



Session #509: Are there better ways to support vulnerable tenants in social housing?

Presented by:

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“More and more vulnerable people are housed in one building. We add and add, and now we’re losing the natural supports that exist in mixed income communities.”

INTRODUCTION

Our approach

- **44** interviews with stakeholders
- **237** survey responses
- **4** focus groups
- **1** literature scan



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Vulnerable tenants

A “vulnerable tenant” is anyone who needs additional support, for any reason, to have a successful tenancy.



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We estimate . . .

At least **22,400** adults live with serious and persistent mental illness in social housing in Ontario.



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We estimate . . .

An estimated **75,000** seniors live in social housing

An additional **50,295** senior households are on Ontario housing waiting lists



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We know ...

In 2011, **54.6%** of vacancies in “all age” social housing were filled by people vulnerable enough to receive priority status



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ONPHA members told us . . .

Three-quarters said more than 20% of tenants needed support

One-third said more than 30% of tenants needed support

Three-quarters said the proportion of vulnerable tenants had *increased significantly* in the past 5 years



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“Social housing has become the catch-all for the failures in every other system.”

- Housing provider staff

HISTORY

1960s: De-institutionalization

16,033 psychiatric beds close between 1965 – 1981

Fewer than **200** supportive housing units are built

1970s: Rise of the point system

OHC point system results in
“**concentration of desperation**”
and increased operating and
management costs



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1980s: Seniors' buildings converted

Ontario Government requires all
LHAs to **convert seniors' buildings**
(age 59+) to all-ages housing.



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1990s:
Affordable housing losses

17,000 non-profit and co-op housing starts cancelled

Social assistance rates cut **21.6%**

14,000 rent supplement units lost



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1990s:
Second stage housing cancelled

As a **no-cost** alternative, the Ontario Government gives households that have experienced violence priority designation on housing waiting lists.



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2000s: Devolution and “welfarization”

Limited potential for new funding
Sector **divided** into funding silos
Social housing **reframed** as a welfare program



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Today: Increasing needs

Population of seniors (85+) will **quadruple** in next 20 years.

10 – 25% of seniors experience a mental health disorder

Increased pressure to move people with mental illness out of hospitals

Continued homelessness



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Today: Few alternatives

Long waiting lists for supportive housing and LTC

86,000 rental units **lost** between 1996 – 2006

Low vacancy rates. Rents rise faster than incomes



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Today: Not enough services

Only **39%** of mental-health funding goes to community-based services. Target is **60%**

75 – 85% of home care provided by families and informal caregivers



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What does it cost to support vulnerable tenants?

Home care: **\$42/day (\$15,330/year)**

Housing First* supports: **\$7,531/year**

*At Home/Chez Soi Toronto. Support for moderate needs (excluding rent supplements)



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The result

	Major impact	Some impact
Staff spend higher proportion of time supporting tenants	69%	25%
Vulnerable tenants have reduced quality of life	67%	28%
Increased unit damage	55%	34%
Increased complaints from neighbouring tenants	49%	41%
Clutter/hoarding	45%	47%

ONPHA Member Survey, 2015



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“It isn’t that complicated. People make it complicated.
Look at the people you want to serve,
and do what needs to get done.”

– Housing provider staff

Your solutions

Solution: Strengthen communities

“When we looked at high users of health services we found so many of the things they needed had nothing to do with health. Creating a sense of community is the key going forward.”

- LHIN staff

Nippissing District Housing Corp.

Catalyst:

- 36% of all tenants had experienced violence.
- Many others had history of trauma or mental health issues.

Result:

- Discordant community and frustrated tenants,
- 38 ambulance calls in 6 months
- Multiple police calls



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NDHC's solution:

- Weekly tenant services open office
- CMHA needs assessment
- \$20,600 Innovation Fund to refurbish garden beds
- \$15,900 grant for tenant celebration & education
- Good food box. Pantry Swap.
- Housing Success Team



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Solution: Place-based supports in high-needs buildings

631 tenants in two Toronto buildings

Incoming services:

- 62 mental health agencies.
- 32 addictions agencies.
- 20 home care agencies.
- 9 health services

Yet:

- 931 ER visits within 3 years
- 9 out of 10 tenants report unmet needs



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Niagara Regional Housing

Partnered with March of Dimes Canada,
Community Support Services of Niagara,
Niagara Region – Seniors Community Programs

Offered:

- 4 wellness centres
- 24/7 care for 201 tenants

Outcomes:

- 25% of tenants volunteer
- 80% report quality of life improved
- Move-outs decreased 39%. Applications increased.



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Solution: Power of integration

“We had an elderly tenant with many issues – mostly tied directly to bed bugs in her unit. She had service providers in her life, but not one was able to help her prepare her unit for treatment.”

- Housing provider staff



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Oxford Connectivity

- Multi-sectoral roundtable. Weekly meetings among everyone who can help
- One client. One file. One Client Service Worker
- Assessment of all needs in application form. Client Service Worker follows applicants through move-in and tenancy



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“We used to organize programs for kids, youth and parents. But our stock was aging. The legislation ramped up: fire code, elevators, door closers – and that’s where we had to put our money.

Now tenants don’t see us the same way. They don’t see us at all. If we could go back to doing the fun stuff, tenants would be a lot happier.”

– Housing provider staff

Our recommendations

Recommendations

1. Stronger social housing communities and community-based supports
2. Better use of the coordinated access system
3. Expand housing alternatives

1a) Stronger housing communities

- Restore community development
- Improve delivery of services to tenants
 - Hubs
 - Visiting
- Help front-line staff know who to call
- Use evictions to link to supports

“The biggest issue is the time-limited nature of supports. If we see community struggling, we bring in programs. It takes a couple of years to develop relationships and build momentum. **And then the funding runs out.** No wonder tenants feel cynical.”

– Housing provider staff



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Someone for staff and tenants to call for help

“The piece we’re missing is the person on the ground who can make the assessment and make the links.

No other service can do it. We need someone to help the provider help the tenant find the service.”

– Service manager staff

Members told us they need:

- Greater on-site presence
- A local, shared “prevention protocol”
- Training for front-line staff
- Clarity re: privacy



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Clarify “privacy”

- Significant impediment to collaboration and success
- Need for local training and leadership to develop shared understanding of privacy issues
- Recommend creating protocols that:
 - Acknowledge risk of silo-ed approach
 - Create common definitions of consent and emergency/ impaired safety
 - Create opportunities to access help without “naming names”
 - Clarify what to do when tenants refuse services and how to manage consequences

“Health care providers are overly cautious and it’s compromising care.”

- LHIN staff

“Because of privacy regulations, we were housing Mental Health and Justice clients in places that contravened their parole requirements.”

- Housing provider staff



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1b) Stronger community supports

- Invest in supports to prevent eviction
- Fund evidence-based supports that focus on successful tenancies
- Solve information sharing / privacy issues
- Evaluate housing first initiatives by more than success of the individual

There might be only two PSWs for all of Manitoulin. There’s no-one there to do the work that’s needed. When there are supports, there’s the privacy barrier.

We don’t find out that the service has ended until the tenancy is at risk again, and we’re back where we started.

- Housing provider staff

We dedicated a unit to a mental health agency referral. It was in deplorable condition – bedbugs, horrible smells, a dog that was voiding in the unit ... where was the agency?

- Housing provider staff



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Rural and northern communities

Geography, absence of services and professionals, and isolation limit service delivery

Widely reported need for tenancy-focused services, not just clinical supports

Ideas:

- Proactive prevention
- Mental health “warm line”
- Stronger connections between housing and services, SMs and LHINs
- Expanded use of technology



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2) Better use of coordinated access

- Help applicants find the right home with the right supports
- Match applicants to supports at point of application
- Use housing allowances to enable SPP applicants to access any vacancy

“A real killer is isolation – that’s why anti-social behavior happens. We get so many cases where the clients are so isolated they invite in dealers who befriend them and take over unit.

They were lonely, and dealers knew how to play them.”

– Legal clinic staff



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Make “local priority” a program

In essence, local priority is a “special program designed to relieve hardship or economic disadvantage” (OHRC Pt.2, S.14)

To support their success, we recommend a three-pronged approach:

<p>1. Determine eligibility for priority status</p> <p>Link acceptance of support to granting of priority designation</p>	<p>2. Prevent tenancy failures</p> <p>Ensure priority applicants are supported at move-in</p>	<p>3. Ensure the housing doesn't fail the tenant</p> <p>Limit concentration of priority applicants in any non-PSH building to less than 20%</p>
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Clarify “duty to accommodate”

Where the cumulative effect of housing vulnerable tenants substantially alters the nature and viability of a building.

“I think 95 per cent of applicants need support. They wouldn't be at my counter if they didn't.”

“If people want us to deliver services to these people, they have to give us the tools to do it.”

- Service manager staff



3) Expand housing alternatives

- Recognize not everyone can live independently
- Build more supportive housing
- Create and preserve existing stock

“How do you operate programs where your physical infrastructure is crumbling?”

– Service manager staff

“In our region it’s the lack of social housing that is the issue ... There’s an overall imbalance in the housing market, and very little rental housing of any kind.”

– LHIN staff



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Thank you!

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