

# **COMMUNITY ACTION PLAN ON HOMELESSNESS: 2009-2014**

## **The Road to Ending Homelessness in Ottawa**

Prepared for:

**The Homelessness Community Capacity Building  
Steering Committee**

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## 1. Introduction

The Homelessness Community Capacity Building (CCB) Steering Committee is pleased to introduce Ottawa's fourth community action plan on homelessness.

This five-year plan supports the efforts of many dedicated people and organizations in our community working to ensure access to affordable, adequate, and sustainable housing for every resident of Ottawa.

Continuing the tradition, extensive community consultation was done with stakeholder representatives including consumers of services; and service providers for all client groups including Aboriginal, Francophone, youth, men, women, and GLBTTQ<sup>i</sup>; business community; politicians; funders and activists. This consultation involved a questionnaire completed by 64 front line workers and clients (see results in Appendix A); 19 key informant interviews (see list of informants in Appendix B) conducted with community leaders and experts in homelessness; and a workshop for brainstorming solutions held with over 100 participants (summarized in section 6 below and in Appendix C. Full text is available from the Housing Branch). Recent key documents on homelessness were also reviewed (see end notes).

The consultation confirmed the same priorities as contained in previous plans:

- Increase the supply of affordable and appropriate housing in the City of Ottawa.
- Prevent individuals and families from becoming homeless, and assist people while they are homeless.
- Advocate for legislative and policy changes to end homelessness.
- Ensure a coordinated, comprehensive and accountable community response to homelessness.

## 2. Background

In 1999, the Province designated municipalities as “service system managers” for homelessness and devolved many formerly provincial responsibilities to the municipal level. That year, Toronto released the “Golden Report” - Anne Golden's seminal work that called for greater homelessness prevention and shared responsibilities on a host of actions to address the issue. Also, Ottawa developed its first action plan to prevent and end homelessness<sup>ii</sup>: joining other municipalities to declare homelessness a “national disaster” and to call for action from the federal government. Within a year, the municipality also became the “Community Entity” for delivery of federal homelessness funding.

Ottawa's first action plan involved extensive community consultation and wide-ranging recommendations. It has been updated twice for the periods 2002 to 2005 and 2006 to 2008. The latter plan was commissioned by the Homelessness Community Capacity Building (CCB) Steering Committee. This Committee comprises representatives of the housing and support service sectors, all three orders of government, other funders, researchers, business people, and knowledgeable community members.

These three plans were cumulative in their achievements, each building on the outcomes of its predecessor. Similarly, this plan will identify the outcomes and achievements of the 2006-2008 plan as the foundation of future recommended actions.

## **2.1 Descriptors of Homelessness**

A 2008 Ontario Municipal Social Service Association (OMSSA) report<sup>iii</sup> provides the following descriptors of homelessness, which have been adapted to reflect Ottawa's situation.

### **2.1.1 Definitions of the Homeless**

- Absolutely homeless: individuals and families who sleep in indoor or outdoor places not intended for human habitation. This includes the street, parks, abandoned buildings, cars and underpasses.
- Lacking permanent housing: Individuals and families, who are staying in temporary accommodation, not meant as permanent housing. This includes emergency shelters, time-limited transitional housing, treatment programs, withdrawal management facilities, and the homes of friends, family or acquaintances.
- At risk of homelessness: individuals and families whose current housing is unaffordable for them, overcrowded, unsafe and/or inappropriate. They may also require supports to maintain appropriate housing; for example, assistance with daily living, life skills training, budget coaching, and conflict resolution.

### **2.1.2 Degrees of Homelessness**

- One-time homelessness: Usually the result of an unexpected event (e.g. family breakdown, eviction, employment loss, natural disaster, house fire); these people may have social and economic resources to draw on to avoid becoming homeless again.
- Episodic homelessness: Periods of housing stability interspersed with periods of housing instability and homelessness.
- Chronic homelessness:<sup>iv</sup> A chronically homeless person is one who has spent more than 60 cumulative nights in the past year in an emergency shelter and/or on the street; and has reached the point where s/he lacks the physical or mental health, skills or income to access and to maintain housing.

The individuals and families described as chronically homeless might exhibit the following characteristics:

- A persistent pattern of homelessness for a long time (often greater than one year) with cycling in and out of hospitals or correctional facilities between periods of living on the street or in emergency shelters.
- Persons whose skills are oriented to survival on the streets rather than to living in housing; and/or

- Persons who make extensive use of emergency services or who experience a large number of disconnections from services including support services and shelters.

### **2.1.3 Factors that Contribute to Homelessness**

#### Systemic Factors

- *Poverty*: Homelessness and poverty are inextricably linked. Unemployment rates and inadequate income, whether from social assistance, employment insurance or minimum wages, contribute to chronic poverty for many individuals and families. Poor people are frequently unable to pay for housing, food, child care, health care, and education. Difficult choices must be made when limited resources cover only some of these necessities, sometimes resulting in housing loss. Being poor can mean being one or two paycheques away from homelessness.
- *Lack of Affordable Housing*: The inadequacy of the supply of affordable housing is a major contributor to housing instability and eventual homelessness. Those living in poverty are unable to meet the financial requirements of attaining housing and staying housed. Living in unsafe and inadequate housing, frequent moves, and eviction, are all outcomes of the shortage of affordable housing that exact their toll on individuals, families and society.

#### Individual Factors

- *Mental Health Issues*: Various studies have found the prevalence of mental illness among people who are homeless to be higher than in the general population (between 30%<sup>v</sup> and 67%<sup>vi</sup>) However, only a small proportion of these individuals cite mental illness as the reason that they became homeless, referring instead to poverty and the scarcity of affordable housing.
- *Addictions and Substance Abuse Issues*: The relationship between homelessness and alcohol and substance abuse is controversial. It is true that the homeless population includes a disproportionate number of homeless persons with addictive disorders; however, most drug and alcohol abusers don't become homeless. It is people who must juggle very low incomes along with their addictive disorders that are clearly at increased risk.<sup>vii</sup> A major issue in Ottawa is the unavailability of addictions treatment programs suitable to low income people with multiple issues.
- *Violence against youth*: Violence against young people, particularly against girls and young women plays a significant role in homelessness. Most homeless youth have histories of family instability, conflict and abuse, although more young women than young men have experienced sexual and physical abuse within their families. Youth who have been abused, especially sexually abused, are more vulnerable to re-victimization.<sup>viii</sup>
- *Domestic Abuse*: Even in the regular shelters, there are many individuals and families fleeing domestic violence. This includes 30% of the families in City of

Ottawa family shelters. Many of the people fleeing abuse in Ottawa use the shelters specifically designated for women and children fleeing abuse.

- *Eviction:* This usually occurs for non-payment of rent or persistent behavioural issues.
- *Other factors:* Some other circumstances that can contribute to a particular person or household becoming homeless include physical illness or disability, unemployment, natural disaster, house fires, extreme hoarding behaviour, deinstitutionalization, discrimination and selective screening for access to housing, lack of appropriate housing for large families at risk, unsafe housing (danger could come from roommates, neighbours etc.) and discrimination related to sexual orientation/gender issues, particularly among youth.

## **2.2. Magnitude of Homelessness in Ottawa**

### **2.2.1 Number of People at Risk of Homelessness**

There is no recognized way to state the number of people at risk of homelessness in Ottawa. Four indicators are shown below:

- 9,567 households used the various housing loss prevention services funded through the Housing Branch at 16 non-profit agencies in 2007. Of those, 864 households were at imminent risk of losing their housing, but through intervention, 84% of that group were successful in keeping their housing.
- On average (as of August 2008), 14,546 households per month are in receipt of Ontario Works. This represents 28,740 individuals. The monthly average number of households receiving Ontario Disability Support (ODSP) is 19,943, representing 30,384 individuals.
- 44,700 out of 363,600 households in Ottawa in 2005 were below the Low Income Cut Off, after taxes, according to the 2006 Census.
- 9,370 households were on the Social Housing Registry waiting list at the end of 2007, waiting to access one of 26,431 units, and 4,738 new applications for subsidized housing were received in 2007.

### **2.2.2 Number of People Absolutely Homeless**

The Salvation Army Outreach Van reported that in 2007, an average of 64 different homeless individuals were counted living on the street each month. They totalled 530 different people in 2007, 45% of whom were Aboriginal and 76% of whom were male. Many of these individuals would spend only one or two nights on the street (reasons include: fight with roommate, temporarily denied access to a shelter, mental health issues, will not leave pets, etc.) It is estimated that two to three dozen are hardcore street people, living outside year round.

### **2.2.3 Number of People using Emergency Shelters**

In 2007, an average of 932 people per night stayed in emergency shelters in Ottawa.

Over the year, emergency shelters accommodated 7,573 unique individuals, including:

- 3,861 single men
- 1,173 single women
- 505 youth
- 639 families (797 adults and 1,237 children)

The average cumulative length of stay in the shelters was 45 days, which is a reflection of the difficulty in finding appropriate, affordable long-term housing.

### **2.2.4 Number of People Living in Housing with Supports**

So far in 2008, there are approximately 900 subsidized residents at any time living in the 27 domiciliary hostels.

In addition, the Supportive Housing Network, known as Housing Plus, provides 943 beds in 792 units of housing with supports. There are over 2,000 people on waiting lists for this important service. Even with some duplication, the demand far exceeds the supply. Meanwhile, the people waiting are still in the service system, cycling in and out of shelters, rooming houses and other unstable or temporary housing, often without any supports.

## **3. The Cost of Homelessness**

Numerous studies examining the value of social investments<sup>ix x</sup> have tried to make the case that homelessness and unstable housing lead to significant costs to society, while stable housing can contribute to social and economic health. According to these studies, investment in adequate, affordable, stable housing and housing supports actually reduces costs and improves the effectiveness of social services, health care, and education. As well, adequate, stable housing is seen as an essential contributor to individual and family physical and emotional health, positive educational outcomes for children and adults, and improved labour force participation.

While it is challenging to definitively make the case, a number of researchers have attempted to show the cost-benefit of providing housing with supports to homeless persons and those at risk for homelessness. Not without their critics, these studies nevertheless do make good points worthy of serious consideration.

A recent study by Focus Consulting<sup>xi</sup> collected information on a range of existing service providers in Ottawa and used a typology of institutional, emergency and residentially based responses to homelessness. Service providers were contacted to collect data on both the type and intensity of services provided, and annual expenditures (either last year's financial statements, or current year's budgets).

In their final report, the authors highlighted three key findings:

1. While community housing with supports is roughly equivalent in cost compared to the public expenditures incurred in the institutionalized emergency shelter system, housing with supports provides a much more stabilizing environment which likely reduces the incidence of emergency service use (i.e. emergency hospitals, policing services, etc.) It also provides a more stable and higher quality of life for the formerly homeless, and those at risk of becoming homeless.
2. Use of various emergency services (policing, detention, ambulance and emergency hospital care) is up to ten times more expensive than residentially-based responses to homelessness; and
3. For severely mentally ill and addicted persons who require more intense levels of service, the cost of institutional tertiary care is four times that of residentially-based responses, even when supplemented by more intense professional medical/psychiatric teams.

The authors cautioned that the findings are crude comparisons reflecting the cost of operating/providing a particular service for a single day – because the comparisons did not take into consideration the frequency or duration of the services used. It may in fact be more useful to calculate the costs for 365 nights a year for a sample of chronically homeless people, using the cost per day figures. For example, one person might access 10 nights in a hospital emergency room, 7 in jail, 50 on the street being visited by an outreach van and a mobile health team, so many nights in emergency shelter, etc. The costs associated with the total of these activities would be measured. This type of longitudinal research would likely provide a more accurate picture of the true costs associated with homelessness.

## **4. Service System**

### **4.1. Vision, Mission and Guiding Principles**

#### **Vision:**

A City without Homelessness

#### **Mission:**

That the community of Ottawa be able to offer a coordinated and complete system of housing options, supports and opportunities, to:

- Prevent individuals and families from becoming homeless;
- Ensure a full range of affordable housing options and appropriate supports for individual and families who are experiencing or at risk of homelessness;
- Support individuals and families who are homeless, creating opportunities for them to achieve housing stability; and
- Advocate for private and public investment in long-term solutions to homelessness.

**Guiding Principles:**

- Services are client-centered, inclusive and responsive.
- Services are coordinated and actually integrated, where appropriate.
- Planning and funding is strategic, flexible, and sustainable, building capacity for individuals, families, agencies and the community of stakeholders.
- Advocacy initiatives are bold and purposeful.
- Services are accountable to the citizens of the municipality and to funders.

**4.2 Description of the Service System**

The Continuum of Housing and Support Services for the homeless and at risk populations below depicts the current range of services available in Ottawa. It was reviewed by workshop and key informant participants, and is accepted as the framework for the ongoing development of housing with supports.

The housing part of the Continuum runs from sleeping on the street through emergency shelters, transitional and supportive housing to independent living in either subsidized or private market housing.

This Continuum is also available in Appendix D, showing the names of the agencies providing the various support services with funding from the City of Ottawa, the federal and provincial governments and United Way and with donated dollars from a generous community.

Support services provided by these agencies assist individuals and families whenever and wherever they might enter the system seeking assistance to obtain and/or retain housing.

See Continuum on next page

# Continuum of Housing and Support Services

Housing

STREET	EMERGENCY SHELTERS	TRANSITIONAL HOUSING	SUPPORTIVE HOUSING	COMMUNITY – BASED AFFORDABLE HOUSING	PRIVATE MARKET HOUSING
	964 beds with 9 agencies plus overflow.	E.g.: Harmony House, Salvation Army, Tewegan	E.g.: 27 Domiciliary Hostels with 900 beds, Salus, Options Bytown	56 social housing providers; non-profits; co-ops	Including 1600 rent supp units and 1740 Rooming Houses rooms



Support Services

## OUTREACH

- health
- housing
- counselling

30%\*

On the Street  
9 agencies

Drop-in Centres  
10 agencies

## HOUSING SEARCH AND STABILIZATION

- housing assistance
- referrals to community resources
- health services: physical, mental, addictions

Service provided to in each emergency shelter and in community based agencies to individuals and families who are homeless or unstably housed.

22%\*

On-site  
16 agencies

Community-based  
9 agencies

## HOUSING LOSS PREVENTION

- life management / social supports
- financial assistance
- health: physical, mental, addictions
- employment / training
- legal / advocacy

Services provided to individuals and families at risk of losing their housing. These include on-site tenant support services and community-based housing loss prevention; e.g. in the Community Health Centres

48%\*

On-site  
10 agencies

Community-based  
15 agencies

## COMMUNITY CAPACITY BUILDING

- research
- training
- planning

\* Percentage of \$11.5 million homelessness funding from City of Ottawa's Housing Branch and Community Funding

The Support Services part of the Continuum includes three broad categories:

Outreach services that engage homeless people and at-risk individuals on the street or at drop-in centres and that refer them to community services, including long term housing;

Housing search and stabilization services including housing search assistance, referrals to community resources and health services (physical, mental, addictions) are provided in each emergency shelter and in community based agencies to individuals and families who are homeless or unstably housed; and

Housing loss prevention services including life management/social supports, financial assistance, health services (physical, mental, addictions), employment/training, and legal/advocacy services are provided to individuals and families at risk of losing their housing. These include on-site tenant support services and community-based housing loss prevention services such as those provided in Community Resource and Health Centres.

These services are also described in more detail on the Service Inventory that the CCB Steering Committee, working with the Housing Branch, makes available on the website of the Alliance to End Homelessness in Ottawa. <http://www.endhomelessnessottawa.ca/>

### **4.3. Coordination of the Service System**

The City of Ottawa has been designated by the Province of Ontario as the Service System Manager for issues of homelessness and of housing, for allocating and administering federal, provincial and municipal funding designated for the homelessness service system, for the subsidized housing system, and for the creation of new affordable housing.

The Housing Branch works closely with the CCB Steering Committee in planning and overseeing the service system. This Committee was formed in May 2004 to ensure a community-based approach to service system management. It includes representatives of networks of housing and support service providers for the homeless and at-risk populations, funders, the Alliance to End Homelessness and community members. With the backing of federal homelessness funding, the Committee:

- Facilitates development of the current Community Action Plan on Homelessness.
- Monitors the Plan's implementation.
- Leads community planning for services and solutions for homelessness, including functioning as the reference group for the Leadership Table on Homelessness, providing information and informed opinions.
- Supports research on issues of homelessness and housing.
- Sponsors training workshops for front line workers, management and Boards of agencies.
- Provides grants for capacity building initiatives for agencies and coalitions.

As the CCB Steering Committee has monitored the implementation of the Community Action Plan over the past three years, it has documented the community's achievements in addressing homelessness since January 2006. These results have been confirmed by the participants in the consultation process. The review then moved on to gather ideas for the further development of the service system.

## **5. Achievements of the 2006-2008 Action Plan**

The following summary of achievements is sorted under the Key Results Areas (KRAs) of this new Action Plan. The full list of achievements and the agencies involved is provided in Appendix E.

### **KRA #1: Increasing the supply of affordable and appropriate housing**

Community achievements since January 2006 include:

- 624 new affordable housing units built, being developed or pending approval this year
- 95 additional supportive housing units, mostly for clients with mental health issues; 10 of these are conversion of shelter beds
- 18 transitional housing units for young women and Inuit
- 60 shelter/transitional units for youth
- 113 new rent supplement units for person with mental health issues
- City of Ottawa's Housing Delivery Plan for funding from the Canada/Ontario Affordable Housing Program was accepted for implementation
  - Action Ottawa funding was released for building 519 of the housing units listed above
  - Homeownership Down Payment Assistance program is helping 205 families buy affordable housing

### **KRA#2: Prevent Individuals from becoming homeless and assist people while they are homeless**

Community achievements since January 2006 include:

- Housing Loss Prevention Network is now assisting more people earlier in the process with less disruption to client's housing and less demand on resources
- Tenant Support Workers from Options Bytown now work in 15 social housing buildings
- Hostels to Homes project, led by The Ottawa Mission, will continue until 2009 when 90 chronically homeless men will have been supported to move into the community, stabilizing their lives, and finding employment, thus reducing use of social assistance
- Two new 'housing first' programs that focus on engaging homeless people on the street and in shelters to facilitate their access to, and stabilization in, transitional or long term housing
- A number of new liaison groups and partnerships where agencies are working together to meet common goals for service improvement

- New forums for tenants, newcomers and Francophones to better address issues specific to each community
- Two new addiction services to provide support to those homeless/at risk individuals who are struggling to normalize their lives
- New outreach and support programs for rooming housing residents to help them keep their housing
- New Local Health Integration Network (LHIN) funding for addiction workers in shelters, and supports for housing
- Employment and Financial Assistance (EFA) Branch and Ottawa Community Housing formed a liaison group in 2007 to preserve and strengthen their collaborative link and to assist mutual clients in eviction prevention
- Forum on Health and Housing for francophone community planned for fall, 2008

**KRA #3: Achieve legislative and policy changes to end homelessness**

Community achievements since January 2006 include:

- Policies and bylaws in place, related to rooming houses to improve their quality and links with supports
- Creation of the new Leadership Table in Ottawa comprising high profile members who will forward key messages to appropriate levels of government
- Advocacy by the City through its memberships on a number of provincial planning bodies and associations, with results such as more streamlined, flexible funding for homeless services; and pilot projects for needed support services
- Production of an Annual Report Card on homelessness in Ottawa by the Alliance to End Homelessness, which raises public awareness
- Various presentations and submissions to all orders of government, particularly at election times, in order to raise key issues
- Development of the City of Ottawa's City Housing Strategy to be used as a framework for planning and advocacy

**KRA#4: Ensure a coordinated, comprehensive and accountable community response to homelessness**

Community achievements since January 2006 include:

- Strengthening of the Homelessness Community Capacity Building (CCB) Steering Committee resulting in:
  - Allocation of 12 capacity building grants to community agencies and coalitions
  - Sponsorship of community events such as the Housing Fair for homeless people, and the Tenants' Conferences
  - 86 training sessions for front line workers, management and Board members on topics such as Understanding and Managing Aggressive Behaviour; the Refugee Process; Dual Diagnosis, and Advocating for Clients
  - Ongoing monitoring of the implementation of the Community Action Plan
  - Actively encouraging and supporting community-based initiatives such as the development of the network of Francophone services

- Advocating for development of the Leadership Table on Homelessness and acting as a reference group for their planning
- Organizing the consultation for this next iteration of the Community Action Plan.
- Continuously improving data collection activities and data bases to support ongoing planning and evaluation of programs and services
- Implementation of the new City of Ottawa Rooming House Licensing Bylaw is ensuring more accountability of landlords to the tenants
- Agencies are increasingly sharing resources and protocols to avoid duplication. For example: Housing Plus has one application form accepted by all members of this supportive housing network of agencies; and, the network of Executive Directors of the three men's shelters and the women's shelter share best practices, policies, procedures, etc. to ensure standardized, more equitable service delivery
- Implementation of Emergency Shelter Standards and Domiciliary Hostel Standards to help service providers achieve a greater degree of accountability to their clients and to their funders
- Review of Local Priorities for accessing social housing with recommendations for change

## **6. Input Received during Consultations for this Plan**

This section is a summary of comments and ideas received from service providers, consultation participants, survey respondents, and key informants. It signifies areas that still need strengthening to reduce and eliminate homelessness in Ottawa.

### **6.1 Increase the Supply of Affordable and Appropriate Housing in the City of Ottawa.**

This is always the principal message. There is a need for affordable rental housing for homeless singles through to large families staying in the emergency shelters. The idea of affordable homeownership is very attractive too, so the down payment assistance program being administered by the Housing Branch is popular.

Appropriate housing includes housing with supports, as needed. These supports can be on-site and accessible to all tenants or they can be community-based, perhaps attached to particular clients. However the service is provided, it is essential to assist many tenants in retaining their housing long term.

## 6.2 Prevent Individuals and Families from Becoming Homeless, and Assist People while they are Homeless.

There was general consensus among the key informants that resources should be gradually shifted away from emergency response in favour of prevention services. Having a strategy in place to reduce chronic homelessness is seen as a way to free up valuable resources.

Priority services identified for *homelessness prevention* and needed across all sectors are:

- Mental health and addiction services for youth;
- Life skills and personal support for youth at risk;
- Support for families at risk of losing their housing (financial, employment);
- Education and employment services for recovering youth and adults who are ready to move back into the mainstream; and
- “Aging in place” support for older persons at risk of homelessness, including appropriate health care and home support.

Having access to appropriate support services for individuals and families *experiencing homelessness* continues to be critical. The top priorities in this area according to the community consultations are:

- Maintaining emergency shelter capacity with a consideration towards shifting some spaces to neighbourhoods outside the core downtown area;
- Improving the quality of the Social Housing Registry and waiting lists for services to provide more responsive housing search assistance;
- Developing a user-friendly on-line directory of services (noting which are French language, bilingual etc.) to support front-line workers in their role as referral agents. Expected outcomes would be increased awareness about what services can be offered, and a reduced number of inappropriate referrals;
- Developing a user-friendly hand-held companion directory of services for clients so people can self-refer;
- Increasing street outreach to youth using peer support and professionals specializing in mental health and/or addictions (particularly crack cocaine). Francophone youth have been identified as a priority;
- Providing transitional supports for homeless families preparing to move back into the community;
- Exploring the development of a treatment centre for Aboriginals struggling with addictions;
- Exploring ways to improve the hours (add weekend/evenings) in selected drop-in centres where need is warranted; and
- Improving access to appropriate primary health care for women – younger women and Aboriginal women were identified as priority groups.

*There's a big gap between accessing a service and receiving treatment... There's a large group of people that fall between the gaps. We need to find a solution to help people while 'red tape' is being sorted out.-*  
- Quote from a client survey participant.

### 6.3 Advocate for Legislative and Policy Changes to end Homelessness.

The challenges related to finding long term solutions rest in successfully and strategically addressing three areas: (1) the development of sound policies to eliminate barriers to accessing housing and services; (2) increased and more flexible funding; and (3) service delivery models that are responsive to client needs, outcome-focused and maximize resources from all levels.

Priority strategies identified by the community to ensure long term solutions are:

- Engaging the LHIN (which allocates funding for mental health and addiction services) to play a role in developing housing with supports and advocating with the Ministry of Health to identify housing as a determinant of health;
- Enhancing the City of Ottawa Housing Strategy to address homelessness more prominently, and using it as a tool to advocate to other levels of government;
- Developing an advocacy tool kit about the City’s Housing Strategy for use by agencies, organizations and individuals in promoting and raising awareness about issues related homelessness;
- Establishing strong support for the Leadership Table to explore opportunities in the private sector for capital funding and private-public partnerships;
- Exploring possible new provincial funding opportunities including new beds announced by the Ministry of Health and the “Hostel to Homes” program;
- Developing an evaluation framework that identifies desired client outcomes. Consider using a logic model tool to provide a road map for improved service coordination and more effective and accountable service delivery. Use evaluation results to make a business case for increased funding or to shift funding from one sector to another;
- Strengthening the ability of provincial municipalities to speak with one voice when negotiating with the Federal government;
- Bringing decision makers from all ministries to a common table (the new provincial strategy to end poverty is a good model) with the goal of improving service coordination;
- Examining the role of existing planning bodies and collaborations dedicated to homelessness to eliminate duplication in roles and membership;
- Continuing to promote and support the annual report card on homelessness as a user-friendly information tool;

*It is not just a matter of resources and allocations – a business case is needed to end homelessness. It is incumbent on us to think of innovative ways to end homelessness, advocate with innovation – time to get off the old merry-go-round. Innovation could come from the Leadership Table. Quote from an agency administrator.*

*An advocacy plan is needed – the report card is one piece. There is a need to create a groundswell of concern that can then affect political will. AMO (Association of Municipalities of Ontario) could provide the glue across the province for province wide action. There is a need to include other stakeholders in such a collaborative initiative such as non-government organizations (NGO’s), OMSSA (Ontario Municipal Social Services Association), etc.-- Quote from an elected official*

*We need to find ways to inform the population to minimize the “not-in-my-backyard” syndrome. --Quote from a Francophone key informant*

- Speeding up the establishment of a data collection process. To have a truly coordinated and accountable system, there needs to be a central point of data collection and dissemination – the HIFIS model for shelters could be applied more widely;
- Supporting existing housing options such as Domiciliary Hostels by addressing outstanding issues including funding.

#### **6.4 Ensure a Coordinated, Comprehensive and Accountable Community Response to Homelessness.**

To continue the gradual shift from an emergency response to homelessness to prevention, all sectors must work together.

The participants at the community consultation and the key informants made good suggestions about ways to strengthen the existing service system. While acknowledging that much cooperation exists among agencies, priority areas that should be encouraged are:

- Articulating a system-wide framework (by way of a logic model and system-wide success indicators) to measure short-term outcomes and long-term impacts of the community's collective approach to addressing homelessness. Consider success indicators such as: <sup>xii</sup>
  - Is homelessness declining?
  - Is street or chronic homelessness declining?
  - Do people stay homeless for shorter periods of time?
  - Is the time on waiting lists for housing with supports reduced?
  - Are fewer people experiencing homelessness for the first-time?
  - Are repeat occurrences of homelessness avoided or declining?
  - Are people's housing situations more stable with fewer moves?
- Using Inner City Health Inc. as a good model of health service integration to expand to other target populations;
- Encouraging better collaboration between mainstream agencies and other sectors such as the Aboriginal community;
- Encouraging joint proposals for funding to minimize agencies' working in silos;
- Facilitating joint planning and problem solving amongst agencies providing support services and housing for the homeless;
- Improving discharge planning between institutions and homeless services providers in the community.
- Coordinating and streamlining research and evaluation studies so they are less intrusive and time consuming;
- Conducting longitudinal research that follows clients through the system to better identify gaps, duplication and barriers to access;

*There are good initiatives that bring people together. For example, the rooming house info. exchange program. We find that hugely beneficial. It's a way for us to keep in touch with the rooming house community. Another is the Street Health Coalition. Another is organized by CMHA [Canadian Mental Health Association] and OW [Ontario Works]. This one looks at people who are on the verge of losing their housing. OW will say, we don't know what's up with this person, we're going to cut him or her off. Because of this partnership..., benefits are sustained and serious consequences are avoided if they lost their housing. --Quote from a mental health worker.*

## Community Action Plan On Homelessness: 2009-2014:

- Introducing more formalized, coordinated case management for the chronically homeless to avoid duplication of services and “drop out” of clients;
- Encouraging more outreach to landlords and rooming house owners to address barriers and explore joint ventures;
- Reviewing the benefits and barriers created by Block leases with housing providers;
- Facilitating access to user friendly and timely research results so that programs are better informed on an ongoing basis and can respond accordingly; Consider a central repository for local information; and
- Consulting with other cities to keep up to date on best practices that could be incorporated in Ottawa’s service system
- Building capacity among non-profit housing developers such as churches by offering workshops on the development process;
- Building capacity through staff development and training by promoting CCB-sponsored workshops.
- Examining the “Housing First” model more closely in terms of its applicability in Ottawa before promoting it as the “best model”. This could include exploring an enhanced coordination of service delivery by agencies providing supported housing.

*Different funding sources require different statistics, which is frustrating for frontline workers. --Quote from a front line worker*

*We see more and more children at our family soup kitchens. There have been minimal increases in welfare over the past years, and those increases are not enough to cover the increased cost of living or the increased rental costs.” --Quote from a francophone key informant.*

*We need a one-stop “Housing Centre”. This centre would comprise of Social Workers, Settlement Workers, Outreach Workers, Lawyers, Case Managers, OW/OSDP Workers, Children’s Aid Workers, Health Inspectors, Canadian Mental Health Worker, Addiction Workers, etc. Clients that would have any housing issue can stop in and request assistance. ...not have to travel from one place to another in search of assistance...[With a] holistic approach, the success rates may be greater.. When clients receive fragmented services, not only are they discouraged and frustrated, but have greater chances of not resolving their housing needs” --Quote from a front line staff questionnaire respondent*

### 7. Solutions to Homelessness

Building on past work, and considering the input received from the community during the consultation period, this five-year Action Plan calls for the following specific actions, listed under four Key Result Areas.

#### **KRA#1: Increase the Supply of Affordable and Appropriate Housing**

Increasing the supply of affordable housing with appropriate supports continues to be a top priority for the next five years. In particular, the community has identified a need for more:

1(a) Affordable housing:

- Rental

In 2004, the City of Ottawa established a target of an additional 500 low-income rental units per year. Near the end of 2008, there are only 624 units developed, being developed or pending approval in the three year period of the current Action Plan.

- Homeownership:

The current program for Homeownership Down Payment Assistance is still not accessible to the lowest income earners (10<sup>th</sup> income percentile at \$18,489) who cannot support a mortgage.

1(b) Housing with Supports:

Currently, there is a waiting list of over 2000 people waiting to access units in Ottawa's Housing Plus network of agencies. Many of these people have mental health issues; some are living with HIV/AIDS. Specifically, homeless, senior women and men need housing with support<sup>xiii</sup>. Francophone women have been identified as a subgroup needing this type of housing.

Models of housing with supports are:

- Supportive housing is long term housing with on-site support services for residents, usually 24/7, to assist residents to live as independently as possible.
- Transitional housing is time-limited supportive housing, typically no longer than three years. There is a need for more transitional housing to provide: post-treatment stabilization; newcomer integration into the community; safe accommodation for Aboriginal women and for women and children fleeing abuse; and sobriety and life skills development for certain individuals and families transitioning from emergency shelters.
- Supported housing can be any housing unit in which portable, community-based support is provided to the resident(s) living there. This could include mental health case management, money management, conflict resolution, assistance to maintain housing, etc. There is a need for a significant increase in the supports available in the community, specifically for professional services for individuals with mental health and/or addiction issues. The need for more supports is particularly evident in the 21,500 social housing units. The Housing Branch recently prepared a report on Evaluation of Local Policies in Social Housing that discusses how 26% of the households provided with one of these housing units under the homeless priority category are identified as 'challenging', meaning that they need supports in order to maintain their tenancy. In a typical year, 500 households are housed under this category. Residents with need of supports can be disruptive to their neighbours.

**Actions:**

- 1.1 Implement the current Homeownership Down Payment Assistance program to ensure that a minimum of 205 families are able to purchase affordable housing in 2008. If more funding is forthcoming, allocate as quickly as possible.
- 1.2 Explore opportunities in the private sector for capital funding and private-public-non-profit partnerships to develop (build or purchase and renovate) fifty units of affordable rental housing per year for the next five years, some of which could provide housing with supports.
- 1.3 Advocate strongly with the provincial Ministry of Health and Long Term Care to release funds to the LHIN to fund community-based mental health and addiction interdisciplinary teams, including case managers to support residents in both existing and new supportive and supported housing. Each ten person interdisciplinary team will have the capacity to provide outreach service to between 200 and 300 individuals.
- 1.4 Develop 50 units of transitional housing annually. The current populations in most need are: newcomers; Aboriginal women; women and children fleeing abuse; individuals who need post-treatment stabilization.
- 1.5 Increase the stock of supportive housing by 100 units a year to focus on the need of senior women and men who are homeless or at risk of homelessness.

**KRA#2: Prevent Individuals and Families from becoming Homeless, and assist People while they are Homeless**

The Housing Loss Prevention Network (six agencies, operating in ten sites across the city) has served 7,110 households in the last two and a half years. It has been able to move to earlier intervention instead of engaging clients only when housing loss is imminent. However, the demand is still greater than the capacity of the services. Given that the cost to society of letting people become-homeless is far greater than preventing it, this is a good sector for further investment.

The Tenant Support Workers at Options Bytown who work in Ottawa Community Housing have assisted 1,700 tenants a year in retaining their housing. But there is a need for more of these workers to be available to more residents of social housing.

Since January 2006, the Housing Support Workers in the emergency shelters have been helping 4,249 households find long-term housing, with supports as needed. The workers in the men's shelters have coordinated efforts over that time, sharing landlord information and best practices. It is time to increase that coordination throughout the system. Any efficiencies could benefit the housing loss prevention services.

There is a continuing call for more coordinated, even integrated client service that is efficient and accessible.

**Actions:**

- 2.1** Strengthen and expand services provided by housing loss prevention workers, both on-site and community-based. This could include:
  - Adding a minimum of 10 tenant support workers to the service provided by Options Bytown in Ottawa Community Housing Buildings
  - Adding a minimum of 10 staff to the Housing Loss Prevention Network, based mostly in Community Health and Resource Centres.
- 2.2** Develop a network of all the Housing Support Workers in shelters and in other community agencies throughout the city to maximize results by sharing the knowledge, skills and current information of all.
- 2.3** Develop and implement transitional services for families leaving emergency shelters.
- 2.4** Strengthen and build capacity among the Street Outreach Network services. This could include:
  - Ongoing monitoring of trends and gaps in outreach services for the absolutely homeless;
  - Reviewing hours and areas of service, outreach team mobility, and collaboration between Street Outreach services and Housing Support Workers.
- 2.5** Over five years, develop and implement a plan for consolidation of services for housing search and stabilization, and housing support that would recognize the unique needs of various client sectors, and the experience and knowledge of various service providers. This would include:
  - Housing search and stabilization services
  - Housing loss prevention, including eviction prevention
  - Applications and preliminary screening for a coordinated access to both social housing and housing with supports.
  - Formal referral protocols with Housing Loss Prevention and Tenant Support Workers, Rent Bank and Employment and Financial Assistance Branch
  - Coordinated access to support services necessary to maintain long term housing; e.g. mental health and addiction services, home management services for families at risk, home support for seniors who are ‘aging in place’, and employment services.

**KRA#3: Advocate for Legislative and Policy Changes to end Homelessness**

The challenges related to finding long term solutions rest in successfully and strategically addressing three areas: developing sound policies to eliminate barriers to accessing housing and services; increased and more flexible funding; and service delivery models that are responsive to client needs, are outcome-focused, and that maximize resources from all levels.

**Actions:**

- 3.1 Advocate for a National Housing Strategy that protects and maintains existing stock, increases supply and addresses affordability
- 3.2 Implement the recommendations presented to City Council on Evaluation of Local Policies in Social Housing in order to improve access to social housing.  
<http://ottawa.ca/calendar/ottawa/citycouncil/cpsc/2008/09-08/02%20-%20ACS2008-CPS-HOU-0012.htm>
- 3.3 Develop a toolkit for agencies, coalitions and individuals to use the City Housing Strategy in advocating for changes.
- 3.4 Engage the LHIN and the Ministry of Health to identify housing as a determinant of health.
- 3.5 Convene decision makers from all relevant provincial and federal ministries at a common table with the goal of improving service planning, coordination and sustainable funding: the new provincial strategy to end poverty is a good model.
- 3.6 Examine the role of existing planning bodies and collaborations dedicated to homelessness, to eliminate duplication in role and membership.
- 3.7 Advocate for the continuation of CMHC's Residential Rehabilitation Assistance Program (RRAP) funding in order to maintain existing affordable housing stock and to use the City of Ottawa as administrator.
- 3.8 Advocate for sustainable federal homelessness funding.
- 3.9 Advocate for income adequacy and security through:
  - An increased minimum wage
  - Increased rates for social assistance, employment insurance and Old Age Security.

**KRA#4: Ensure a Coordinated, Comprehensive and Accountable Community Response to Homelessness**

There is general consensus that the best practices are rooted in collaborative, coordinated community-based initiatives. The participants at the community consultation and key informants made good suggestions about ways to strengthen the existing service system.

To this end, the Community Capacity Building initiative brings together the primary service sectors, planners, business people and clients in order to do a reality check on successes, to identify weaknesses, and to set priorities. This work is all supported by research and training that builds the capacity of individual agencies, of service sectors, of client contribution and of the community as a whole to respond to issues of homelessness.

Data collection is becoming more integrated and robust, resulting in more reliable analyses to support service planning, funding allocation, and development of service delivery models. This, in turn, allows for more transparent accountability in the use of limited resources.

However, there are still challenges to be overcome to ensure that the process is as smooth and effective as possible.

**Actions:**

- 4.1 Develop a communication plan to ensure that all the primary stakeholders are aware of the initiatives undertaken by CCB and can contribute and participate as appropriate; e.g. training for agency staff; planning forum for work with newcomers.
- 4.2 Distribute updates on implementation of Community Action Plan and on service data that show housing results.
- 4.3 Facilitate the development of more service sector collaboration to build on the excellent efforts of the last few years; e.g. Housing Support Workers; Shelter Executive Directors; Housing Plus.
- 4.4 Annually assess the effectiveness of the service system and revise, as appropriate, with available resources.
- 4.5 Promote coordination of research studies in order to provide in depth information about all aspects of the homelessness issue.

\*\*\*\*\*

**Appendix A****Client and Front Line Worker Survey Results**

The following details the results of a survey conducted by the Homelessness Community Capacity Building Steering Committee in June 2008. The survey was aimed at those who use/ have used support and/or housing services for people who are homeless or at risk of losing their housing; and the front line workers who serve them.

64 responses were received (5 in French).

**1. Profile of respondents:**

Front line worker	46%
Consumer of services	31%
Concerned Citizens	12%
Supervisor /Manager of services	9%
Other Network)	2% (Coordinator Sector
Funder/Planner/Researcher	0%

**2. How long have you been involved with Ottawa's homelessness services?**

	<b>Front Line Workers</b>	<b>Consumers of Services</b>
Less than 6 months		27%
Between 6 months and 2 years	13%	27%
More than 2 years	88%	42%
Blank		4%

**3. Which parts of the homelessness service system do you mostly use or work in, or are you most interested in? (Able to pick up to three choices)**

	<b>Front Line Workers</b>	<b>Consumers of Services</b>
Housing loss prevention	9%	8%
Street outreach	16%	8%
Drop-in programs	16%	23%
Housing search assistance	11%	12%
Emergency shelter	4%	13%
Supportive/transitional housing	8%	7%
Mental health care	14%	3%
Addictions services	16%	3%
Tenants rights	3%	8%
Funding, planning, or research	3%	8%
Other: YOUTH ISSUES	1%	0%
Other: FOODBANK		2%
Other: AFFORDABLE HOUSING		2%
Other: ADVOCACY		2%

**4. a) ACCESS TO SERVICES**

**Question:** How difficult or easy is it for consumers of the homelessness service system to get access to the following types of services? (Consider things like

*length of wait for service, location, language, wheelchair accessibility, and “red tape”.)*

**Answer:**

Top three difficult to access:

**Housing with supports; mental health care; Addictions services**

Top three easiest to access:

**Drop-in programs; Street outreach; Tenants Rights**

**5. a) QUALITY OF SERVICES**

***Question:** How well served are the consumers of our local service system? (E.g. Are the staff competent, knowledgeable and respectful? Do the services meet their consumers' needs? Do consumers feel comfortable? Are the facilities adequate?)*

**Answer:**

**WELL SERVED (top three)**

**Drop-in programs (“Day programs”); Housing Loss Prevention; Street outreach services**

**POORLY SERVED (top three)**

**Addictions services; mental health care; Housing Loss Prevention**

**6. Funding for Support Services:**

***Question:** If any new funding became available for Ottawa's existing service system, where would you apply it?*

***Answer:** See Table below for responses.*

***(Details and the Comments received are also available from the Housing Branch.)***

**7. Capital funding:**

***Question:** If any new funding became available to purchase or build facilities, where should it be used?*

***Answer:** See Table below for responses.*

Other suggestions received: **Aboriginal, safe-injection site, housing for mental illness, Detox, newcomers, youth, trauma.**

**8. What new services do we need in Ottawa, to fill any holes in our homelessness service system? Please describe them.**

The description of new services from the clients included harm reduction and job placement as priorities. The Front Line Workers emphasized facilities and community services for Mental Illness support, Addiction Counselling and Detox. They also quoted opportunities to advocate on behalf of their clients and a “One-Stop Housing Centre.”

**9. If more money were available to give directly to people who are homeless or at risk of losing their housing, what should it be used for?**

WISH LIST FOR:			
	First Choice	Second Choice	Third Choice
6. SERVICES	<b>Addiction Services</b>	<b>Housing Loss Prevention</b>	<b>Mental Health</b>
			<b>Supports in supportive/transitional housing</b>
7. CAPITAL FUNDING	<b>Community-based, affordable housing</b>	<b>Transitional or supportive housing</b>	<b>Addictions treatment facility</b>
9. DIRECT FUNDING	<b>Rent supplements</b>	<b>Increased minimum wage</b>	<b>Increased O.W. shelter allowance</b>
(Combined data from Front line workers and other)			

**10. What other comments do you have about how to improve the service system for people who are homeless or at risk of homelessness in Ottawa?**

- The key is housing. Housing is stabilizing. Some programs require an address
- Housing is key to keeping a family together and a person's base health and well being
- I feel that people on OW should be required to 1) work search b) attend an education program such as high school completion, college or university program or c) be seeking treatment. This will monitor people, keep people active and motivated. Hopefully these people will not be tempted by addictions.
- Vital to remember and support the need to continue increasing advocacy activities to be sure our community's housing and service needs and our program and housing successes are well known across the broader community. Also very important to engage consumers in service delivery and advocacy.
- We need political will. We need to educate politicians on the matter and get them involved. In the mid-90s, both the federal and mostly the provincial government stopped funding the construction of social housing. It's time for them to be serious to eradicate the problem. At the same time incomes have not kept pace with the cost of living increases. In 1995, Ontario's provincial government cut welfare rates by 21.6%. A single parent with one child receives a maximum of \$511 per month for shelter, making the vast majority of two-bedroom and even one-bedroom apartments financially out of reach. And we don't even have units available.

*Note:*

*A more detailed summary with graphic representation of data is available from the Housing Branch from [Jennifer.Mahood@ottawa.ca](mailto:Jennifer.Mahood@ottawa.ca)*

**Appendix B**

List of Interviewed Key Informants

**Marc Provost**

Program Manager, City of Ottawa, Housing Branch Residential and Support Services

**Councillor Georges Bedard**

Rideau-Vanier Ward, City of Ottawa

**Alexandre Pirsch**

Coordinateur, Horizons Renaissances inc

**Diane Blouin**

Senior Integration Consultant, Champlain LHIN

**Gordon Diamond**

Chair, Downtown Ottawa Coalition for a Safe Community

**Danielle Masse**

Director, Employment and Financial Assistance Branch, City of Ottawa

**Dr. Fran Klodawsky**

Professor, Carleton University, Geography Dept.

**Perry Rowe**

Chair, Alliance to End Homelessness & Executive Director, The Salvation Army, Ottawa Booth Centre

**Ministry of Community and Social Services & Ministry of Children and Youth**

*Services Joint Interview:*

**Linden Holmes**, Program Supervisor,

**Marcel St. Jean**, Community Program Manager for Municipal and First Nations Services,

**Susan Bihun**, Regional Director, Eastern Region Office

**Tom Howcroft**

Chair, The Ontario Homes for Special Needs Association and Executive Director, Edgewood Care Centre

**Councillor Peter Hume**

Alta Vista Ward, City of Ottawa

**Councillor Peggy Feltmate**

Kanata Ward, City of Ottawa

**Rev. Shane Parker**

Chair, United Way Impact Council on Individuals and Families in Times of Crisis and  
Dean of the Anglican Diocese of Ottawa,  
Rector of Christ Church Cathedral

**Dianne Urquhart**

Executive Director, Social Planning Council of Ottawa-Carleton

**Catherine Boucher**

Executive Director, Centretown Citizens Ottawa Corporation

**Dr. Nadine Sicard**

Associate Medical Officer of Health  
City of Ottawa

**MP Paul Dewar**

Ottawa Centre

**Jamey Burr**

Consultant, United Way Leadership Table on Homelessness

**Russell Mawby**

Director, Housing Branch, City of Ottawa

**HOMELESSNESS COMMUNITY CAPACITY BUILDING  
COMMUNITY CONSULTATION  
June 18, 2008**

**Participant Input**

Note:

- A more detailed summary of the input received at the consultation is available from the Housing Branch at [Jennifer.Mahood@ottawa.ca](mailto:Jennifer.Mahood@ottawa.ca)
- Where an item / idea was repeated in the raw data, the number of times it was repeated is indicated in brackets.

**1. Increase the supply of affordable and appropriate housing.**

**1.a. Affordable housing**

- Need more affordable housing stock, including for large families
- Much of the stock of affordable housing is of poor quality, and aging.
- Make rent supplement program more flexible (2)

**1b. Housing with supports**

- Need housing with supports for people with HIV/AIDS, people with mental illness, youth, and people (especially women) with multiple issues.
- Those with addiction issues are all housed together however they should be in scattered housing – the temptation to use will be reduced.

**2. Prevent individuals and families from becoming homeless, and assist people while they are homeless.**

**Housing and Social Services**

- There is clearly too long a waiting list for services. (5) All services are stretched to the limit.
- Workers are too busy! The ability to follow up with clients in a timely manner is strained. (11)
- More services are needed for Aboriginals (4) women (4) especially for women who've experienced violence. (2) newcomers; people with Fetal Alcohol Syndrome Disorder (FASD) especially Aboriginals.
- We need more resources to help people stabilize in their housing once they have been helped to find housing, including for hard-to-serve clients. People need to learn lifeskills to be an apartment dweller.
- Evening and weekend hours are needed... (7), especially for drop-in services (2).
- Case management is needed for more clients including the most difficult on-street cases.
- Affordable kids and youth activities, as prevention.

- Need a safe place for clients of young women's shelter whose dangerous or uncooperative behaviour makes them temporarily ineligible. Should be integrated with CMHA or other psych. service.
- We need more landlords to know about the housing loss prevention network, and refer people there early.

### **Health and mental health**

- There is a shortage of:
  - mental health care for children, adults, and young adults (who have new and different service needs than the typical adult clientele)
  - services for Aboriginals with mental health and addictions issues
  - primary care for the homeless, which prevents many hospital visits and expenses. These clients' health needs are very complex: physical, mental, addictions all presenting at once.
  - an outreach psychiatrist on the street, with cultural sensitivity to Aboriginals
  - Expertise in helping people who have HIV/AIDS *and* mental health issues.
  - services and accommodation for youth and adults with concurrent disorders (mental health and substance abuse) and/ or dual diagnoses (mental health and intellectual disability). Adult service model does not meet youths' needs.
- Need more resources for case conferences for hard to serve individuals, with more involvement by mental health services/physical health provider – and more money to develop creative solutions.
- The changes in the people that access services are changing. It used to be mental health and alcohol. Now crack use especially among young people is high. It's a big problem. Young women, 14 year old girls, are using crack, and older men, in their 40s are preying on them. (3)

### **Addictions/ Drug Use**

- There is a huge number of people with addictions. (4)
- If someone is under the influence, and turned away, where do they go? They go back to the street. Flexibility is needed. (2)
- Homeless population used to be older alcoholics, now there are lots of younger addicts – 25 to 40 yrs old – and services need to change and be enhanced for this population – seeing lots of drug addictions to crack/prescription drugs/morphine/crystal meth. (2)
- Need to put more services in women's addictions – the group felt that men's addictions services are better. (2)
- More stabilization programs needed
- Addiction Services are lacking in Ottawa. No long-term Residential treatment facility. Services need to be available to clients when they need them or they will be less likely to go. Waiting lists are too long. Clients also need to feel safe and comfortable with their treatment. Need treatment suitable for GLBTTQ addicts.

- Crack is a serious problem. There are no immediate services. There is a lack of treatment centres. There are long waits. There are no youth treatment centres. These are big problems.

**French, other languages**

- Services in French are not sufficiently available (5)
- Interpretation services insufficient. (5)

**3. Advocate for legislative and policy changes to end homelessness.**

- The unstable federal funding leads to staff turnover and uncertainty for staff and clients. Need long-term commitment.
- The Aboriginal VAW shelter needs full funding (currently province funds only 15 of the 19 beds).
- Workers are too busy because of insufficient resources. Obtain more funding. (11)
- The moratorium on new group homes and services in Vanier will cause problems for clients, as that is where existing services and workers are located. It will be costly to agencies to provide those services in multiple locations because the clients in need have been pushed out.
- The Leadership Table needs to carry the messages of the community service providers. The community needs to improve communications in terms of what is needed.

**4. Ensure a coordinated, comprehensive and accountable community response to homelessness.**

**Collaboration amongst agencies:**

- Clients need to constantly spend their time accessing services – going from location to location – life becomes about finding services. Need increased push for integrated services to reduce travel time and “run around” – best to intertwine services – another idea is to include peers in helping with finding way around system.
- The work is still done in silos – funders should require collaboration.
- Referrals between agencies need to include open and honest communication. Clients can have multiple workers who don’t know about each other. We shouldn’t have workers duplicating work. (2)
- Need communication between government (OW/ODSP) and frontline workers regarding change in policy or changes in entitlements
- How integrated can a system be with so many waiting lists? You can refer a client to a service with a long waiting list...but then what?
- Frontline communication has to improve. In emergency rooms and hospitals, people don’t always know what services are available.
- There’s a lack of information about after-hours services.

- Structural supports needed for networking and collaboration e.g. Alliance; needed in sub-sectors (3)
- Need more frequent networking opportunities and meetings within sector groups, to exchange information and work on issues.
- Need: funding to promote coordination of services; better services system; better network; bilingual services / staff; sufficient funds; to research common issues;
- Need a network of housing search workers. There is a network for agencies to prevent loss of housing but we need a similar network of housing search services, and at 2 levels: both management and front line. The Housing Branch should take the initiative to convene a meeting of these agencies because it has the contacts.
- Identify which agencies truly provide bilingual services.
- There should be more of a link between LHIN and Housing – engage LHIN to assist in developing housing.
- There is an increase in police presence; the Ottawa Police are very good in dealing with the homeless population.
- Data collection is at odds with client-centred service. How many times are we asking clients the same questions?

**Staff training, skills**

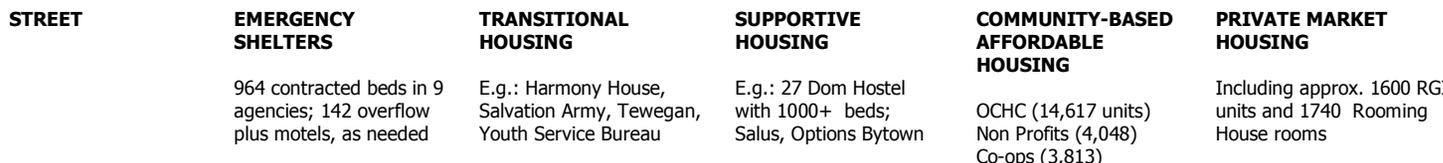
- Staff need more training in non-violent intervention – help staff find ways to deal with tough clients.
- We need people studying to become social workers to train in cultural competency, particularly regarding Aboriginal cultures.
- Lack of specialized professionals to provide services in French e.g. psychologists, etc.

**Consistent policies across agencies**

- Policies at agencies regarding “trans inclusiveness” are not consistent. Oshki Kizis, Minwaashin, YSB and Amethyst (and likely some others) do have such a policy, wherein clients will be accepted as being of the gender they say they identify with. Some shelters require a card that states the person has had a gender change operation, which is an invasion of privacy.

## Ottawa Continuum of Housing and Support Services

**Housing**



**Support Services**

**OUTREACH**  
- health  
- housing  
- counselling

Street  
Salvation Army Van, S.A. Housing Response Team, Centre 507, Operation Go Home, Wabano Health Centre, Jewish Family Services, Ottawa Inncity Ministries, E. Fry, Shepherds of Good Hope, Youth Services Bureau

Drop-in  
Centre 454, The Well, Centre 507, St. Joe's, Centre Espoir Sophie St. Luke's, Shepherds of Good Hope, Odawa Drop-in, Youth Services Bureau, Caldwell Family Centre

**HOUSING SEARCH AND STABILIZATION**  
- housing assistance  
- referrals to community resources  
- health services: physical, mental, addictions

On-site in shelter  
Shepherds of Good Hope, The Mission, Salvation Army, Cornerstone, Oshki Kizis, Reception House, PQCRS and SWCHC in Family Shelters, Youth Services Bureau, Ottawa Inner City Health, Royal Ottawa Hospital, Public Health Department, CMHA, E. Fry, Harmony House, Tungasuvvingat Inuit,

Community-based  
Housing Help, Action Logement, CMHA, The Well, Minwaashin Lodge, The Mission, Rideau Street Youth Enterprise, Catholic Immigration Centre, Wabano

**COMMUNITY CAPACITY BUILDING**  
-research  
-training  
-planning

**HOUSING LOSS PREVENTION**  
- life management / social supports  
- financial assistance  
- health: physical, mental, addictions  
- employment / training  
- legal / advocacy

On-site  
Bruce House, Salus, Options Bytown, Daybreak, Cornerstone, OCHC (through Options Bytown), YSB, Tewegan, The Mission, Shepherds of Good Hope

Community-based  
Pinecrest-Queensway CRS and 4 other agencies (Housing Loss Prevention Network), The Salvation Army, Catholic Immigration Services, Housing Help, Centre 507, CMHA Housing Impact Team John Howard, Centre 507 (Rooming House), The Well (Rooming House), Rent Bank, Employment and Financial Assistance

**EMERGENCY SHELTERS**  
964 contracted beds in 9 agencies; 142 overflow plus motels, as needed

**TRANSITIONAL HOUSING**  
E.g.: Harmony House, Salvation Army, Tewegan, Youth Service Bureau

**SUPPORTIVE HOUSING**  
E.g.: 27 Dom Hostel with 1000+ beds; Salus, Options Bytown

**COMMUNITY-BASED AFFORDABLE HOUSING**  
OCHC (14,617 units)  
Non Profits (4,048)  
Co-ops (3,813)

**PRIVATE MARKET HOUSING**  
Including approx. 1600 RGI units and 1740 Rooming House rooms

**Homelessness Community Capacity Building**

**Community Action Plan to Prevent and End Homelessness: 2006-2008**

**Key Result Area Achievements, as of September 2008**

**Key Result Area 1: Prevent people from becoming homeless.**

1. Options Bytown and Rideauwood have formed a new partnership to support clients of Options Bytown in dealing with their addictions.
2. Caldwell Family Services:
  - Counselling through Carlington Chaplaincy
  - Dream Centre – for women who need a safe place to talk freely
  - Rainbow Weavers – for women
  - The Brothers – a men’s group
3. The new Housing Impact Team, CMHA, a federally funded pilot, helps homeless people who obtain priority access to subsidized housing to obtain necessary support services.
4. The new Rooming House Support Project based at The Well and Centre 507, is a federally funded pilot that provides supports for men and women living in rooming houses to stabilize and reintegrate into the community.
5. The Somerset West Community Health Centre has extended outreach medical services to rooming house residents in their catchment. As well, a cooking/nutrition program for rooming house tenants is now offered.
6. The Housing Loss Prevention Network has continually improved the support services to prevent persons from becoming homeless. For example:
  - More people assisted earlier so there is less disruption in their lives;
  - Increased outreach to tenants in at risk communities, including information sessions to community groups, drop-in centres, tenant associations, etc.
7. Options Bytown has expanded on-site tenant support to 14 different sites of Ottawa Community Housing.
8. EFA and Ottawa Community Housing formed a liaison group in 2007 to preserve and strengthen their collaborative link and to assist mutual clients in eviction prevention. Mutual sharing of policies and procedures, along with the establishment of direct links between staff allows staff to proactively assist clients in maintaining housing.
9. The Housing Branch continues to contract with EFA and The Salvation Army to provide Rent Bank services in the form of short-term rent arrears to avoid eviction.

**Key Result Area 2: Ensure people who are homeless or at risk of homelessness have a full range of affordable housing options and appropriate supports.**

1. An affordable housing fund for small, innovative loans has been created by Community Loan Fund / PSAC Pension Fund / Alterna.
2. CMHA received new rent supplements for 113 units.
3. 624 new affordable rental housing units built, being developed or pending approval since January 2006:
  - Nepean Housing, 62 new units;
  - Gloucester Non-Profit, 36 new units;
  - Blue Heron Co-op, 83 new units;
  - Multifaith Housing Initiatives (MHI) - 5 units at Kent House (Kent and Gladstone), 10 units at Somerset Gardens; approval pending on 27 additional
  - McLean created 63 units;
  - Clarenceview added 30 units;
  - Cumberland Housing Corporation built 16 units in Orleans;
  - Centretown Citizens Ottawa Corporation (CCOC) developing 161 units at Beaver Barracks, approval pending on 87 more
  - CMHA – 10 scattered condo units
  - Dovercourt Housing Co-op – approval pending on 10 units
  - Safe Housing Inc. – approval pending on 24 units
4. 95 new supportive housing units created since January 2006:
  - John Howard Society -- 26 new units;
  - Ottawa Salus -- 40 new units;
  - Salvation Army Booth Centre -- 10 units;
  - Live Work Play – approval pending on 7 units
  - Safe Housing Inc. – approval pending on 12 units
5. 18 transitional housing units created since January 2006:
  - 8 units, John Howard Society, for young women involved in justice system;
  - 10 units, Tungasuvvingat Inuit - post-addiction treatment stabilization units for Inuit
6. The Ontario Works Addiction Services Initiative provides specialized services and supports to clients with addictions - the goals of this initiative are assessment, treatment, stabilization, increasing employability and sustainable employment.
7. The Mission has added a day treatment addictions program for homeless and at risk men and women, and an evening support group for the same population in addition to their residential treatment.
8. Post-incarceration housing support services are provided by the John Howard Society as pilot program.
9. Two tenants' forums held in 2007 and 2008 -- to inform tenants of their rights and responsibilities, and to advocate for more rights and benefits for tenants.
10. CMHA has an agreement with one TD Canada Trust branch to help clients learn the banking process.
11. City of Ottawa Affordable Housing Program strategy set a target to acquire and renovate 180 Rooming House units.

12. The new City of Ottawa Bylaws for licensing and zoning of Rooming Houses come into effect in 2008. These new bylaws ensure the stability of appropriate rooming house stock within the city.
13. EFA's Home Support Services help people maintain independent living, alleviate social isolation and encourage community participation.
14. The Housing Branch continues to contract with EFA to provide Rent Bank programming in the form of short-term rent arrears to avoid eviction.
15. EFA and Ottawa Community Housing formed a liaison group in 2007 to preserve and strengthen their collaborative link and to assist mutual clients in eviction prevention.
16. The PowerPlay Pilot has developed into an ongoing program. A partnership between EFA, Hydro Ottawa, and the EnvironCentre, these groups work together to help reduce the electricity bills of low income and social assistance clients.

**Key Result Area 3: Support people when they are homeless.**

1. Youth Services Bureau built and is operating two new programs (one for 30 young men and one for 30 young women), providing emergency shelter and transitional housing.
2. Youth Services Bureau held a Youth Housing Fair.
3. The Housing Branch held a Housing Fair for homeless people, attracting 15 housing providers and housing search agencies to provide information to 72 clients plus front line housing workers.
4. Shepherds of Good Hope, Rideauwood and CMHA are partnering to deliver appropriate services to homeless women in the shelter who have particularly challenging mental health and addiction issues.
5. Emergency shelter continued to be provided to all homeless people who requested shelter, and outreach services were provided to those staying outside.
6. Ottawa Inner City Health has received ongoing funding.
7. The iSister computer training program was provided to clients of Cornerstone / Le Pilier.
8. Workshops on nutrition and food safety are offered at shelters through EFA programming.

**Key Result Area 4: Create opportunities for people to move out of homelessness.**

1. Hostel to Homes is a 6-city pilot project. The Ottawa Mission is leading an 18-month pilot helping 45 men move from the three men's shelters to supported housing, and facilitating their gradual move to living independently without income support from social assistance.
2. Cornerstone now offers transitional services through enhanced case management. The target group consists of homeless women who have been in the shelter long term and the goal is to prepare them for living more independently in the community.
3. The Salvation Army is now providing transitional domiciliary hostel services to long-term shelter users.
4. The new Housing Response Team enhances the Street Outreach service at the Salvation Army. The goal is to move chronic homeless from the street or shelter to housing and follow up with stabilization services.
5. The City of Ottawa, in partnership with Human Resources and Social Development Canada, piloted training for front line housing workers to assist homeless and at risk seniors in accessing financial entitlements to which they are entitled. This means they can access more appropriate housing.
6. A worker to help eligible people successfully apply to the Ontario Disability Support Program is now based at Centre 454.

**Key Result Area 5: Advocate for public investment in long-term solutions to homelessness.**

1. The Annual Report Card on Homelessness in Ottawa, produced by the Alliance to End Homelessness, is a powerful tool to raise public awareness and to advocate to decision makers for policy and funding changes.
2. City participates in advocacy to senior orders of government regarding affordable housing and homelessness through the Association of Municipalities of Ontario (AMO), Ontario Non-Profit Housing Association (ONPHA), and Ontario Municipal Social Service Agencies (OMSSA).
3. There has been a community-based review of local priorities for accessing social housing. Recommendations will be presented to Council.
4. A Leadership Table of community leaders has been formed to implement solutions to end chronic homelessness in Ottawa.
5. The Alliance to End Homelessness has made strong presentations to candidates and budget committees on multiple occasions over the past several years.
6. Alliance held a debate on homelessness for City of Ottawa mayoral candidates in September 2006.

**Key Result Area 6: Strengthen the service system for homelessness.**

1. Approval by City Council of the City of Ottawa Housing Strategy.
2. EFA coordinates a case conference group, working with several partner agencies, including Public Health, the Royal Ottawa Health Care Group, The Well, Community Legal Services, ODSP staff, etc. to develop case plans, advise EFA staff, and remove barriers to services for clients with mental health problems.
3. The Service Inventory on the web site of the Alliance to End Homelessness was updated.
4. There is now stronger coordination of the Street Outreach Network and as a result there is more collaboration around workers' schedules, the distribution of supplies, and service delivery, including finding shelter and housing.
5. Strengthening of the integrity of data collection continues, which in turn informs planning and funding decisions. An example is the successful enhancement of the Homeless Individuals & Families Information System (HIFIS).
6. The Community Capacity Building Steering Committee has used its allocation of federal Homelessness Partnership Initiative (HPI) funding to:
  - Sponsor 79 training sessions for front line workers and management since January 2006. Topics include non-violent crisis intervention, diversity awareness, writing and implementing policies and procedures, and mental health awareness;
  - Contribute funding for a leadership training/mentoring project for people who have experienced, or are experiencing, homelessness in order to strengthen their participation on community and agency boards and planning committees;
  - Contribute funding to the annual National Housing Day Community Forum on Homelessness organized by the Alliance to End Homelessness;
  - Contribute funding to the University of Ottawa's 3-year research on supportive housing;
  - Fund a forum on Housing and Aging, in French; and,
  - Provided 16 grants for capacity building in community agencies and coalitions. Community capacity building activities typically include activities such as strategic planning and board of directors' development.

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7. The City facilitated a one-day forum for City inspectors and housing providers on preventing and dealing with bed bug infestations, a serious issue in shelters and low-income people's housing.
8. A Newcomers' Services Forum was held where front line workers were able to identify systemic issues that need resolution, share best practices and network.
9. The Coalition pour prévenir l'itinérance chez les francophones d'Ottawa (CPIFO), is a new network that meets regularly, develops and shares best practises, supports its members and advocates for their clients' unique needs. Two large forums have been held in French to inform and mobilize members.
10. The Housing Loss Prevention Network has presented training and toolkits to Network staff, and to community service partners, continuing to strengthen systems.
11. Member agencies of the Supportive Housing Network are collaborating with the University of Ottawa's Centre for Research on Educational and Community Services (CRECS) to learn about best practices in order to improve services. The research project is called "Collaborative Community Project" and the Network is called "HousingPlus".
12. Research and study that supports planning to strengthen the service system, for example:
  - City of Ottawa staff inspired and participated in the Canada Mortgage and Housing Corporation (CMHC) research report on Profile of Rooming House Residents in Vancouver, Ottawa and Montreal.
  - Students from the University of Ottawa and Carleton University are creating a map of different services for the homeless population.
  - Costs of Responding to Homelessness in Ottawa: Pro-active versus Reactive Responses. Focus Consulting, October 2007.
  - City of Ottawa Rooming House Strategic Planning Framework. Social Data Research, June 2007.
  - Models of Housing with Supports. Social Data Research, February 2008.
  - Evaluation of Local Policies and Priorities for Social Housing, KPMG for City of Ottawa, March 2008.

## End Notes

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- <sup>i</sup> Gay, Lesbian, Bisexual, Two Spirit, Transgendered and Questioning
- <sup>ii</sup> Region of Ottawa-Carleton (June 1999) Creating Community Solutions: An Action Plan to Prevent and End Homelessness in Ottawa-Carleton.
- <sup>iii</sup> OMSSA (2008) A Strategy to End Homelessness
- <sup>iv</sup> Chronic homelessness is the focus of the Ottawa Leadership Table on Homelessness. The provided definition has been adopted by local stakeholders
- <sup>v</sup> (1999) Taking Responsibility for Homelessness,
- <sup>vi</sup> (1998) Mental Health Policy Research Group, “Mental illness and pathways into homelessness: proceedings and recommendations”, Toronto, on line:  
[http://www.camh.net/hsrcu/html\\_documents/pathways\\_proceedings.html](http://www.camh.net/hsrcu/html_documents/pathways_proceedings.html)
- <sup>vii</sup> (2005) National Coalition for the Homeless
- <sup>viii</sup> Dinning, B. (2005) The Experience of Homeless Women: Considerations for an Effective Harm Reduction Response
- <sup>ix</sup> OMSSA (2005) Demonstrating the Value of Social Investments: A Resource Document for OMSSA members,
- <sup>x</sup> Social Data Research Ltd - C Davis & B. Dinning (2005) Meeting the Needs for Supportive Housing in Ontario: A Background Paper. Prepared for the Ontario Ministry of Municipal Affairs and Housing, Market Housing Branch
- <sup>xi</sup> Steve Pomeroy & Brodie Berrigan (October, 2007) Costs of Responding to Homelessness in Ottawa: Proactive versus Reactive Responses. Prepared for the City of Ottawa
- <sup>xii</sup> Indicators taken from: <http://www.endhomelessness.org/content/general/detail/1900>