence high mobility among Aboriginal peoples. One factor is the “seasonal connection to their home communities.” The second factor is the need to escape from negative conditions such as overcrowding and a search for better conditions. The third factor is the “push/pull” dynamic between reserves and urban centres. The “push” from reserves relates to lack of employment and educational opportunities and substandard living conditions. The “pull” to urban centres relates to “opportunities for both employment and education, the greater availability of services, the presence of an urban Aboriginal population, as well as better access to housing.” Once in the city, the push back to the reserve results from “lack of access to affordable housing in cities, combined with racism and difficult social conditions.” With respect to housing challenges, “The overwhelming message of participants in the study was that access to shelter is significantly hindered by systemic barriers that include perceived discrimination by landlords, as well as requirements for references and damage deposits, especially for those new arrivals that lack local connections and financial means.” The pull to the reserve includes “the refuge offered by relationship with the land, as well as cultural familiarity and the stability and support provided by family and extended kinship networks.”

A housing asset identified by Chisholm is urban Aboriginal housing corporations which “do much more than provide shelter. According to the Royal Commission on Aboriginal Peoples, ‘...the stable environment provided by these corporations has enabled tenants to take advantage of employment opportunities, to further their education and, in some instances, to buy their own homes. Through counselling services, the corporations have also helped tenants gain access to government and other resources to increase their chances for self-reliance.’” (Chisholm)

Distasio et al. also identify some assets with respect to the housing situation. “In each Prairie city, supportive networks do exist for the hidden homelessness Aboriginal population. These supports span a continuum that ranges from formal to informal supports.” Regarding informal supports, Distasio et al. mention that “the support of extended family and friendship networks is an inherent component of Indigenous value systems.”

Regarding formal supports, although community agencies' resources are strained because of "the downloading of services to the community level," Distasio et al. write that "nonetheless, the grassroots foundation of these agencies has allowed the development of supportive networks that would not be possible in government programming." In addition, "for their part, service providers recognize the enormity of the situation and do their best to cope with a system bursting at the seams with respect to being able to deal with the crushing need to provide shelter and supports to a range of persons who move for a variety of reasons." Another asset they identify is NHI and SCPI, which have contributed to the ability of Aboriginal housing institutions "to integrate employment initiatives, child and health care and home ownership into their services fostering a sense of community among their clients." On the other hand, although formal supports exist, the pervasive but "relative invisibility" of hidden homelessness among Aboriginal peoples "makes it much more difficult to accurately estimate the number of people and to respond with necessary programs and supports."

Distasio et al. also identify lack of awareness as a challenge with respect to housing and homelessness. Regarding people who are homeless, the research suggests "that many in critical need of shelter are sometimes unaware of the programs and options available to address their shelter needs." Regarding service providers, "When asked if they knew of any trends or best practices relation to the provision of services, surprisingly many did not. This may be reflective of the pressures related to the challenging nature of their work within the public realm."

A number of personal circumstances relate to Aboriginal homelessness, from people who have "left dangerous or tragic situations" (Distasio et al.) to challenges such as substance abuse. (Chisholm)

Other points relevant to housing and homelessness issues follow:

- "Aboriginal people who grew up in the foster care system are more likely to need temporary shelter." (CMHC September 2005b)
- "Aboriginal people tend not to use a temporary shelter that does not have special services for Aboriginal people." (CMHC September 2005b)
- Concerns of Aboriginal communities include "that the design of their housing is not appropriate for their culture and that building materials are too often imported, even when local resources could be used to the benefit of the community." (CMHC, May 2005)

future directions to address issues

A number of suggestions to address homelessness among Aboriginal peoples follows.

- **increase housing availability and services.** There is a "pressing need to address the chronic shortage of housing and related supportive services that has contributed to the high numbers of persons living in temporary accommodations." (Distasio et al.) In addition, systemic barriers such as requirements for damage deposits "must be addressed to facilitate access to housing for Aboriginal peoples experiencing housing distress." (Distasio et al.)

In order to increase housing availability, Distasio et al. note that "effective policy development depends fundamentally upon understanding the distinctiveness of

Indigenous mobility and the association between high mobility rates and the lack of housing.”

Regarding the provision of services, the *Canadian Housing Framework* states, “Although appropriate shelter or housing was seen as fundamental, it was recognized that in many cases, the needs of homeless Aboriginal persons were not limited to shelter or housing and that an integrated approach that could deal with the needs of individual clients was optimal. Elements of this service continuum included services such as counseling, training and education, life skills, work experience, healthy living, traditional activities and culture, recreation and mentorship.” Other services range from food banks and clothing drop-offs to childcare and transportation. (Distasio et al.) Participants at a 2005 stakeholder consultation regarding Aboriginal homelessness “mentioned that support services should ideally be on-site and integrated with housing services.” (Distasio et al.) Distasio et al. also point out the need for services to be culturally appropriate. In addition, agency workers participating in a CMHC study recommended the development of “networking strategies that enable community social agencies and non-profit groups to get involved in the provision of formal and informal support programs and services to help clients.” (CMHC September 2005b)

- **encourage informal supports.** “The significance of informal support networks (such as family members providing shelter or assistance) for the hidden homeless in the Aboriginal population must be acknowledged. Moreover, the critical nature of this support must be formally solidified so that financial resources will be available to those households that are providing shelter to the hidden homeless. This might take the form of an innovative program that recognizes the unique circumstances of those in need of shelter and the role of friends and family in providing care.” (Distasio et al.)
- **increase information sharing and relationship building.** “Access to shelter assistance programs needs to be better communicated to those in housing distress to ensure they are all aware of all of their options to address their situation.” (Distasio et al.) One of the *Canadian Housing Framework’s* recommendations was to “implement a ‘buddy’ exchange between government officials and community service delivery people to build trust and understanding.”
- **build on strengths.** According to the *Canadian Housing Framework*, “A consensus emerged that there is a wealth of expertise and experience among Aboriginal organizations working with homeless people, including best practices, that must be built upon in program design and service delivery.”
- **improve funding amounts and processes.** Funding was discussed in two ways. One way related to organizational funding: “Participants called for increased, stable, predictable, multi-year funding that would allow Aboriginal organizations to build their capacity to effectively address the multi-faceted needs of the many Aboriginal people they serve. They expressed great frustration with complex application procedures, lengthy approval processes, and onerous reporting requirements – all of which take resources away from the important work they do to serve their clients.” (*Canadian Housing Framework*) Additionally there is the need to increase funding for housing: “Increased funding is required for the construction of transitional and permanent housing units to accommodate both those migrating to the city (short-term needs), as well as those wishing to reside in urban centres (long-term needs).” (Distasio et al.)

- **increase planning effectiveness.** “The critical importance of a predictable, longer-term commitment to address Aboriginal homelessness in a culturally appropriate, integrated, holistic manner was emphasized repeatedly.” (*Canadian Housing Framework*) Distasio et al. state that “in order to eliminate hidden homelessness programming must establish long-term goals that will lead to permanent housing solutions.” One of the factors identified by agency workers in a CMHC study as contributing to their agency’s success was talking “to existing operators and practitioners to learn from their experiences.” (CMHC September 2005b)
- **accommodate different housing values.** The *Canadian Housing Framework* notes a difference between Aboriginal and mainstream cultures and the need to accommodate both: “Although home ownership is often seen to be the ultimate symbol of family and security in modern, western culture, it was indicated that it should not be assumed that this has the same value for all Aboriginal peoples because some traditional Aboriginal cultures place higher value on community well-being and find their security in relation to the wildlife, natural resources and healthy environment of their traditional territories. It was suggested that, for many Aboriginal people, it is more of a housing spectrum where some individuals may have home ownership as an ultimate goal while others may be comfortable at a different place on the spectrum.”
- **emphasize Aboriginal staff and/or agencies.** Aboriginal clients “prefer to use Aboriginal agencies, or agencies with Aboriginal staff, because they feel less embarrassed and more comfortable with staff who understand the culture and social norms, speak the language and are aware of the challenges in adjusting to urban life from a rural, remote northern lifestyle.” (CMHC September 2005b) Consistent with this finding, according to agency workers a factor which contributes to an agency’s success is to “hire qualified, trained Aboriginal staff at temporary accommodations in areas that serve a large Aboriginal population. Agencies with Aboriginal staff that can incorporate Aboriginal cultural and social values in agency programming increase the comfort level of many clients and improve communication with them, which allows the agency to better respond to client needs.” (CMHC September 2005b)
- **Aboriginal participation and control.** A number of documents emphasized the importance of Aboriginal involvement in decisions affecting Aboriginal peoples, for example: “Aboriginal peoples, in consultation with experts, should design their own housing to meet their physical and social needs and to act as a lever for social change. Further research is not required; the need is well established.” (CIHI, 2006) The Canada West Foundation’s report *Uncommon Sense: Promising Practices in Urban Aboriginal Policy-making and Programming* “urges governments to listen to the community. Policy makers and politicians must treat Aboriginal leaders as peers and seek their advice when designing new initiatives.” (Chisholm) The call extends beyond consultation and participation in decision making to actual service delivery. “One of the most strongly held and unanimous views expressed by participants was the importance of local Aboriginal control and authority over program decision-making and spending. Participants felt that Aboriginal people are best positioned to deliver services to their community, and that there was ample evidence of this... There was a very strong message that Aboriginal organizations were best positioned to serve the needs of the urban Aboriginal community because they are able to build on the strengths of Aboriginal tradition and culture in supporting their community, and

because they understand best what Aboriginal people need. An important secondary benefit of this approach was that the capacity within the Aboriginal community would develop most quickly through the experience gained in the direct delivery of programs and services.” (*Canadian Housing Framework*)

- **provide housing that meets Aboriginal needs.** Distasio et al. outline a list of requirements to ensure that housing meets the needs of Aboriginal peoples, ranging from being affordable to being culturally appropriate. Other recommendations include offering “alternative housing models such as cooperatives that support Aboriginal ownership and operation” and making accommodations regarding healing and counselling programs, visits from elders, and “traditional ways such as the preparation of wild game.” Regarding the recommendation to “accommodate the tradition of maintaining three and four generation households” Distasio et al. state that “by incorporating communal concepts of property and mutual aid, it is possible that the traditional approach of inter-generational living will provide a context in which to address the issue of hidden homelessness within the Aboriginal community.”

A CMHC study (May 2005) also notes the importance of accommodating a more communal approach to living: “All 14 communities emphasized that many of their design needs relate to larger family size and the family orientation of Aboriginal life. The overarching concern was a lack of space. There were examples of three generations living together (grandparents, their children and their children’s children); sometimes two families of the same generation were living together in one house; sometimes relatives were visiting for an extended period.” In particular, “The need for flexible interior space was mentioned in many of the interviews. Standard floor plans that divide a house into small rooms and hallways do not allow for comfortable family gatherings and, in many cases, create rooms that are not even large enough to allow the members of the household to eat together. People would like the option of a more open floor plan that, for example, places the kitchen, living room and eating area within one large room. Such a large room could also be used for feasts, ceremonies, crafts and other traditional activities.” As well, “people would like homes to have more indoor and outdoor places for children.”

Another CMHC study lists two points identified by agency workers that are relevant to meeting needs in temporary accommodations. One is to “consider special care needs, such as wheelchair accessibility or grab bars of the elderly when planning a centre” and the other is that “the location should allow for convenient access to services and public transportation.” (CMHC September 2005b)

- **address discrimination.** “The frequency with which respondents raised concerns of discriminatory practices needs to be further addressed to more precisely understand why this was echoed so strongly in each of the three cities.” (Distasio et al.)

program examples

The following example was selected as NHI Phase I Promising Approaches. The description is based on information from the NHI website as of March 2007.

- **Infinity House (Saskatoon).** Infinity house has 12 transitional and 3 emergency units for Aboriginal single mothers ages 18 to 35 and their children. The maximum stay in emergency units is eight days and three years in transitional units. Overarching principles that guide Infinity House’s approach range from “an emphasis on

Aboriginal culture” to “a ‘children come first’ policy.” In addition, a “key aspect of the project is the development of an individual case plan for each client (mandatory for women in long-term stay) and individual ‘wrap-around’ case plan management.”

One example of a lesson learned is that “the first year of project implementation is a steep ‘learning curve.’ It helps to have the residents involved in some of the decision-making, and to give them input into the development and adjustment of house rules.” Another lesson learned was that “having Aboriginal staff helping Aboriginal women is important. It helps the women feel more comfortable about their environment and gives them a sense of belonging.”

The following examples were selected as NHI Phase II Promising Approaches. Descriptions are taken directly from the NHI website as of March 2007.

- **Wii-Chii-Way Gamik (Sioux Lookout, ON).** A transitional support project for Aboriginal homeless persons. The initiative encourages clients to participate fully in the project’s operations, serving as an opportunity to gain valuable employability skills and enhance self-esteem.
- **Helping Spirit Lodge Society - Spirit Way Second Stage Housing (Vancouver).** A culturally specific initiative offering supportive and holistic long-term residential supports for women and children who come from a background of domestic violence and homelessness.

The following examples were selected as CMHC 2006 Housing Awards Winners: Best Practices in Affordable Housing. Descriptions are taken directly from the CMHC website.

- **Art Zoccole Aboriginal Patients’ Lodge (Lu’ma Native Housing Society, Vancouver).** This is a 22-unit urban Aboriginal non-profit apartment building providing affordable, culturally sensitive housing with support services such as daycare, lodge coordinator and transportation. Seven of the units are a dedicated Aboriginal Patients’ Lodge assisting women, children, and their families travelling to Vancouver from rural and remote Aboriginal communities for health care services. This unique project is the direct result of an identified need and an interest to respond to that need by Lu’ma Native Housing Society, the First Nations Chiefs’ Health Committee, the British Columbia Women’s Hospital and Health Canada.
- **Déné Empowerment Centre (Methy Construction and Maintenance Corporation, La Loche).** The Déné Empowerment Centre provides transitional housing for high risk single parent households, along with supportive services in the adjoining facilities, which empowers residents to gain self-reliance, independence, social inclusion and well being and, ultimately, to relocate to non-supportive housing. This integrated facility involved the renovation of the existing Hospital building, as well as new construction of the adjoining support facilities. The resulting project, which is financially self-sustaining, consists of seven apartments, a classroom, a meeting room, two offices and a daycare centre/multi-purpose area for use by the tenants and the community.
- **Lennox Island Sustainable Home (Lennox Island First Nation, Prince-Edward-Island).** The Lennox Island Sustainable Home introduces practical, affordable and sustainable housing to the First Nations community. It incorporates many features to save energy while providing a clean and healthy environment to the occupants. The home is

estimated to consume less than 50 per cent of the purchased energy required by a conventional home for space heating, water heating, appliances and lighting. The project incorporates energy efficiency measures and the requirements of the R-2000 and EnerGuide for New Houses services, and CMHC's Healthy Housing™ principles.

- **20 Sewells Road Affordable Housing Project (Wigwamen Incorporated, Toronto).** Wigwamen Incorporated provides affordable housing primarily to help meet urban Aboriginal housing needs. Working in partnership with the City of Toronto under its "Let's Build" Program, they recently developed an innovative affordable rental apartment building at 20 Sewells Rd. in Toronto. This project, which was completed and occupied in the summer of 2005, provides rent-g geared-to-income accommodation for 92 low and moderate income single and families. One third of the units provide transitional housing, while the other units provide permanent affordable housing. Half the units are mandated specifically for Aboriginal persons.

Youth

The CCHRC discusses characteristics of particular groups within the homeless or at risk of homelessness youth population, that is youth who are: runaway, homeless, street involved, suicidal, misusing substances, LGBTQ (lesbian/gay/bi-sexual/transgendered/queer), sexually exploited, and/or drop-outs. (For more detail on these specific populations refer to the full report.) Street Culture Kidz Project Inc. notes that "though a young person may be absolutely homeless, the young person *does not* necessarily see themselves having a problem related to being homeless." A discussion of youth and homelessness issues follows.

factors contributing to youth homelessness

"Abuse and neglect are two of the major reasons why young people leave home. Several studies show that nearly 70% of homeless youth have experienced some form of sexual, physical or emotional abuse." (Raising the Roof website) Other factors contributing to youth homelessness include challenging family backgrounds (ranging from the existence of extreme conflicts to living on social assistance), school difficulties, lack of housing options and lack of job readiness. (CCHRC)

challenges and assets

Once on the street, homeless youth "avoid shelters because they view them as sources of stress and danger." (CCHRC) In addition, a CMHC study *The Transferability of the "Safe in the City" [SITC] Approach to Youth Homelessness Prevention in Canada* (April 2006) notes that "youth have been found to resist the term homeless and may not use services labelled as such"; as well, some experience "service fatigue" and are reluctant to try a new project.

Other challenges relate to the personal circumstances of homeless youth. "Substance misuse and addiction are major problems for street youth that stems from parental drug use and the type and severity of abuse in childhood...other characteristics of homeless and street youth are high incidences of mental disorders such as depression; conduct disorder; and, trauma and post traumatic stress disorder"; suicide attempts are also common. (CCHRC)

Despite the intensity of the challenges, assets also exist. The CMHC SITC study (April 2006) identifies youth resilience as a key asset “in implementing youth homelessness prevention,” noting that “in many instances, youths see their homelessness as transitory, a stage in the process of independence. Youth are also optimistic; research reveals that they express hope for the future and believe that their situations will change. Studies reveal that youth often felt there was no alternative to the street and the decision to leave home was one that affirmed their capacity and control over the situation.” This study also mentions the “strong capacity on the part of [Canadian] community organizations to work collaboratively and to build networks to pull together a wide range of services necessary to deal with complex problems.”

Another asset is the 2006 launch of the Youthworks initiative which will share the knowledge gained through tracking “the progress of 500 young Canadians over the next three years.” This initiative includes a number of different components to address youth homelessness, for example: “giving them access to education and employment”; “identify best practices to help front-line service providers deliver their programs more effectively”; “inform and influence government policy and funding priorities”; and “interest private sector employers in hiring previously homeless youth.” (Raising the Roof website)

future directions to address issues

The CCHRC has extensively reviewed best practices to address youth homelessness, basing their findings on three criteria for effectiveness: rigorous study design, significant positive results, and replicability. This section summarizes the findings from this review. As the report is over 200 pages, this summary touches only on highlights.

According to the report, “in the long term homeless youth would benefit from many of the same measures that are needed to fight poverty and homelessness in the adult population, including the provision of affordable housing and employment that pays a living wage.” The report further notes that “homeless youth benefit from programs that meet immediate needs first, and then help them address other aspects of their lives.”

The report identifies a number of service areas necessary to address issues of homeless youth. Regarding “effective service delivery for high-risk youth” the report’s main findings are “that services need to aim to achieve appropriate cognitive, interpersonal, social and physical competencies that protect youth exposed to high risk by integrating a combination of targeted individual and system focused services which reach-out into the daily circumstances of the youth through some strategic alliances between school, family, community that are implemented and sustained in a local context.” Support components (housing and services) for homeless and street youth recommended by the report are discussed below.

- **Provide basic needs** such as “adequate food, shelter and attention to physical ailments.”
- **Assess and screen** youth who are homeless or at risk of homelessness, for example regarding readiness to receive help and reasons for running away to substance use and mental health issues.
- **Implement prevention/early intervention initiatives.** One study showed that “the majority of youth first leaving home are very young with 77% being between the ages

of 12 and 15. Therefore, prevention programs have to be in place earlier than grade six to reach these children/youth before they first leave home,” for example by teaching youth in grades five to eight about services. Further, “once homeless, reaching these youth as early as possible is critical (two weeks is optimal), as they usually have multiple health problems which are exacerbated by cold, hunger and the high-risk behaviours they participate in to survive.”

An important prevention/early intervention piece is outreach, from reaching out to youth on the street to youth in drop in centres, supported by community partnerships “with medical outreach services, other youth programs, law enforcement.” The report states, “Outreach is the initial and most critical step in connecting, or reconnecting homeless youth to needed health care, mental health, recovery, social welfare, and transition into housing services.” Outreach youth engagement methods include use of incentives and recreational activities. Based on the evidence, the report recommends that outreach services “be client centred as youth need to feel in control and in many cases know best what their needs are” and use peer youth interventions as “homeless youth are extremely vulnerable and have often learned to distrust adults.”

- **Provide emergency housing.** “The literature shows it is possible to provide safe, harm-free environments for youth in short-term emergency shelters. It is also possible to operate a short-term emergency shelter in which youth are satisfied with their stay and it is possible to operate a treatment-oriented emergency shelter program.”
- **Provide transitional housing and supports.** The report discusses the need to provide “a variety of cost effective transitional housing options to suit the needs of youth and community,” including a choice of semi-supervised apartments, supervised apartments, shared homes, live in adult mentors, specialized foster homes, and residential treatment centres. The purpose of transitional housing is to move youth from “homelessness to being housed,” to address issues contributing to their homelessness, and to “assist them in making a transition either back into their families and/or onto adulthood and independence.”

The report notes the particular vulnerability of “adolescents aging out of the child welfare system” to homelessness, poor health and other challenges. For this youth population, “at a minimum, transitional assistance includes help in finding a place to live, getting a job, maintaining employment, gaining access to health/dental care, and budgeting and managing money.”

In general, characteristics of successful transitional programs include the provision of: screening; a “safe, secure, private place to live”; “a case management approach which combines advocacy work, counselling, skill development and service coordination functions”; and “a range of supportive services, i.e., job training/placement, child care, substance abuse treatment, mental health services, and instruction in independent living skills.”

- **Put in place ongoing supports and follow up.** “Youth made it very clear that one of the most important things to them prior to discharge is that they have a relationship with a caring person that they can rely on after they have been discharged from a program or from care.” In addition, it is important to have “comprehensive aftercare involving regular re-assessment.”
- **Collect data** to make it possible to address changing needs.

Qualities of an effective service system according to the report include the following.

- **Engage youth for a sufficient length of time.** The amount of time must be “intensive and enduring enough to produce needed changes.”
- **Build on and maximize community resources.** In general, to increase the effectiveness of services it is necessary to “coordinate screening/assessment, early intervention, and corrective services within and between education, health, and social services.” In particular, using a case management approach increases the integration of community resources. The report also states that services for high risk youth should provide “opportunities for grass-root development and tailoring to local circumstance using local assets (public, private, voluntary and partnerships).” To increase the success of the youth development approach (described below), it is important to combine “resources of the family, the community, and the community’s schools.”
- **Nurture and develop relationships.** According to the report, the most effective services in addition to those linked with community resources “are closely linked with parents/families.” Although the report states that reunifying youth with their families is “an ideal situation if intensive family intervention works in providing a safe and secure environment for youth” caution is required “as up to 70% of these youth have been victims of physical or sexual abuse.” It is important to keep youth “in their community from which they came in order to stay connected with friends and family who often remain critical players for youth after they have left home.” In addition, in order to facilitate the transition to independent living, it is important to “nurture ongoing connections with caring adults (mentor, relative, staff).”
- **Provide services where youth are.** Effective services are “located on site (school, community centre or street).”
- **Build capacity.** Effective services “focus on skill development and competencies” and define capacity as “all facets of a youth’s life (income, personal resources, environmental supports, cultural/beliefs) that determine well-being and physical health.”
- **Employ high quality staff.** Desirable staff characteristics include: well-trained, multi-disciplinary, flexible, non-judgemental, and strengths-based.
- **Provide culturally sensitive programming.** Culturally sensitive programming is important as “Aboriginal youth encompass a high percentage of the homeless populace.”
- **Use a positive youth development approach.** A positive youth development approach “offers youth a continuum of opportunities and services on the basis of individual need and circumstance.” According to a number of evaluations, “promotion and prevention programs that address positive youth development constructs are definitely making a difference,” ranging from significant improvements in problem solving and self efficacy to significant improvements in areas such as substance use and violence. Examples of “the themes common to success” in positive youth development include:
 - structured and consistent program delivery
 - use of methods designed to “strengthen social, emotional, behavioral, cognitive, and moral competencies”

- working with youth “for at least nine months or more”
- “expand opportunities and recognition for youth”
- **Involve youth.** Effective services use “meaningful youth involvement and peer influence.” Examples include youth involvement in: service planning and delivery; on boards of directors; acting as peer counsellors or mentors; and providing feedback about the quality of services. Another important aspect of youth involvement is where “each youth works with staff to establish individual goals and action steps. This process helps them gain decision making skills and a sense of control over their future.”

Raising the Roof points out another reason for involving youth: “Increasingly, programs targeting street kids or at-risk youth are hiring and training their own clients to work with their peers on the streets. The ‘I’ve been there’ authenticity that only a ‘graduate’ of the streets can offer increases the take-up of the program, and promises the greatest success in moving youth from the streets into a more stable and secure life.”

The Street Culture Kidz Project Inc. document *Homelessness Research Project: Summary* notes that “regarding the issue of homelessness – it became apparent to us that *solutions have to involve personal mentoring, adult role modeling* – general supports. Further, *the need for programming that would engage, excite and motivate participants to consider housing* as one of the issues that needs attention and/or balance is also highly recommended. It is our belief that these two areas (personal support & skills development) are critical in addressing homelessness.” The report’s recommendations follow:

- “Connection to skills development & personal support opportunities is important and necessary.” This recommendation involves taking into account basic needs ranging from poor nutrition or lack of personal support to mental illness or “adverse involvement with the Justice system.”
- “Earlier consideration (by custody workers) of possible housing options for young people being released from institutional settings.” Without preparation of suitable housing in advance of release, youth are vulnerable to “the influences that were part of the reason for incarceration in the first place.”
- “Creation of a community network of ‘front line’ agencies working collaboratively.” This recommendation involves government and other agencies and organizations creating “a community network specifically to discuss current realities, best practices, resources sharing opportunities and combined partnering options – all in support for participants.”
- “Expansion of existing *successful* housing programs.” Rather than creating new programs, expand what already exists.
- “Longer term focused support for agencies working ‘front line’ with youth at risk of homelessness.” This recommendation “supports a ‘holistic’ approach so often identified as necessary for success in meeting the (diverse) needs of a marked population” and responds to “the need for multifaceted approaches to homelessness in our community” by providing resources to address challenges in addition to housing.

- “Social programs for a marked population.” This recommendation relates to “the reality of *absolute* homelessness (usually seasonal)” by providing “longer term solutions through short term programs.”

program examples

The following examples were selected as NHI Phase I Promising Approaches. Descriptions are based on information on the NHI website as of March 2007.

- **Wolf’s Den Youth Shelter & Transitional Housing Kelowna (Ki-Low-Na Friendship Society).** “The Wolf’s Den project provides homeless Aboriginal youth with safe and stable emergency and transitional housing” as well as “comprehensive programming, which includes counselling services, life skills training, assistance accessing government programs (including income assistance), education, employment and career development opportunities, referral to other services and after care support.” Results have been positive: “The program has assisted youth to connect back to families and home communities, and to access training, educational opportunities and employment.” The project found that “most youth only require short-term assistance” (50% of clients stay less than 10 days, 50% stay long term).

Examples of learnings to apply to other initiatives include the following:

— “The biggest lesson learned has been that clients need a firm application of rules. It is important that youth are involved in setting the rules and respect the enforcement of those rules.” The report notes, “If clients make the rules, they will more likely abide by them.”

— “The use of the Circle to settle all disagreements and disputes about rules or other issues has been remarkably successful.”

- **Cicada Place (Nelson).** Cicada Place is for youth, including single parents with their children, who are homeless or are at-risk of homelessness. “Rents, including utilities, are based on income assistance rates.” Cicada Place combines “a support program and housing facility under one roof. It provides supported transitional housing (for 6 months to 2 years) for 10-13 youths who are participants in the Independence for Youth Program (IFY), which helps teens and young adults make the transition to responsible adulthood through the learning of life skills.” Criteria for participation are that “youths residing at Cicada must be either in school, working or actively looking for work.” Positive impacts include providing youth “with the security and stability they require to be able to dedicate themselves to their schooling.” Stays are long term.

Examples of learnings to apply to other initiatives include the following:

— “Staff realized that it often took 9 months for youths to simply stabilize their lives.”

— “It helps to involve staff, youth and community members in the planning phase of the project. For example, youths in the IFY program participated in the design of Cicada Place (e.g. choice of colours for the rooms) and the development of what would become the house rules. This helps to make the facility more relevant and responsive to the needs and expectations of those concerned.”

— “Youth with mental health issues can pose significant challenges to staff. Although they may not be well-suited for a residence like Cicada Place, staff seize the opportunity to refer these youths to the appropriate community and social services.”

— “Aside from the ultimate outcome of leaving Cicada Place and obtaining permanent housing, there is no one set of common objectives that fits all youths. Each youth has his or her particular challenges, and outcomes likewise vary from one individual to another.”

— “Outreach is an important component that should be attached to any supportive transitional housing project for youth. It is important to have contact with the youths as soon as they arrive on the streets. In some cases, it may make it easier to reconnect them with families and services.”

The following examples were selected as NHI Phase II Promising Approaches. Unless otherwise stated, information is from the NHI website as of March 2007.

- **Choices For Youth (St. John’s).** “A non-profit community agency that provides youth with a range of supportive housing options, access to a variety of services promoting healthy personal development and a sense of belonging. A shelter for young men, a supportive housing program for youth (male/female) and a youth services centre are among the services offered.”
- **Centre d’intervention et de prévention en toxicomanie de l’Outaouais (CIPTO) – Le LAB (Gatineau, QC).** “This project initiates and implements innovative prevention and intervention drug addiction solutions to young adults who are homeless or at risk of homelessness. The services are offered through the use of self-expression in various artistic media.”
- **Transitions for Youth – Bridging the Gap Program (The Region of Halton, ON).** “A TFY Community Program providing a broad range of outreach services that focus on assisting and supporting youth who are homeless or at risk of homelessness. Services include referrals to emergency shelters, transitional and emergency Host Home placements.”
- **Eva’s Phoenix (Toronto).** According to Raising the Roof’s website, Eva’s Phoenix is a “50 unit transitional housing and employment training facility for homeless and at-risk youth aged 16 to 29.” The list of clients is wide ranging: “Living with mental illness, Aboriginal, Victims of violence, Substance abuse, Ex-offenders, Youth, Gay, lesbian, bi, trans, Facing racism/discrimination, Hard-to-house, Concurrent disorders.” According to Eva’s Initiatives website, Eva’s Phoenix is a program of Eva’s Initiatives along with other programs such as Eva’s Satellite (for youth with substance use issues). The Eva’s Initiative website provides the following details:
 - “Youth living at Eva’s Phoenix must be involved in a training or employment program. While the youth learn work skills, Eva’s Phoenix staff provides counselling, job placement assistance, housing search support, mentorship opportunities, follow-up support and a range of other services to help youth achieve and maintain self-sufficiency.” Activities include “goal setting exercises, workshops and hands-on programs that are delivered in a supportive environment.” The Mentorship Program allows youth “to build stable support networks outside of the social service system.”
 - Outcome evaluation highlights include the following:
 - “97% of the youth interviewed said that Eva’s Phoenix had helped them to stabilize their lives.”

- “84% of the youth we have served had stayed in a shelter prior to living at Eva’s Phoenix. After graduating, that number dropped to 32%.”
- “Before the program, 23% of the youth interviewed had frequent contact with their family. That number doubled to 46% after the program.”
- “Of the youth who participated in the first year of our HRDC-funded employment programs, nine months after completing the program 59% were employed or in school.”

Because of the success of Eva’s Phoenix, a National Initiative Program was developed “to assist organizations across Canada to develop integrated models of transitional housing, employment training and mentorship support based on the Eva’s Phoenix program, to help homeless and at-risk youth to become self-sufficient.”

Two more examples of youth initiatives follow.

- **Gateway Apartments (Lighthouse Youth Services, Cincinnati).** The “scattered site” model provides “transitional and living services for youth, which eventually converts units from transitional to permanent housing... This approach has been shown effective even with multi-problem, hard-to-serve youth.” (CCHRC)
- **Safe in the City [SITC] (Britain).** SITC used existing resources, “strengthening coordination between organizations,” and a “cluster” scheme “to tackle the multiple factors that lead to homelessness.” Each cluster scheme focused on family support, personal development, and skills and employability. The intervention was flexible, allowing SITC “to bring together local partners, often those who had credibility in the community and could more easily attract the youth. A localized approach also allowed SITC to recognize and adapt to the needs of particular situations, such as significant proportions of ethnic and minority youth.” A key element “that seems to have helped SITC overcome service fatigue was the relationship that key workers could establish with the youth.” According to evaluation results, SITC increased housing stability: “some who had left home went back, while others, still at home, stated that they were now less likely to run away.” In addition, “one of the lasting legacies of SITC” was a greater understanding of homelessness prevention among partners.” (CMHC April 2006)

People with Mental Illness

“Essentially, mental health consumers want the same kind of living environment that we all do: a home that is safe, secure and comfortable, with a level of freedom and privacy that reflects our position as citizens of the community.” (Kowalchuk) However, many people with mental illness “remain in acute care or long-term hospitalization, or other institutional settings, including jails.” (Kowalchuk) And although some people with mental illness live in community housing, ranging from custodial to “group homes, half-way houses, cooperative and supported housing,” many people with mental illness find themselves homeless. (HSRU) Sections below discuss in more detail the housing situation for people with mental illness. Note that many people with mental illness also have substance use issues; in many cases the information in the following section on people with substance use issues will also be relevant.

factors contributing to homelessness of people with mental illness

A number of factors contribute to the homelessness status of many people with mental illness. CHRA identifies some of these factors: “The shortage of affordable housing combined with policies to deinstitutionalize the mentally ill has had significant social and health consequences. Many people with mental illness have neither the financial nor the personal wherewithal to utilize the few housing options available to them. Landlords are also reluctant to rent to them. As a result, many become homeless or live in squalid conditions, which perpetuates or aggravates their illness.” CHRA summarizes the challenges faced by “seniors and people with mental illness or disability” with this list: “lack of appropriate housing, inadequate shelter allowances, social stigma, discrepancies between policy and need, and lack of cohesion between relevant sectors.”

Kowalchuk also mentions the lack of options, noting “a crucial gap in the range of long-term housing alternatives available to this population between independent housing in the community and the approved home system.” Other factors mentioned by Kowalchuk include: the “revolving door phenomena” with a series of hospitalizations; an apparent relationship “between employment (unemployment, underemployment and loss of employment), psychiatric relapse and loss of housing”; funding diverted to the rising costs of institutional care, leaving community programs “uncoordinated and inadequate to meet the needs of this vulnerable population”; and the serious challenges of treating people with concurrent disorders (mental illness and substance use issues).

Relevant to this last point, the HSRU states that in one study “substance abuse was found to be a major factor in housing loss for this population.” The HSRU also identifies another key point: while “historically the mental health field viewed housing as a social/welfare problem” social welfare and public housing systems argued “that specialized residential programs should come under the purview of mental health.”

future directions to address issues

“All reviewers conclude that the needs of the homeless mentally ill are diverse and complex.” (HSRU) Suggestions to meet these needs follow.

- **options and flexibility.** Options and flexibility refer to general availability of a range of housing and individualized services, and to people with mental illness having choice in a number of areas. Touching on these points, the HSRU writes, “There are strong indications of the benefits of...addressing the multiple needs of this population in a comprehensive and flexible manner. Evidence suggests that a wide range of housing options with varying degrees of supervision and support is needed. Research also suggests that highly structured settings may not be appropriate...” According to Kowalchuk, “best practice principles focus on consumer choice and control.”
- **Assertive Community Treatment (ACT).** The HSRU states that ACT programs “are superior for improving clinical status and reducing hospitalization.” ACT components range from round the clock individualized support to “involvement of consumers and their families in all aspects of service delivery, including design, implementation, monitoring and evaluation.” According to Kowalchuk, when an ACT approach is not used, “concurrently diagnosed individuals have been found to be much less successful in achieving housing stability in fully integrated independent apartments.” ACT

components and other evidence-based priorities related to housing and mental illness are discussed in more detail in the points below.

- **active participation by people with mental illness.** Active participation refers to a number of areas such as decision making about where to live, providing feedback about design preferences, and service delivery. “Consumer choice is associated with housing satisfaction, residential stability and emotional well-being.” (HSRU) In addition, “research demonstrates the benefits of involving consumers and families in the design and method of housing investigations, thus contributing valuable information not otherwise available.” (HSRU) Kowalchuk adds that “regarding best practices, every effort should be made to incorporate peer support positions. These could range from kitchen, housekeeping and janitorial staff, to support worker positions.”
- **housing first.** As mentioned in the section *Evidence*, CIHI describes a study where Housing First, which focused on finding permanent adequate housing before addressing issues, had better success than did a program where issues such as mental illness or addictions were addressed first.
- **follow up.** Research suggests “that extended follow-up is particularly important with this group.” (HSRU)
- **research/evaluation.** The HSRU suggests that evaluation/research be “incorporated into housing programs.”
- **harm reduction.** Kowalchuk discusses the importance of a harm-reduction approach, which “does not require abstinence in order to access decent housing, and relapse does not result in loss of housing. It provides an environment where professionals can engage individuals at whatever stage they are at in relation to their substance use. Relapses can be used as opportunities for learning and growth, small gains can be celebrated and the high risk behaviours associated with substance use can be mitigated and reduced.”
- **supported/supportive housing.** According to the HSRU, evidence “indicates that consumers with serious mental illness can improve in a number of life areas and live successfully in various types of community housing when supported by assertive community treatment and other case management services.” The HSRU lists the following elements as defining supported housing: “the use of generic housing widely dispersed in the community; the provision of flexible individualized supports at varying levels of intensity and times; consumer choice; and assistance in locating and maintaining housing. Housing is primarily the place where clients live, not a treatment setting. Hence there are no restrictions on how long consumers can stay in their residences and they are not required to participate in program activities. Services are not tied to particular residential settings but rather are made available on an ongoing basis regardless of whether the individual moves to another residence or is hospitalized.”

The HSRU, while emphasizing the importance of supported housing, notes the need to maintain a range of housing options which includes alternatives such as supervised group homes. They also provide a caution regarding supported housing: “Experience suggests that if necessary support components are not made available and/or not funded appropriately, supported housing is likely to turn into another version of the custodial living arrangements of the past.” In addition, they mention that

Trainor et al. (1993) “question whether the demands of supported housing may be too great for some individuals who require high levels of support.”

In general, evidence indicates that the combination of housing with appropriate services reduces the need for long-term inpatient care: “recent evaluations of newer models of supported and supportive housing approaches have found that even consumers with serious and persistent mental illnesses can achieve housing stability in a more normalized apartment setting with the appropriate support services in place.” (Kowalchuk)

The type of living situation and the level of program intensity appear to make a difference to the degree of housing stability. A study involving the provision of housing and services by 11 Ontario housing agencies “to 652 people who have a serious mental illness and who were homeless or at risk of homelessness” produced the following results: “Consumers living in apartments were much more likely to maintain their housing along with perceptions of greater choice and control. Thirty-one percent of consumers in group settings exited their housing, as compared to 14.8 percent of those living in their own apartments. Consistent with the above, almost half as many consumers exited low and moderate intensity programs, as compared to those with a high level of program expectations, structured activities and on-site staff.” (Kowalchuk, citing *An Evaluation Of Phase I Of The Mental Health Homelessness Initiative* by Sylvestre et al., 2004).

Study results were mixed regarding whether people with mental illness prefer to live with or separate from other people with mental illness. (Kowalchuk) Regarding the combination of housing and services, a Regina study found that “most [consumers] did not want mandatory programming or on-site mental health staff. There was virtual consensus between consumers and case managers regarding what is most needed in Regina: permanent, decent, safe, affordable housing. The consumer respondents happiest with their housing were those who qualified for subsidized, supported, social housing in the community, including one person living in their own home.” (Kowalchuk)

An important criteria for supported/supportive housing is safety and security, which “was probably the paramount consideration of all consultation groups, both in terms of location of the building, the security features within it, inclusion of adequate supports and services and capable, well-trained staff.” (Kowalchuk)

- **use of multiple strategies to achieve supported/supportive housing.** “More integrated (versus segregated) affordable housing units with the appropriate supports are needed to offer people with mental illness a reasonable level of safety, comfort, privacy and security of tenure. This will require incentives to build new affordable housing, coordinated policies and services across all relevant sectors, common terminology, and public education to reduce social stigmas.” (CHRA)
- **services.** Kowalchuk provides a list of frequently required services: “safe housing with a harm reduction approach to substance abuse; financial trustee services, medication management, assistance with clothing, hygiene, apartment maintenance, food purchase and preparation and other life skills; family contact and support; health teaching and assistance with obtaining services; access to social/leisure and training/employment resources; support with negotiating the criminal justice system;

assistance with resolution of interpersonal conflicts, anger management and crisis intervention.”

model program for Regina

An example of a model developed for Regina, based on an extensive process including a literature review and community consultation, follows. The proposed housing project “conforms to best practice principles and references evidence-based models that show the most promise for future development.” (Kowalchuk)

- “This project is envisioned as a congregate apartment complex with approximately 20 self-contained suites of varying sizes, as well as a number of common areas. The project would require 24 hour, on-site staffing in the form of a multidisciplinary team made up of professionals, para-professionals and peers. Supports and services would be flexible and individualized and provided within a philosophical framework that respects the autonomy and rights of the residents. While this project would provide intensive supports and services, programming would be optional, not mandatory, in keeping with best practice recommendations. The project would support the development of residents’ maximum potential in terms of independent living skills, as well as providing food and housekeeping services as required. It would facilitate social and recreational opportunities, pursuit of educational, vocational and employment goals, as well as community integration and participation, good health and an improved quality of life. A primary consideration, reinforced by consultation with consumers, families and service providers, would be the fundamental provision of a safe, secure, permanent home for this vulnerable group of people.”

In addition, the project takes into account concurrent disorders. “Integrated treatment of psychiatric and addiction problems would be available in a staged approach to engagement utilizing a harm reduction model.” As well, “a primary consideration of this housing project should be flexibility and adaptability. While one cannot predict the future, it is important to remember that change over time, from demographics to social policy, can affect the needs and approaches toward service provision for this population.”

The evaluation component would include several key characteristics and components: “ongoing; consumer/client driven; inclusive of family & community partner agencies; client & family satisfaction surveys; cost/benefit analysis; follow-up of wait list and analysis of declensions; baseline evaluation at move-in, including housing, hospitalization & criminal justice histories; exit review.”

The information in this description is from Kowalchuk (November 2005).

program examples

The following examples were selected as NHI Phase I Promising Approaches. Descriptions are based on information from the NHI website as of March 2007.

- **350 Prideaux Street (Nanaimo).** “This project is a permanent supportive housing project consisting of 20 self-contained, one-bedroom apartments, and is intended for single adults with permanent disabilities,” the majority of whom have psychiatric disabilities, and all of whom are “considered at risk of homelessness.” Potential tenants are screened for substance use issues “as it has been found that independent-living settings

are not appropriate for those needing to solve a persistent addiction problem.”

The project’s goal “is to provide high quality housing that is safe and secure, affordable, permanent and supports tenant independence” by following the principles of: “non-traditional operations/property management, in which staff work to create a positive landlord-tenant relationship through the use of such tools as *behavioural agreements*; coordination of support services; and positive tenant interaction.” In addition, the project uses a wellness model where “the assumption on the part of staff is that tenants are well but sometimes experience periods of illness” and a harm reduction model with no restriction on alcohol or drugs. Services, which are “tenant-centred” and optional “fall into three categories: programming, staff advocacy/support, and community liaison.” The project provides “security of tenure” for up to three months while tenants are in treatment.

Working with a diverse population, encompassing a range of ages and degrees of disabilities, has “proven to be a benefit and a challenge at the same time.” A benefit is tenant exposure “to individuals with a variety of life situations, perspectives, etc.” while challenges include staff having to meeting a wide variety of needs and, in some cases, increased difficulty “to resolve conflicts between tenants.” However, “the 350 Prideaux model works precisely because it is inclusive. Tenants had to work to find common bonds, but the result has been a richer community.”

Evaluation results show “a significant reduction in the rate of hospitalization and use of emergency services by tenants since moving to 350 Prideaux; increased independence and reduced reliance on support workers; establishment/enhancement of social networks; increased practice of preventive health care; and overall higher quality of life.”

- **Millennium House (Ottawa Salus Corporation).** Millennium House “promotes the rehabilitation of adults suffering from severe and persistent mental illnesses, by providing them with rehabilitative services and supportive housing.” Support includes “case management, life skills teaching and a recreology program” and an Assertive Community Treatment approach. The on-site Community Developer “focuses on crisis prevention; early intervention; regular contact for maintaining a supportive relationship; maintenance of a warm, homey atmosphere; fostering a safe and secure environment; information provision and health promotion.”

Progress reports and evaluations show a number of positive results including “a high housing retention rate and a lower rate of hospitalization for its clients.” Two examples of lessons learned follow:

— “The combination of on-site and off-site is key to success.”

— Implementing several steps, each of which involved stakeholder participation, also contributed to success. “During the building phase, the Corporation held focus groups with potential residents and other housing service providers to size up the needs and expectations. Once the House was opened, Salus sought the involvement of the tenants in developing on-site programs. Finally, Salus established a Steering Committee for the project that was composed of Salus Board members as well as community members at large.”

The following examples were selected as CMHC 2006 Housing Awards Winners: Best Practices in Affordable Housing. Descriptions are taken directly from the CMHC website.

- **Connections Clubhouse (Capital Mental Health Program, Halifax.)** In this initiative people who have serious and recurring mental illnesses have designed and implemented support networks to regain and maintain health for others and themselves in the community. These individuals access and promote affordable and stable housing. They become active citizens in the community through their involvement in outreach and advocacy.
- **Wakamow Place (Moose Jaw Non-Profit Housing Corporation).** Wakamow Place provides 16 units (four bachelor suites, two transitional one-bedroom suites, two independent non-smoking suites) of safe, supported, affordable housing for adults who experience long term severe mental illness. Adjacent to the apartment units is a Mental Health Resource Centre that offers prevocational, social and recreation opportunities for the tenant group and others who experience long term mental illness. This facility is the result of extensive community, provincial and federal partnerships which collaborated to ensure workable and sufficient funding, services and sustainability.

People with Substance Use Issues

Note that many people with substance use issues also have mental health challenges. In many cases the information in the preceding section is relevant to this population. A discussion of people with substance use issues and homelessness follows.

factors contributing to homelessness of people with substance use issues

People with substance use issues who have low income are subject to many of the same housing challenges as other people, in particular a lack of housing options combined with appropriate supports. In addition, according to Raising the Roof, “For those addicted to drugs and/or alcohol, particular hurdles include shelters that will not accept people who are drunk or high, the criminality of many drugs that are not harmful, and the general ‘medicalization’ of the health system which exacerbates other drug use.” An added factor is the nature of substance use issues. Information on 350 Prideaux Street (included as a program example in the section on people with mental illness) notes that “the one area where there has been the least success is with tenants who have ongoing substance abuse issues. The negative behaviours associated with substance abuse pose serious blocks to the individual’s participation in and acceptance by the community. It has been the inability of those individuals to make breaks from their substance abusing friends and the problematic behaviours associated with substance abuse that has finally led to eviction.”

Another view is presented in the CMHC study *Homelessness, Housing, and Harm Reduction: Stable Housing for Homeless People with Substance Use Issues* (September 2005a): “The term ‘hard-to-house’ should be put to rest. The interviews show that homeless people with complex needs can be housed successfully, as long as they have the right kind of support that meets their needs.”

Perhaps illustrating both perspectives, the previously mentioned study involving 11 agencies providing housing and services for people with mental illness, many of whom also have substance use issues, showed that substance abuse was “the most common problem leading to

housing exits.” At the same time, “significant decreases in alcohol and substance abuse were reported” among the participants whom the agencies were housing and serving. (Kowalchuk)

future directions to address issues

“The literature is clear that effective treatment for homeless people with substance use issues requires ‘comprehensive, highly integrated, and client-centred services, as well as stable housing.’ Housing is essential both during and following treatment.” (CMHC, September 2005a citing Kraybill et al., 2003: *Providing treatment for Homeless People with substance Use Disorders, Case Studies of Six Programs*). Unless otherwise noted, points below on necessary elements for addressing homeless issues for people with substance use issues are from the CMHC study *Homelessness, Housing, and Harm Reduction* (September 2005a).

- **harm reduction.** “Based on a review of the literature and the programs profiled in this report, a harm reduction approach combined with supportive housing can be an effective way to address the needs of homeless people who are dealing with substance use issues.” The report defines harm reduction “as an approach aimed at reducing the risks and harmful effects associated with substance use and addictive behaviours, for the person, the community and society as a whole, without requiring abstinence. This study makes a distinction between approaches that are primarily a ‘tolerance of consumption’ and approaches that actively engage clients in making positive changes in their lives.” A harm reduction approach achieves positive results: “The programs profiled in this report found that the participants had undergone a number of positive changes since they became involved. One of the most frequent changes noted was stable housing tenure. Using a harm reduction approach which provided for flexibility and focused on the individual needs of each client was identified as a key factor for success.”
- **housing.** “When discussing what was important to them in terms of their housing, participants indicated that they want affordable housing in quiet neighbourhoods away from drug dealing but accessible to public transportation, amenities and services.”
- **supported housing.** From an agency perspective, housing is an effective service: “Housing provided the safety and security that made it possible for people to begin to reduce their substance use. Housing also provided a base for the residents to form friendships, get to know and respect themselves, develop and establish their own networks, and become connected to the community.” The study’s literature review “found growing evidence that supported housing is essential *regardless* of treatment. In the programs profiled in this report, safe and secure housing was identified as a key factor that makes it possible for residents/program participants to address their substance use issues and to become abstinent, reduce their substance use, or reduce the negative impacts of their use.” The study identifies the combination of housing and support as the key to success, noting that “what makes the case study initiatives documented in this report so compelling is their degree of success in helping the participants to turn their lives around.”
- **housing first.** According to the study, the housing first approach, which involves permanent housing and supports independent of the housing, is successful: “The case studies show that most people who are homeless, even if they have substance use issues and concurrent disorders, can be successfully housed directly from the street if

they are given the right supports when they want them.”

Consistent with this approach, “Drake, Osher & Wallack (1991) identify adequate housing as the ‘cornerstone’ of care for homeless, concurrently diagnosed individuals, without which they contend, addressing addictions issues may be virtually impossible. Decent housing is deemed to be a necessary first step in the engagement process. They advocate creating a safe and secure living environment with reduced availability of abused substances, as opposed to a focus on treatment programs.” (Kowalchuk)

The CMHC study questions “whether the distinction between ‘permanent’ and ‘transitional’ housing continues to be useful, if there are any reasons for housing programs to impose time limits regarding a resident’s length of stay, and if so, under what circumstances. If the goal is to end homelessness, the results of this study make it clear that, for many people who are homeless, a ‘housing first’ approach would in many instances make this possible.” The study recommends that “policies and programs for addressing homelessness should be expanded to allow for a ‘housing first’ approach so that people who are homeless can have direct access to permanent housing, with supports as needed and wanted.”

- **choice.** Choice for both housing and treatment is important: “Perhaps the element of choice is another key to success.” The CMHC study “recommends that policies and programs for addressing homelessness be based on the principle of ‘putting the client at the centre.’ This means providing people who are homeless with choices about their housing.” Housing options suggested by The Regina and Area Drug Strategy Report (Carolyn Laude, June 2003) range from transitional to permanent housing, “some of which is alcohol and drug-free.” The CMHC study states, “It is clear that a range of housing options is necessary to meet the needs of the target group. While some individuals prefer the anonymity and strictly ‘landlord-tenant’ relationship that occurs with scattered site housing, others prefer the camaraderie, group activities and sense of community that is available in dedicated buildings.”

Regarding treatment choice, “As suggested by a key informant, giving clients the treatment they want, allows them to select the treatment they need. At the same time, the study shows that no single model or approach will meet the needs of every person.”

The Drug Strategy Report provides examples of “options identified for treatment modalities and programming” such as “24-hour drug free shelter and crisis/drop-in centers,” “home-based detoxification,” and “programs that provide detoxification, transitional and extended care, and independent housing with enhanced treatment programs that include drug-free work therapy and program-managed drug-free housing.” (Laude)

- **services.** Agency key informants in the CMHC study listed a number of service-related “reasons for success” such as: stable funding; agency collaboration, “particularly between the housing and service providers”; and working to engage clients and encouraging them to participate “in service planning, external treatment and service use.” Other examples include: “flexible and intensive case management – based on a trusting and respectful relationship, including a relationship that helps provide hope, optimism and real opportunities for moving beyond homelessness” and

“connections with community services – to help participants get involved in community activities and be able to contribute to the community.”

- **treatment.** “The health of addicted persons encompasses, prevention and treatment of disease, behavioral and social elements, safety issues, social relationship, self-esteem, education, and life skills. A combination of approaches is needed to make progress in reducing the impact of addiction issues in the community.” (Laude) The Drug Strategy Report gives this recommendation: “Review existing treatment services and treatment pathways. Recommend modifications to existing services and/or the development of new treatment modalities for different groups like youth, adults with chronic addictions, families, dual diagnosis, homeless, women, solvent abusers and any other target populations that are at risk.”
- **strengths-based.** It is important to consider the strengths of people who are homeless and have substance use issues.
- **working together.** “If the community works together to address the social, cultural and economic factors that shape drug abuse and addictions, there is tremendous potential to improve the health of our residents.” (Laude)

One of the conclusions of the CMHC study, which found positive results for homeless people with substance issues, was “that if solutions can be found for this population – those with complex needs and who have the longest history of living on the streets – then perhaps key elements that distinguish the case studies, such as ‘housing first’ or a client-centred approach, can be applied to address the needs of other people who are homeless.”

program example

The following description is based on an interview on the IDM Best Practices website with Deb Bang, Manager of the Consumer Health Information Service and of Womankind Addiction Service, St. Joseph’s Healthcare, Hamilton.

- **Womankind Addiction Service (St. Joseph’s Healthcare, Hamilton).** A comprehensive best practices approach (ranging from values to evidence) was used to develop Womankind, whose purpose is “to support women with addictions along the road to recovery. They enter into our service as part of their journey from any point in their journey: initial engagement through to stability, aftercare and/or back as a volunteer.” Womankind includes several components:
 - a drop in program with “a clothing exchange, showers, a washer and dryer”
 - a residential program involving withdrawal management or treatment
 - “a day treatment program for women who have stable housing”
 - “therapeutic day care programming for children”
 - an aftercare program “to support women when they go out into the community and try to utilize their new skills”
 - a database which “will allow us to track the women’s progress throughout their involvement in any of the services and give knowledge back to the field”

The following descriptions are based on information from the CMHC study (September 2005a). All projects use a harm reduction approach.

- **Princess Rooms (Vancouver).** This transitional housing project with no maximum length of stay is for single adults who are “chronically homeless with high rates of repeat shelter use, complex health needs, challenging behaviours, and histories of evictions. Most have a mental health diagnosis, substance use issues and a concurrent disorder. The project is staffed 24 hours on site and uses a “modified version of ACT/intensive case management.” In addition, it “incorporates motivational interviewing, the strengths model (which focuses on clients’ resources and abilities), psychosocial rehabilitation, stage-wise case management, comprehensiveness, life skills and social skills.”
- **Supportive Housing and Managed Care Pilot (Minneapolis).** This project, for families and single people with “long histories of homelessness and high service utilization” who face challenges “such as medical problems, mental illness, chemical dependency, and histories of trauma” is primarily a permanent scattered site model containing mostly private rental units but some non-profit units. It uses a case management approach where “services are flexible, creative and depend on each participant’s goals. One provider team uses a modified version of ACT. Some provider teams hire staff from a variety of disciplines e.g. nursing, social work, psychology, or will assign staff as experts in a particular area, such as substance use, mental health or harm reduction. Depending on the individual or family, staff use techniques such as stages of change and motivational interviewing to engage participants to reduce harm in their lives.”
- **Ottawa Inner City Health Project.** This project, which involves a combination of short-term to permanent dedicated and scattered sites, is for chronically homeless single adults (mostly men) with “complex health needs and challenging behaviours. All have physical needs related to substance use and mental health issues.” Services include “whatever elements are needed to stabilize and improve the health of the client, which can range from offering safe alcohol to treatment of medical conditions. Other services are based on the goals of the client. Partner agencies can be included to help meet these goals. Long-term support for those with severe or persistent mental illness is available through Canadian Mental Health Association or the ACT programs.”

People with Intellectual Disabilities

“Adults, including those with intellectual disabilities, usually want to live independently. They want to make their own decisions on whom to live with, where to live, and what to do with their time.” This quote and other information in this section is from the CMHC study *Housing for Adults with Intellectual Disabilities* (March 2006).

factors contributing to homelessness for people with intellectual disabilities

Three key factors contributing to homelessness for people with intellectual disabilities follow.

- **housing.** “There is a significant unmet need for suitable housing for adults with intellectual disabilities, resulting from a lack of funding for physical facilities and supports. As well, the current system which provides housing for adults outside their family home is geared to meeting the needs of the system rather than those of the individuals it is meant to serve. Too often, individuals are housed where space is available, rather than in residences suited to their specific needs.”

- **support services.** Participants in this study did not only report “a significant gap between the housing needed and the housing available. They also indicated that providing the physical facilities is not the most difficult problem to address – of more concern is the availability of adequate and appropriate support services, including well-trained staff.”
- **funding policies.** Funding policies with negative impacts range from “estate planning regulations that make it difficult to provide for children without losses from taxation” to “financial institutions whose lending criteria do not recognize disability pensions as assurance for mortgage payments.” In addition, as a result of a lack of government funding “the preferred housing option – private accommodations with support services as required – is primarily available to those families with the resources to purchase a home or apartment.”

future directions to address issues

The study identified three best practices housing themes for people with intellectual disabilities:

- **flexibility and choice.** “There is such variation in the abilities, needs and desires of people with intellectual disabilities and their families, that there must be a corresponding range of housing and support options.”
- **de-linked funding.** “There was also a desire to separate physical housing from service supports, so that funding for services for an individual would not be tied to his or her residence.”
- **the person-centred approach.** “This approach is one in which the person with an intellectual disability or his or her advocate is directly involved in planning and choosing the housing and support services that will best meet his or her needs.”

The CMHC study notes that “a number of options or models were cited as best practices that embody the over-arching principle of flexibility and choice.”

- **independent living.** In this model a person with intellectual disability “lives independently, often sharing a house or apartment with other consumers and/or with service providers. Service providers may also be close by (for example in a neighbouring apartment) instead of sharing living quarters.”
- **co-ops and co-op-like arrangements.** “In co-op housing, a group gets together, builds their own multi-unit building, and gives up some private space for community space.” This model provides community support as well as housing.
- **home ownership/adaptation of family homes.** “This option, while cited by many study participants as a best practice, is one that is rarely available to most people with intellectual disabilities.”
- **L’Arche model.** “L’Arche was the only group home that was identified as a best practice.” All L’Arche homes “are faith-based, geared to aging-in-place, and feature employees who function more like family members than staff.”
- **part of a seniors’ complex.** “A number of study participants felt that adults with intellectual disabilities need the same types of supports typically provided in seniors’ residences, and saw merit in combining facilities for seniors and adults with intellectual disabilities.”

People with FASD

In addition to the previously mentioned documents *Providing Housing Supports to People with FASD Discussion Paper* (2005b) and *Interim Report: Aboriginal Family Services Mentoring Project - Community Readiness Project* (2006b), two more documents on FASD by Brownstone provide information in this section: *Housing and People with FASD Experiencing Homelessness – Phase 2: Implementation of Housing and Support Recommendations* (2006a) and *Final Report: Feasibility Study into Housing for People with FASD* (2005a).

factors contributing to homelessness for people with FASD

FASD is “a complex disability affecting cognitive, behavioural and physical function...Many people with FASD will require interventions and support throughout their lifetimes.” For example, 80% have “difficulty sustaining independent living.” (Brownstone, 2005b) Regarding FASD, “People are frustrated by the lack of expertise in their agencies and the lack of funding to properly resource services...without supports many people with FASD will not stay stable.” (Brownstone, 2005b) Other factors such as lack of affordable housing options also apply.

future directions to address issues

Suggestions to address issues related to people with FASD and housing follow.

- **broad based support.** Brownstone (2005b) states, “Effectively addressing their needs will take a strong commitment by all governments, in partnership with the community” and also that “each person will need a caring community surrounding them.” To achieve this situation, “All those working with the person will need to communicate and work together.” People with FASD, parents and agencies agree on the need to develop “circles/team support, where people work together and form a continuum of supports for individuals.” (Brownstone, 2006b)
- **inclusion.** According to parents of people with FASD, an important expectation is “that people with FASD will give back to the community in whatever ways are realistic: volunteering, working.” (Brownstone, 2005a)
- **housing.** Agencies identify a need for “supported permanent housing.” (Brownstone, 2006a) A range of options is key; for example, parents of people with FASD note that “people with FASD need a flexible approach to housing and supports. Each person with FASD is unique and each one will need different supports. They will need a full spectrum of housing, including emergency supports, transitional housing and long term supported housing. Some may need a group home, where [they] have their own bedroom, and share kitchen and living room with 24 hour shadowing. Some may need a boarding house type approach with staff available on site. Others might be able to live in an apartment in an FASD complex with 24 hour support available. Some may be able to live independently in the community, with supports available on an individualized basis.” (Brownstone, 2005a)

People with FASD and parents recommend that housing “be clean, quiet, safe, affordable, pet friendly and in safe neighbourhoods.” (Brownstone, 2005a) Housing also needs to be stable, and people with FASD who offend should be housed separately from people with FASD who do not offend. (Brownstone 2005b)

Recommendations for a new facility are that “it be a single floor with a large common area at the front door, video cameras at all exits, and apartments off the common area. It was recommended that there be a suite for a caretaker, day staff in the common area, and a smaller office for administration and 1:1 counselling.” (Brownstone 2005b)

- **supports.** “The best results occur when long term supports are in place including supports around adaptive functions, meals, financial management, education, employment and advocacy.” (Brownstone, 2005b) General service requirements are “availability of supports 24 hours per day (in person or telephone)” and “an open door approach to services.” (Brownstone 2005b) People with FASD and parents made a number of recommendations regarding supports, for example:
 - 24 hour accessible housing supports which are “individualized for each person. Programs must be flexible to fit needs and abilities. Programming should include advocacy; continuous training in basic life skills and activities of daily living, financial management, employability skills; behaviour modification; and recreational options. Programming should include transportation to and from school, work and leisure activities.” (Brownstone, 2005a)
 - “Staff need to help people with such things as medication management, making and keeping appointments and other organizational skills, controlling impulsive decisions, and maintaining relationships.” (Brownstone, 2005a)
 - “People with FASD need access to a stable, guaranteed and managed income. A few people will be able to manage their own income, but most will need assistance.” (Brownstone, 2005a) While recommending augmenting core services through individualized funding, which would include an administration fee, it was cautioned that “under no circumstances should the dollars for those individualized services go directly to the person with FASD.” (Brownstone 2006b)

Other recommendations from people with FASD and parents (Brownstone 2006b) include: a “strength-based approach to care”; specialized supports for people with FASD who are parents; and a “one-stop approach to care.” This last recommendation would involve “one core centre and one phone number that opens the door to the various services needed. This becomes a recognizable centre/agency. Services/programming should be in the centre, so that people with FASD do not have to try and remember where each meeting/ program is. It may be that different agencies/services have outreach offices in the centre. For example employment agencies can develop FASD specialists who could work out of the centre. In this way the centre could enhance already existing services.”

Examples of service-related findings common to people with FASD, parents and agencies (Brownstone, 2006b) include the need for: “flexibility in all ways by agencies and government departments” which means “removing barriers for accessing services and barriers for continuing to receive services”; “more available diagnosis and assessment”; “independent Case Coordination to organize resources and follow-along regarding accountability and evaluate impact of services”; “adequate core funding.”

Examples of recommendations from agencies (Brownstone, 2006a) include: “addictions support which is oriented to the best ways of working with people with

FASD”; “supports attached to the person”; “accessible services (for example income security supports and quickly available services)”; “transition planning as people go from one system to another (high school to work, care to independent living, jail to community, etc.)”; “greater intensity of supports for people with FASD than are currently offered by community based agencies and government departments.”

Brownstone (2005a) notes that “where programming is offered it needs to be highly structured and include basic life skills, academic training, and hands-on skill training. It must occur one-to-one or in very small groups (quiet classroom), with individualized practice time built in. Programming needs to include clear, consistent rules about schedules, behaviours and relationships. Productive activities are critical, and include volunteering, the whole spectrum of employment options, homemaking within capacity, and positive leisure activities.” In addition, “those with attachment disorders and who are in trouble with the law (those who do not follow rules, have no sense of shared societal values, and have never reached a ‘for the common good’ framework) will need shadowing, with an external brain available 24 hours a day.”

- **staff.** It is important for staff to be highly trained and participate in ongoing training, to understand FASD, to have time for information sharing, have low staff loads and receive supportive supervision. (Brownstone 2005a) “Staff also need access to a team of professionals to support them when working with people with FASD. This would include diagnostic services and a multi-disciplinary team made up of physicians, psychologists, nurses, social workers, occupational therapists, and speech language pathologists. Additional supports would be needed from psychiatrists, neurologists, paediatricians, dieticians and neuropsychologists.” (Brownstone 2005a) People with FASD and parents agree that “staff need to use simple, straight-forward language and instructions” and to treat people with FASD “with respect and caring.” (Brownstone 2005a)

In addition, people with FASD and parents recommend that staff in general have “time and patience” and be “committed to, understand and believe in the people they are serving” (Brownstone 2005a); further, senior staff need “to have lived the experience of FASD” (Brownstone 2006b). Parents of people with FASD recommend an “FASD case coordinator, clearly identified as the person’s core worker, with each one having no more than 5 people with FASD on their case load.” (Brownstone, 2005a)

model program for Regina

Providing Housing Supports to People with FASD Discussion Paper (Brownstone 2005a) includes a supported housing model for people with FASD. The model is based on an extensive process which involved reviewing 27 documents and an in-depth community consultation (70 interviews with people with FASD, parents, government officials and CBO staff). The resulting supported housing model was endorsed by a meeting of 26 people representing various stakeholder groups. Components of the model follow.

- **broad based support.** “The whole community develops its capacity and is encouraged to support people with FASD. The model encourages the active involvement of the client and collaboration among community members, embracing the concept that it takes a community to raise and support a person with FASD.”

- **scattered sites.** “Housing would be located through the housing authorities and the private sector. Six to ten units would be found.”
- **individualized supports.** “Because of the complex needs of people with FASD, there is no one agency that can offer all the services needed.” The model involves “highly personalized care from service delivery agencies already in the community” so that people with FASD “remain stable, and develop skills to live with the least amount of supports necessary.”
- **participation.** “An expectation of residents will be that all will be involved in meaningful activities. This means they will be involved in work, school, volunteering or actively looking for work. All will be involved in daily activities in the community. Many will not be able to participate in full-time activities (paid or unpaid), but should be participating in part-time paid or un-paid activities.”
- **structure.** At the centre of the model is the “Person with FASD, Family Members and Caregivers.” The Regina Regional Intersectoral Committee or a community organization will act as an umbrella organization. A steering committee will be composed of “FASD networks, governments, parents and community based organizations.” There will be an administration component and a staff service provider component, including FASD Coordinators who “will work out of existing agencies.” In addition, “Provincial and Federal Accountability [is] to be determined.”
- **staff.** FASD Workers “will provide individualized training in the home, working in collaboration with children’s services and reporting to the FASD Coordinators.” FASD job coaches “will provide one-on-one support in the work place.” FASD Coordinators “will be supported by funding designated to the existing agencies & specialize in Emergency, Transitional and Long-Term Supported Housing; Financial Management and Supports; Family Supports; Employment; Counselling; Offenders; First Nations Supports; & Diagnostic processes.”
- **follow up.** The model contains a research/evaluation component. Follow up will be developed.
- **collaboration.** “The model was developed to work in partnership with the Cognitive Disabilities Strategy (CDS).”

program example

The following program was selected as an NHI Phase I Promising Approach. The description is based on information from the National Homelessness Initiative website as of March 2007.

- **Options for Independence (OFI), Whitehorse Yukon.** OFI “aims to provide stable housing and supportive independent living arrangements for adults with FASD.” Its philosophy is “to ‘support’ tenants but not ‘carry’ or ‘control’ them. The support provided is minimal, but always available. Contact with staff is voluntary. Staff respond to on-call requests from tenants, providing counsel and assistance to tenants on a wide variety of issues.” OFI’s approach of “providing ‘minimal support’ targeted toward the specific needs of people with FASD – is the key difference from a more traditional assisted housing model.”

At the three year mark, results included: “increased housing stability for the clients; regular access to physical and mental health care and other social services; better communication between the services that support this client group; better

quality of life and improved life skills for tenants; as well as reduced frequency of disruptions, reduced staff turnover and fewer police interventions over time.”

Examples of lessons learned follow:

- “Providing an environment with ‘minimal support’ means that you have to make sure the tenants are at a stage of development where they can live independently (i.e., not in an institution).”
- Sound proofing four units to reduce noise levels “has resulted in a better quality of life for all tenants in the building, and has reduced the likelihood of eviction for tenants.”
- “Working with people with FASD means having to be client-centred: paying attention to how clients process information, and manage their time and money, etc. Much of this work is relationship- and trust-building.”
- “The belief of staff is as important as their training. Staff must believe: that clients have the right to access the services they need; that staff make a difference in clients’ lives; that clients are really struggling with their issues and not just trying to be irritating (‘willful disobedience’); and that respect, patience and kindness work better than judgement. Staff must be client-centred ‘with every fibre of their being’ – regardless of the disability.”

People Involved with the Legal System

A discussion of homelessness and people involved with the legal system follows.

Factors contributing to homelessness of people involved with the legal system

As mentioned with other populations, lack of high quality housing and low income are two key factors contributing to homelessness. In addition, many people with legal system involvement also face challenges such as mental illness or FASD. The legal system involvement itself causes housing difficulties. These points and others are briefly discussed below.

- **housing insecurity due to legal system involvement.** According to the CMHC study *Housing Options Upon Discharge from Correctional Facilities* (January 2007), “Housing issues become relevant at specific points in an individual’s contact with the justice system.” Prior to the court hearing, people held on remand can’t work and may be unable to pay rent or mortgage. After the court hearing, “while they are incarcerated, many offenders lose any housing arrangements they had prior to incarceration. Offenders serving lengthy sentences are more likely to become isolated from their family and community, and to lose social connections related to employment or housing.” Once the sentence has been served, “it has been estimated that 30 per cent of individuals incarcerated in Canada will have no homes to go to upon their release.” The CMHC study notes that without supports and effective discharge planning, there is “a high probability of being released to a situation of homelessness, which in turn increases their likelihood of re-incarceration.”
- **personal circumstances.** “Many prisoners have characteristics that make it difficult to obtain housing, such as lack of education, lack of stable employment, previous homelessness, addiction issues, mental health issues” or FASD. Other points made by

the CMHC study (January 2007) about mental illness, substance use issues and FASD follow.

— “Many offenders face problems with mental illness. Although they often require specialized housing, there is little available. In many cases, they find housing in rooming houses. In these settings, they do not get the supports they require, including supports to ensure they have and are continuing to take medications. Landlords generally do not like to provide housing to those with mental illness, although some programs support landlords who are willing to do so.”

— “Offenders with addictions also need housing that supports their recovery; eligibility requirements for residential programs can make it difficult for them to access these programs.”

— Similar to other populations, supportive housing for offenders with FASD is in short supply. (CMHC January 2007) Brownstone (2005a) notes that “while people with FASD function well within corrections, they are negatively affected by other offenders, leading to further incarcerations. Eventually they become institutionalized, and end up cycling into incarcerations through their lifetimes.”

The CMHC study *Women Offenders: Characteristics, Needs and Impacts of Transitional Housing* (January 2005) states, “On every significant measure women offenders have serious personal barriers that limit their successful re-integration into the community after prison. A majority have complex histories of physical and sexual abuse and serious general health, mental health and addiction problems. Many are single parents, have limited education or employment skills, are isolated and lack family support.”

Regarding youth, “the complexity of the issue has many root causes: gang affiliation, addictions, FASD, mental health, lack of education, lack of social/life skills individually and collectively in many cases need to be addressed.” (Fleet)

- **lack of funding.** “Generally, existing services are not sufficiently funded and otherwise resourced to meet the needs of clients.” (CMHC January 2007)
- **service gaps.** “No services were identified which help people entering correctional facilities to retain their housing, either at the provincial or federal level. Even in cases where people were held pending bail (were held on remand), there were no services provided, despite the fact that the indeterminate imprisonment could have significant consequences for an individual’s housing and employment situation.” (CMHC January 2007) While “at the federal level, some supports, such as gradual release and discharge planning, are available to help a prisoner find suitable housing,” in general there are fewer supports at provincial levels. (CMHC January 2007) Examples of service gaps follow (CMHC January 2007):
 - help for people on remand and/or entering correctional facilities to retain housing
 - “linkages between systems that would help offenders retain their housing (for example, linkages between prisons and social assistance and health services)”
 - “case management in the community”
 - assistance for “special needs groups” ranging from elderly offenders to sexual offenders. For example, “youth face difficulties, given that there are few services in any location for ‘transitional aged youth.’ There are limited resources available for

them in terms of housing options, specialized housing, and related community programs and services which would help them secure and retain housing.”

— “housing services for offenders based on best practice research”

- **systemic issues.** “When upwards to 75% of the people being directly released to the communities are back in the criminal justice system within one year of release this speaks volumes to a systemic problem.” (Fleet) The study *Housing Options Upon Discharge from Correctional Facilities* (CMHC January 2007) provides examples of systemic issues that present barriers for people involved with the legal system achieving stable high quality affordable housing:

— Ex-prisoners “may have restrictive parole conditions that impact their housing search.”

— “In most provinces landlords can legally discriminate against those with criminal records.”

— “Halfway houses are only for those on conditional release, supportive housing is in short supply, and subsidized housing has long waiting lists. As a result, ex-prisoners tend to live in substandard private housing, such as rundown rooming houses in high-risk neighbourhoods.”

future directions to address issues

“The supply of affordable housing, generally, has a profound impact on ex-offenders’ ability to find suitable housing on release. Accordingly, efforts to increase the supply of affordable housing would improve housing options for prisoners on release from correctional facilities.” (CMHC January 2007) Supports are also required. In general, “more funding is needed, regardless of the type of service.” (CMHC January 2007)

A number of housing and support combinations, if accessible, are helpful to people once they leave a correctional facility. These housing and support combinations include halfway houses, transitional residences, pre-release services, and post-release services. (CMHC January 2007) Halfway houses are a key component of the federal gradual release programs; in the halfway house “offenders are provided with supports to adjust to the community and all of the changes that have occurred since their incarceration. They are also provided with relevant programming to address their needs (for example, mental health counselling substance abuses counselling, employment skills training. When their stay in the halfway house is almost completed, staff supports them in their search for housing.”

In addition to the options just listed, a number of “approaches and services are believed to be effective in helping inmates retain and/or find and maintain housing upon release. Many of these are uncommon or non-existent in Canada.” Examples follow. (CMHC January 2007)

- “programs that enable inmates to retain their housing while incarcerated”
- “re-entry planning that begins at the time of sentencing”
- “programs that provide information about housing services or that maintain landlord registries in the area where the ex-offender wishes to live”
- “legislation, including laws that prevent landlords from discriminating on the basis of a criminal record”

- “transfer of offenders to pre-release facilities near the offender’s intended home, so they can begin to search for housing and work, re-connect with family and loved ones, and access community supports”
- “utilization of community services within jails, to provide stronger support to inmates who have a history of homelessness, as well as those with mental illness, addictions, or FASD”

In addition, supportive housing is “considered effective. Many individuals in prison have special needs that can only be addressed through supportive housing specific to those needs (for example, mental health).” (CMHC January 2007) Also helpful if available are “programs and services that will assist the person in retaining housing (for example, employment support). Ex-offenders are provided with support in obtaining identification, getting a job, finding a place to live, and making applications for subsidized housing and social assistance. They may also receive some financial assistance with first and last months’ rent.” (CMHC January 2007)

Regarding youth, Fleet notes that “the need for ‘Residential Model’ housing is significant. This provides critical structure for young people who would otherwise have no place to call home. Having these young people living with adults, that act as mentors, is cost effective and provides a non institutional environment to call home. During the period of time that the young person lives at the home they have a stable and safe environment to work on issues and to develop to the point that they have a better change of success on their own.”

Regarding women, “Women require services that can address their need for safe, secure housing. These women often have children who lived in alternative placements with family, friends, or children’s services while the women were in prison. The women need to re-establish themselves with their children, and they require housing that is sufficient for their family.” (CMHC January 2007) In general, “The burden of issues and problems experienced by most women offenders suggests that program support and counselling needs to be delivered in conjunction with transitional housing. Without the provision of stable and safe housing, it is doubtful whether their physical and mental health, addictions, relationships, and community reintegration issues can be addressed.” (CMHC, January 2005)

program examples

Two examples of programs follow, one for youth and one for people with FASD.

- **Regina Community Training Residence.** This provincial half-way house, funded by the Department of Corrections and Public Safety, “provides on the job employment training for recently released adult male offenders, still serving the last portion of their sentence, who are returning to the community.” In addition to encouraging further education and finding employment for residents, the Centre provides food and accommodation, transportation to employment, safety equipment to residents working in construction, counselling, support to change behaviours, and referrals to other services such as mental health agencies, substance abuse treatment centres, and violence and sexual offending treatment groups. The Centre assesses risks and needs and uses an integrated case management approach.

The Residence’s outcomes are positive: within a year of leaving the Residence, three quarters of residents are still in the community and not in a

correctional facility. In comparison, only one quarter of offenders released directly into the community are still in the community a year later; three quarters are back in a correctional facility. (This information was provided by Shelley Johnson, Corrections and Public Safety, June 2007.)

- **Cedar House (John Howard Society Saskatoon).** Cedar House is for males 16 to 21 years of age in care of the Minister and “described as being difficult to serve.” Participation in Cedar House is voluntary; in addition, youth must choose “to live a life free from drugs, alcohol, gang activity, violence and crime.” According to the report, “the success of the program relies on a team approach. The team consists of a live-in mentor, a Case Manager, two outreach staff and a Program Coordinator.” Youth have an active role in developing and implementing their individualized plan “based on their needs and on their interests,” with staff supporting the youth “wherever and whenever it is required.” Cedar House activities to support youth range from mentoring youth in “basic life skills associated with coping strategies, budgeting, and cooking, shopping, laundry and discuss ways of overcoming problematic areas in living independently” to “engaging youth in addressing their addictions by linking the youth to Elders and other culturally appropriate services” as well as to John Howard Society resources. (Information for this example is from the John Howard Society Saskatoon’s report *Cedar House: Reporting year 2006/2007*.)
- **Westcoast Genesis Society’s Community Residential and Reintegration Program for Adult Male Offenders with Fetal Alcohol Spectrum Disorder (New Westminster, BC).** This program, selected as an NHI Phase I Promising Approach, “provides a highly structured and supportive residential environment complete with programming guided by individualized case plans.” The program is “based on the premise that offenders with FASD (and other problems such as substance abuse) are likely to reoffend unless they have stable housing and ongoing support and supervision...” Before completing the program, “participants are assisted with finding suitable housing, finding employment, further employability training, or means of financial stability, and are referred to community organizations to receive further assistance.” The program has a Volunteer-Based Community Education and Support component.

“Preliminary evaluation results indicate attitudinal and behavioral improvements. Evaluators observed greater compliance with house rules, active employment search, the development of positive associations in the community, a decrease in the number of incidents involving inappropriate expressions of emotion and ways of communicating, and an increase in the ability of residents to more successfully manage high-risk situations.” Examples of lessons learned follow:

— “Education and training may be required to convey the point that traditional correction programming and practices will not necessarily have the desired effect on FASD offenders and may actually be counterproductive. For example, FASD individuals being ‘moral chameleons’ will tend to imitate the behaviours of those in their environment. Therefore, subjecting them to the company of their maximum-security peers may, in effect, be detrimental to their progress.”

— The correctional system needs to be able to identify FASD cases.

Information for this description is from the National Homelessness Initiative website as of March 2007.

People with Physical Disabilities

For people with physical disabilities, “The shortage of affordable housing means nursing homes or family homes are often the only options available, particularly for those in need of attendants or other supports. As a result, many people with disabilities live in long-term care facilities when they would prefer to live independently.” (CHRA) The rest of the information in this section, unless noted otherwise, is from the study *Examining the Housing Choices of Individuals with Disabilities* (Solomon 2002).

factors contributing to homelessness for people with physical disabilities

Key factors which contribute to homelessness for people with physical disabilities are similar to other groups: low income and lack of affordable housing. The added costs resulting from the physical disability is another factor. “Many individuals with disabilities have low income” and “securing housing that is affordable, accessible and close to desired amenities can be challenging. Many of the existing structures were not designed to be inclusive of persons with disabilities. Furthermore, it may be too costly or impossible to renovate structures with narrow entrances or with multiple stories.”

future directions to address issues

Four key areas which provide pointers for addressing the housing issues of people with physical disabilities follow.

- **choice and control.** “Individuals with disabilities and their families want to be an integral part of the planning process and to have more choice and control over the services available to them.”
- **housing that meets individual needs.** “The findings suggest that the variable ‘age’ needs to be considered closely when addressing the housing needs of individuals with disabilities. There are substantial differences between seniors and non-seniors in their levels of satisfaction with their current living arrangements, in their desire to locate to other accommodations, and in their preferred housing types.”
- **information sharing.** “The findings suggest that information and resources such as accessible housing inventories, counselling and manuals are needed to assist people in their search for suitable accommodations and in their efforts to undertake modifications.”
- **program and policy.** “Government should concern themselves with ways to minimize or eliminate the additional expenses individuals face because they have a disability.” Specific suggestions related to programs and policies include the following:
 - “an enhanced Residential Rehabilitation Assistance program” regarding disability
 - “a more accommodating tax structure to address the added costs of disability”
 - “adequate funding for community-based organizations to enable them to provide accurate information on accessible housing in a community and on making housing accessible”
 - development of a course of action “after consultation with individuals with disabilities”

program example

The following example was a CMHC 2006 Housing Award Winner for Best Practices in Affordable Housing. The description below is directly from the CMHC website.

- **Armitage Gardens — Building Conversion (The Regional Municipality of York Region/Housing York Inc. New Market, ON).** Armitage Gardens is a unique 58 unit affordable, barrier free designed building for seniors and adults with disabilities. The initiative is a conversion of a vacant wing of an adjoining health facility. Residential support services that promote independent living are available to 50% of the residents through the Regionally operated health facility. With financial assistance from four levels of government for capital and operating costs, 52 of the apartments have rents based on a rent-g geared-to-income formula. Creative partnerships have supported this unique affordable best practice project through the development process and on-going building operation.

SUMMARY AND CONCLUSION

The purpose of this document review was to gather information to help develop a best practices approach to address homelessness issues. The best practices definition used is a comprehensive one, which recognizes the importance of consistency between practice and evidence, values, theories, evidence, and understanding of the environment.

Guidelines for decision making

Possible guidelines for decision making were identified, based on the range of factors that contribute to best practices according to the selected definition.

vision

Components of a vision implicit in many documents included: adequate income; a range of accessible housing and service options which meet individual needs; and a positive community environment.

values

Values implicit in many documents (and explicit in some) were: equity (in income, housing and services); inclusion (in decision making and community life in general); and choice and flexibility (in housing and in services). Some documents also touched on other values, for example related to the environment and to building on assets. Explicitly identified values ranged from “caring” to “the interconnectedness of all living things.”

evidence

Strategies that evidence indicates are effective in addressing homelessness include:

- combining housing and supports
- housing subsidies
- a “housing first” approach which emphasizes the immediate importance of finding suitable permanent housing along with putting in place appropriate services to help people keep their homes
- collaboration and partnerships
- participation by former or current clients in a full range of activities from decision making to implementation

Examples of strategies that evidence indicates are effective for specific populations include: ACT for people with mental illness, a positive youth development approach for youth, and a harm reduction approach for people with substance use issues.

Examples of programs shown to be effective by evaluations follow.

- **Beyond Shelter (Los Angeles):** moves “homeless families and adults directly into permanent rental housing” and “makes use of existing programs, services, and institutions” to assist families, each of whom “is assigned a case manager, who

provides comprehensive support for up to one year as they participate in their Family Transition Plans.” (Most Best Practices Clearing House website)

- **KidsFirst Regina:** uses “a strengths-based approach to assist parents to identify and reach their long-term goals and to support children’s attainment of their age- and capacity-appropriate development” through various program components such as home visiting and mental health and addictions and achieves housing improvements for families based on “the collaboration between KidsFirst Regina and housing services, and home visitors’ knowledge of housing resources.” (Kahan September 2006)
- **Millennium House:** “promotes the rehabilitation of adults suffering from severe and persistent mental illnesses, by providing them with rehabilitative services and supportive housing.” Support ranges from case management to life skills teaching. (NHI website)
- **Eva’s Phoenix:** a “transitional housing and employment training facility for homeless and at-risk youth aged 16 to 29” which “provides counselling, job placement assistance, housing search support, mentorship opportunities, follow-up support and a range of other services.” (Raising the Roof and Eva’s Initiatives websites)

Two supported/supported living models presented in this review are based on extensive research and consultation and are designed for the Regina context. One model is for people with mental illness (Kowalchuk) and the other is for people with FASD (Brownstone 2005b).

theory to understand the issues

Documents provided explanations of three key aspects of homelessness and housing issues.

- **impact of housing and homelessness.** Housing status affects an individual’s health status, children’s cognitive and behavioural development, and opportunities to participate in social and economic activities. Housing affects the community through its impact on the environment, crime levels and degree of social inclusion. Housing is one factor influencing the country’s economic growth.
- **factors influencing homelessness.** A number of individual and societal factors influence homelessness, either by contributing to low income and lack of low cost high quality housing or as additional challenges, for example:
 - *public policy* such as: the decrease in social housing, the deinstitutionalization of people with mental illness without adequate community alternatives, welfare rates which do not cover shelter costs
 - *market forces* such as: gentrification, sub-standard conditions of lower cost housing
 - combination of *aging housing and high costs*
 - *personal circumstances* ranging from illness to abuse
 - *service/support issues* such as: lack of coordination, lack of awareness, discrimination, structural challenges such as barriers in applying for social housing
- **solutions to homelessness.** To eliminate homelessness requires the following:
 - a range of high quality *housing* options that are readily available and that people can afford. Examples of strategies to achieve this objective include: use tax policies to

encourage affordable housing; provide more social housing; encourage co-operative housing initiatives; enforce housing standards; increase social assistance rates to match housing costs; reduce energy costs. A common theme was the need for participation in housing decisions by people who are homeless. The housing context is also important, for example regarding proximity to services, the presence of green spaces, and safety.

— a range of *supports* that meet individual needs. Effective services require knowledgeable, respectful and caring staff who recognize the assets of the people they are working with. Also required are: increased information sharing, coordination, and integration among service providers as well as between service providers and housing providers. In addition, documents identified a number of services that need to be increased and enhanced.

— adequate long-term *funding* for agencies who provide services and for social and affordable housing.

— *policy* based on horizontal connections between housing, social, economic and environmental policy streams. Other examples of policy suggestions include all stakeholders agreeing with the vision that the policy supports and stakeholders being involved in policy development.

— *community building* to increase social inclusion, community capacity and eliminate poverty. Community building strategies include the following: encourage a mix of housing in neighbourhoods; implement an asset based community development approach which directly involves people who are homeless; initiate a community economic development approach; increase educational and employment opportunities; change public policy, for example through higher minimum wages and higher welfare rates.

— *working together* so that all key stakeholders including people who are homeless, agencies and government, and including all relevant sectors, are part of the solution.

environmental assets and challenges

Many assets exist in Regina, which need to be built on and enhanced, for example with respect to housing options, service options and working together. Specific populations in Regina, ranging from Aboriginal peoples to youth, have needs which are not being met. Two key assets are CBOs and individual people who have knowledge of homelessness through lived experience. Another key asset is government sponsored programs designed to address housing and homelessness issues, for example the City of Regina's Inner City Housing Stimulation Strategy, the Saskatchewan Rental Housing Supplement, and NHI which between 1999 and February 2007 funded 86 projects related to renovations and construction, support services, and capacity building. The Regina Community Plans for housing and homelessness, including the first one in 2001, the second in 2003, and the third one currently under development, have been funded by the NHI under the auspices of the Regina Homelessness Committee.

Specific populations

The group of homeless people is composed of several specific population groups ranging from Aboriginal peoples and youth to people with mental illness and people with legal system

involvement. Many of these populations overlap, with some individuals belonging to two or more of these groups. The different populations have many commonalities, including: low income as a key factor in their homelessness issues, the need for a wide range of individualized housing and service options, and the importance of being involved in different aspects of decision making and implementation regarding housing and services. Examples of what makes some of the populations unique follow:

- Aboriginal peoples have faced long-term discrimination, experience high mobility between urban and rural areas, and require housing that is culturally appropriate.
- A major cause of youth homelessness is abuse and neglect, resilience is a key asset, and addressing homelessness issues requires providing services that are not necessarily identified as homelessness related.
- A factor in the homelessness of people with mental illness is the challenge of treating people who have both mental illness and substance use issues; an effective treatment approach is required.
- One of the challenges for people with substance use issues is “shelters that will not accept people who are drunk or high” (Raising the Roof); one component of effectively addressing substance use issues is a harm reduction approach.
- A high proportion of people with FASD have difficulty living independently and require highly structured programming.
- People involved with the legal system may lose their homes when they are incarcerated. Solutions include planning to assist re-entry into the community and use of community services in correctional facilities to address issues such as mental illness that may hinder achievement of high quality housing upon release.

Degree of consensus

A reasonably strong degree of consensus exists in the documents reviewed. Examples of issues where differences of opinion might exist follow.

- Attach services to a building or to the individual.
- Use transitional housing or find permanent housing immediately.
- Emphasize home ownership or have a range of financial models which includes renting.
- Participation in services is mandatory or voluntary.

Conclusion

Documents reviewed indicate that it is possible to eliminate current homelessness and prevent future homelessness. To achieve these goals requires, when making decisions and implementing these decisions, the application of best practices guidelines which ensure consistency between practice and evidence, values, theories, and understanding of the various environments we live and work in. The following set of practice priorities for addressing homelessness issues are consistent with the underpinnings (evidence, values, theories) and understanding of the environment (vision, assets and challenges) identified by the documents reviewed. Each of the

requirements serves the double function of addressing current issues and preventing future issues.

- Provide a range of housing options which are sufficiently funded to meet standards, to meet individual and community needs, and to be available in sufficient quantity to allow a home for everyone. In addition it is important that housing exist in a positive environment and be priced to match low incomes, whether through subsidies or affordable market prices.
- Provide a range of effective service options which are sustainable with long term funding. Key elements include the ability to meet individual needs, highly trained and knowledgeable staff, present in sufficient quantity and without cost to be available to everyone who needs them, and free of as many structural barriers as possible. Another important service element is to identify people who are homeless or at risk of homelessness as soon as possible in order to address their issues and prevent further difficulties.
- Ensure that everyone has an income sufficient to cover basic needs such as high quality housing, for example through: community economic development, other employment opportunities, and welfare rates and a minimum wage above the low income cut off.
- Attend to process pieces. Examples of process pieces include:
 - *strategic policy and planning*, which involves, among other things, thinking intersectorally and applying best practices guidelines
 - *working together*, for example: by using partnerships to combine funding and expertise; by working across sectors, such as housing and service providers planning jointly and communicating regularly; by coordinating efforts by different organizations; by including in decision making, implementation and research all stakeholders, including people who are homeless, and all relevant sectors
 - ongoing *research and evaluation* to identify the current nature of the situation, what works, and direction for the future

In conclusion, applying best practices guidelines will help avoid unintended negative results and help achieve intended results. Following best practices guidelines will make it possible to provide a high-quality stable home for everyone.

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- CMHC: *Homeless Applicants' Access to Social Housing* (CMHC Socio-economic series 05-018, April 2005). Based on: literature review, interviews with key informants, survey, focus groups in four provinces (Alberta, British Columbia, New Brunswick, Ontario) representing a variety of types of housing providers with range of priority populations.
- CMHC: *Homelessness, Housing, and Harm Reduction: Stable Housing for Homeless People with Substance Use Issues* (CMHC Socio-economic series 05-027, September 2005a). Based on: literature review of projects using a harm reduction approach; development of case studies through interviews and written documentation; a mix of housing types were included in the study.
- CMHC: *Housing for Adults with Intellectual Disabilities* (CMHC Socio-economic Series 06-008, March 2006). Based on: literature review (North American sources), interviews, focus groups; primary focus was on Victoria, Ottawa and Halifax “with some input from stakeholders in other provinces.”
- CMHC: *Housing Options Upon Discharge from Correctional Facilities* (CMHC Socio-Economic Series 07-001, January 2007). Based on: literature review, jurisdictional scan interviews with key stakeholder groups; focused mainly on programs that assist offenders to find suitable housing mainly in BC, Ontario and Quebec.
- CMHC: *Temporary Supportive Housing for Aboriginal People and Their Families* (CMHC Socio-economic series 05-026, September 2005b). Based on: literature review, survey, case studies of four Ontario centres.
- CMHC: *The Transferability of the “Safe in the City” Approach to Youth Homelessness Prevention in Canada* (CMHC Socio-economic Series 06-007, April 2006).
- CMHC: *Transitional Housing: Objectives, Indicators of Success and Outcomes* (CMHC Socio-economic Series 04-017, February 2004). Based on: literature review, case studies.
- CMHC: *Women Offenders: Characteristics, Needs and Impacts of Transitional Housing* (CMHC Socio-economic Series 05-002, January 2005). Based on: longitudinal study comparing outcomes of women receiving transitional housing and those who didn't, literature review, survey, interviews.
- Collaborative Community Health Research Centre (CCHRC), University of Victoria: *Research Review of Best Practices for Provision of Youth Services* (Youth Services, Child & Youth Mental Health and Youth Justice Division, Ministry of Children and Family Development, October 2002). Based on: literature review “related to evidence of program model's effectiveness” (evaluation design, confidence that program is having a positive impact and long-term sustainability of effects - only services that met levels 3, 4 or 5 of their criteria were included); extensive search of a number of databases.
- Distasio, Jino, Gina Sylvestre, Susan Mulligan: *An Examination of Hidden Homelessness Among Aboriginal Peoples in Prairies Cities* (Institute of Urban Studies, 2005). Based on: informal discussions with hidden homeless persons; surveys; Talking Circle; key informant interviews; literature review; data gathered in Winnipeg, Saskatoon and Regina; designed to respect Indigenous methodological approaches.

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- Friesen, Marg: *Urban Aboriginal Strategy Community Consultation and Feedback* (Service Canada and the Regina Community December 2006). Based on: community forum, focus groups, informal meetings with interested stakeholders, individual interviews; validation of emerging themes with key stakeholders.
- Health Systems Research Unit (HSRU), Clarke Institute of Psychiatry: *Review of Best Practices in Mental Health Reform* (Federal/Provincial/Territorial Advisory Network on Mental Health 1997). Based on: an evidence based approach which used RCTs when available and if not available used “the best recent data-based evaluations”; included published and unpublished material in English and French.
- John Howard Society of Saskatoon: *Cedar House: Reporting year 2006/2007*.
- John Howard Society of Saskatchewan Regina Council: *Annual Report 2005-2006*.
- Johnson, Shelley: *RE: questions for the Regina Community Plan on housing and homelessness* (email, Corrections and Public Safety June 5 2007).
- Kahan, B., & M. Goodstadt: *The Interactive Domain Model of Best Practices in Health Promotion: Developing and Implementing a Best Practices Approach to Health Promotion* (Health Promotion Practice, 2(1), 2001). Based on: literature review, peer review, case study.
- Kahan, Barbara: *Community Living Skills Project (CLSP): Phase 2: Cost Evaluation 1999-2002* (CLSP, August 2003). Based on: interviews, document review.
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- Kahan, Barbara: *Evaluation Report: Regina Inner City Community Partnership (RICCP) 2002-2005* (RICCP, January 2006). Based on: interviews, survey, document review.
- Kahan, Barbara: *Outcome Evaluation 2002-2006: a KidsFirst Regina (KFR) internal working document* (KFR September 2006). Based on: individual and group interviews, surveys, file review.
- Kowalchuk, Joanne: *Regina Mental Health Housing Project Phase 1* (Regina Mental Health Housing Committee, November 2005). Based on: needs assessment involving consultation groups with key stakeholders reports included used different best practices approaches and methods; “research into model programs predicated on best practices, promising approaches and evidence based practice” with different evidence bases, e.g. from literature review and expert-consensus.
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- Makhoul, Anne: *ANC’s Second Year in Regina: The Core Neighbourhood* (Caledon Institute of Social Policy 2007).
- Mayor’s Advisory Committee on Housing: *The Future of Housing in Regina – Laying the Groundwork* (City of Regina July 2000). Based on: public consultation; input through presentations, mailed or faxed submissions, telephone, email.
- Mobile Crisis Services Inc.: *Statistical Report 2005 – 2006*.
- Most Best Practices Clearing House: *Best Practices for Human Settlements*
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- Raising the Roof: *From Street to Stability: A Compilation of Findings on the Paths to Homelessness & Its Prevention: The Final Report of Raising the Roof's 1999-2001 National Strategy on Homelessness Prevention* (June 2001). Based on: literature review (popular, scholarly, print, internet), case studies, focus groups with homeless or recently homeless, stakeholder consultations with governments and NGOs; used an evidence-based approach to research on existing programs and practices.
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