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INDWELL: MAKING SUPPORTIVE HOUSING WORK FOR CANADA'S MOST VULNERABLE

PHASE 1 INTERIM REPORT

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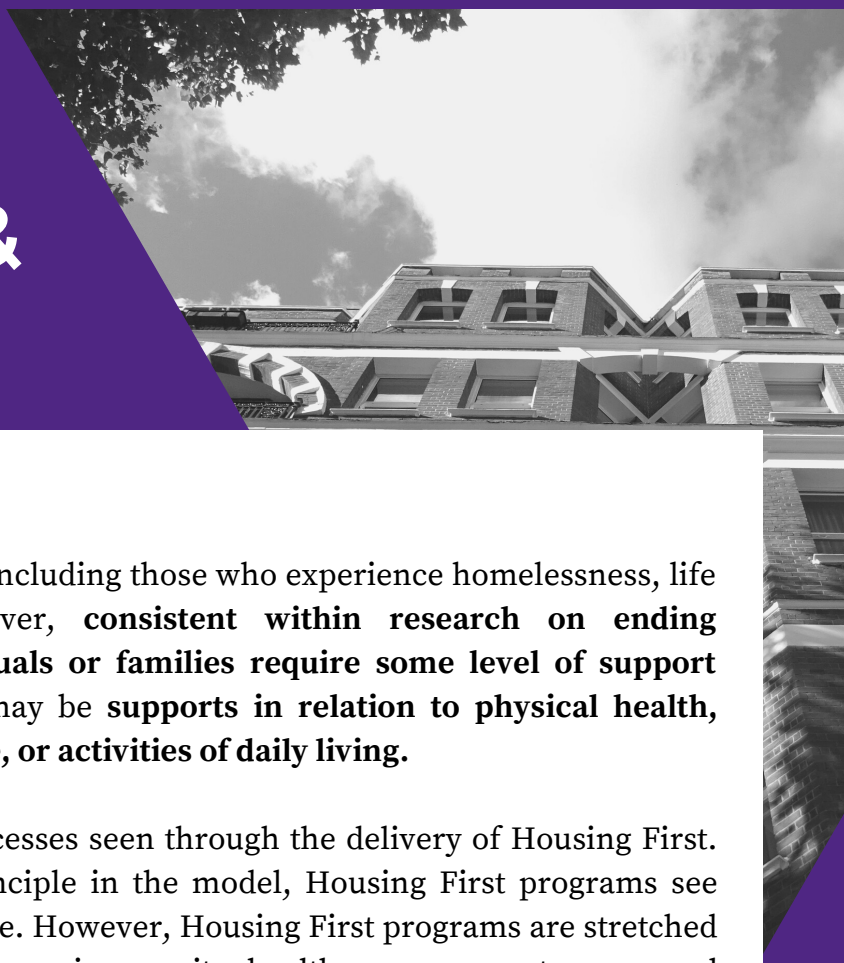


BACKGROUND & SIGNFICANCE

Background

For those who struggle with housing stability, including those who experience homelessness, life histories are complex and unique. However, **consistent within research on ending homelessness is the fact that many individuals or families require some level of support services to achieve housing stability.** This may be **supports in relation to physical health, mental health, substance use, trauma, culture, or activities of daily living.**

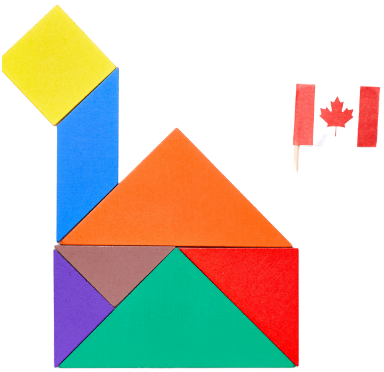
This need for support explains in part the successes seen through the delivery of Housing First. With individualized supports being a key principle in the model, Housing First programs see higher levels of housing stability than usual care. However, Housing First programs are stretched for resources, and in particular those who require on-site health care support may need additional services beyond what a Housing First program offers. Secondly, **community integration is a principle within Housing First that has received the least consideration**. With Housing First program metrics primarily focused on getting people housed or re-housed, housing stability workers are stretched beyond the ability to do significant community integration work other than usual practices of referrals to other community resources.

Therefore, **two key gaps exist in our knowledge of housing stability: How on-site health services impact housing stability for persons recently re-housed; and what community integration really looks like in the lives of vulnerable persons living in supportive housing.**

Overall, this study helps us understand how to create supportive housing to meet the needs of Canada's most vulnerable people, particularly those experiencing chronic homelessness and health or mental health challenges. **This knowledge can assist current or potential supportive housing providers in overcoming the frequent gap of how to include supports in affordable housing developments.** Additionally, the knowledge speaks to how housing providers can seamlessly integrate into local housing and health services. In addition to this systems perspective, the project creates knowledge around resident-level outcomes, particularly in regard to community integration. Housing providers can gain an understanding of best practices to ensure that vulnerable residents in supportive housing environments find a sense of belonging in their building and in their neighbourhood. This interim report focuses on the first phase of the study that highlights how residents are experiencing supportive housing.

Significance

Homelessness was a problem in Canada created in large part through the cessation of new social housing builds in the 1980s. This led to a rapid increase in both street homelessness and emergency shelters that accelerated through the 1990s and continues today with some limited reprieve from Housing First and from new affordable housing. However, this reprieve has been short-lived with many communities seeing a returning to the increase in homelessness, such as rough sleeping, as affordable market stock has been exhausted by Housing First programs and support services are vastly over-subscribed. In the context of the increased financialization of both land and housing stock, rapidly escalating rents put both market housing and government funded affordable housing out of reach for many exiting homelessness. For those who can make rent work, such as those on Ontario Disability Support Program (ODSP) accessing affordable housing, the other significant limitation is the availability of supports to sustain positive housing tenures.



London, Ontario, like other communities across Canada, is **experiencing a significant crisis through lack of permanent supportive housing options.** The impact of this shortage disproportionately **affects some of our most vulnerable citizens by prolonging shelter use, loss of personal functioning through unnecessary, prolonged institutionalization, and exacerbating street homelessness.** Furthermore, lack of system flow of individuals moving from shelters and institutions into housing creates an unacceptable backlog in our health care and emergency shelter systems. This further exacerbates homelessness by placing vulnerable people in situations where untreated mental health and addiction threatens housing stability.

In other words, **lack of permanent supportive housing resources, and an absence of a plan to implement and replicate these resources, is ultimately creating an exacerbation of chronic homelessness.** As Housing First continues to be implemented, the lack of available housing stock combined with a lack of permanent housing supports is placing limits on who can access housing and for how long. This situation **particularly affects individuals with the most severe impairments, people who need immediate access to mental health and addiction supports.**

This research study provides an opportunity to **tell the story of how integrated health and housing systems can end individual experiences of homelessness** and create system impact that further advances the goal of reducing chronic homelessness.

RESEARCH PROBLEM & QUESTIONS

Research Problem

Supportive and affordable housing providers stand out as an anomaly in a system that prioritizes 'shallow' affordability (such as 80% of average market rent) and capital funding more than operating dollars. In order to **increase supportive housing provision for Canada's most vulnerable** we need a better understanding of how it works. In particular, little is known about the experiences of people with high needs, including health support needs, moving into permanent supportive housing. This interim report sheds light on such experiences and also addresses the potential impact of the COVID-19 pandemic on these experiences.

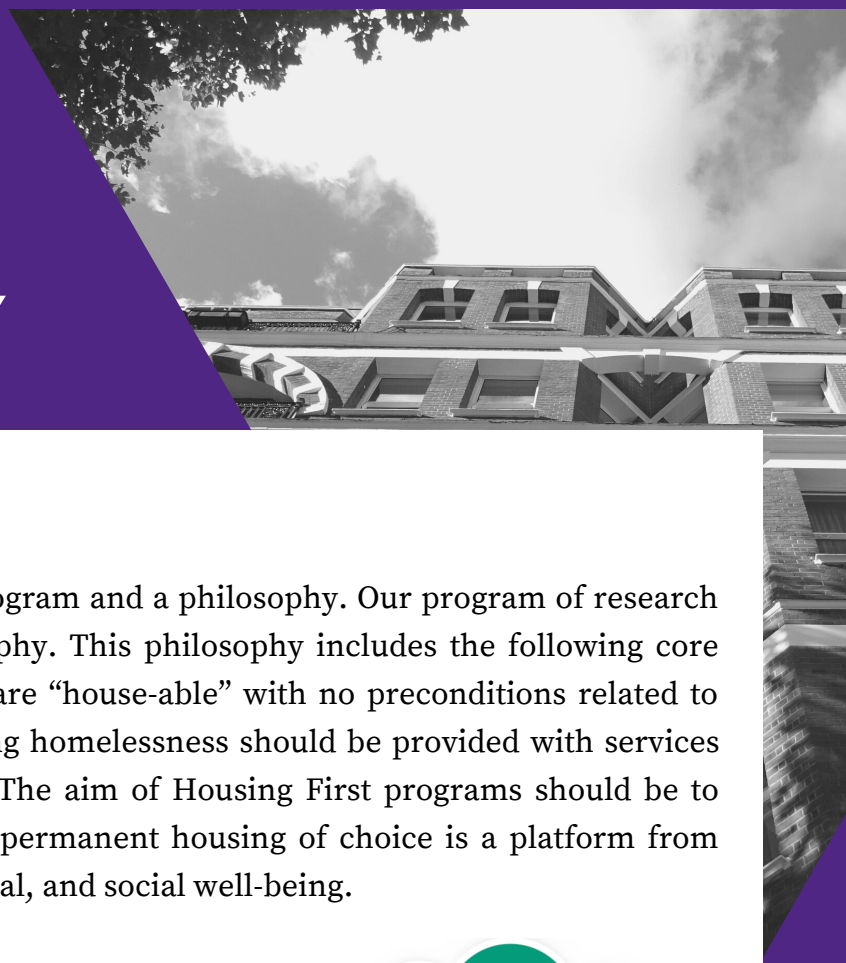
Research Questions

How can we create supportive housing to meet the needs of Canada's most vulnerable people, particularly those experiencing chronic homelessness and health or mental health challenges?

In particular, from the perspective of residents, what makes supportive housing work or not work for them?

And, what are the particular impacts of COVID-19 related to living in supportive housing?

THEORETICAL PERSPECTIVE & METHODOLOGY



Theoretical Perspective

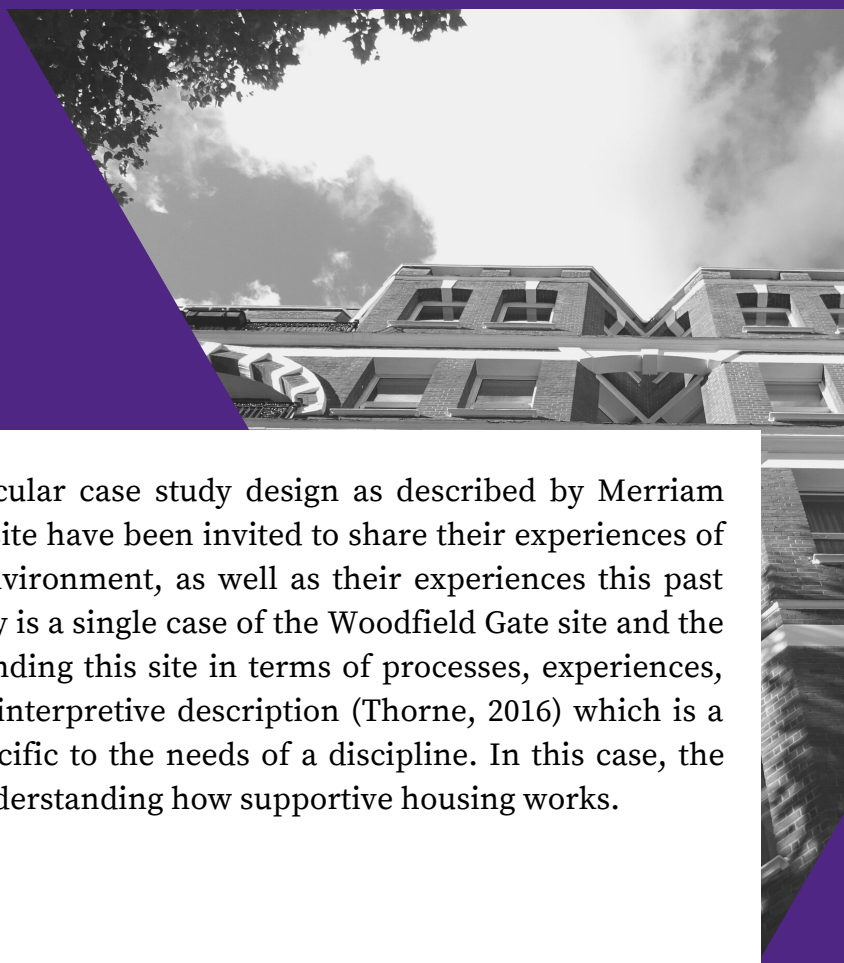
Housing First has been described as both a program and a philosophy. Our program of research is underpinned by Housing First as a philosophy. This philosophy includes the following core elements (Goering et al., 2011): 1) All people are "house-able" with no preconditions related to wellness to be successful; 2) Individuals leaving homelessness should be provided with services that are tailored to their individual needs; 3) The aim of Housing First programs should be to target community integration; and 4) Stable, permanent housing of choice is a platform from which people can enhance their physical, mental, and social well-being.

Image obtained from: Goering et al., 2014

Methodology

This project follows a community-based participatory action research (CBPAR) methodology (Minkler & Wallerstein, 2009). Western researchers, Indwell staff, and interested residents are working collaboratively through the project. In future project work, with the easing of pandemic restrictions, residents will be engaged even more deeply in terms of supporting project implementation and crafting of project deliverables. In this way, while exploring community integration, the project itself fosters integration and capacity building.

METHODS



This study uses qualitative methods, in particular case study design as described by Merriam (2009). Residents of Indwell's Woodfield Gate site have been invited to share their experiences of being re-housed into a supportive housing environment, as well as their experiences this past year with the pandemic. The 'case' in this study is a single case of the Woodfield Gate site and the analysis focus is deep immersion in understanding this site in terms of processes, experiences, and culture. To analyze our data, we utilized interpretive description (Thorne, 2016) which is a method designed to create understanding specific to the needs of a discipline. In this case, the disciplinary need being addressed is that of understanding how supportive housing works.

Recruitment and Setting

Participant recruitment began with a community meeting at the site, in the common courtyard, where details on the project were shared along with food and a discussion. This allowed researchers to connect with residents and included a sign-up list for individuals interested in interviews. Project information was also included at the site office with an additional sign-up sheet. Recruitment was open to all adult residents of the site.

The Woodfield Gate site provides two levels of support, standard support and additional (enhanced) supports. Support services are tailored toward individual needs, identified through an intake assessment process. Enhanced support services range from medication distribution, a daily hot meal, to addiction and recovery support. Services are administered by an interdisciplinary staffing compliment, available on-site 7 days a week. Programs and services are intended to foster a sense of community where everyone can strive to achieve health, wellness and belonging.

Image obtained from: Indwell

Data Collection

Data collection in this phase involved in-depth interviews with 20 residents. An interview guide is provided in Appendix A. Two members of the research team (VE & MC) shared interviewing duties and interviews were conducted in a common room that allowed sufficient physical distancing. Interviews were audio-recorded and participants were provided $20 compensation for their time. Interviews were transcribed by a professional transcription service.

Data was collected in the 4th quarter of 2020.

Data Analysis

Qualitative analysis of interviews followed Thorne's interpretive description whereby our pre-identified disciplinary focus on making supportive housing work for Canada's most vulnerable guided the analysis. The research questions are practical questions and therefore rather than open coding, data was coded to segments that specifically provided answers to these questions. Preliminary coding was shared by two members of the research team (YA & AVB). From these codes, general themes were proposed by the study lead (AO) that addressed how supportive housing is or is not working for residents. In addition to what makes supportive housing work, data was also noted around where participants are struggling and any particular impacts of the COVID-19 pandemic. These themes were assessed and revised by the full research team.

Ethical Considerations

Ethics approval was granted through Western University's Research Ethics Board (protocol #116262). Informed consent was obtained from all participants. All participants have been assured anonymity and pseudonyms are used for participant quotes.

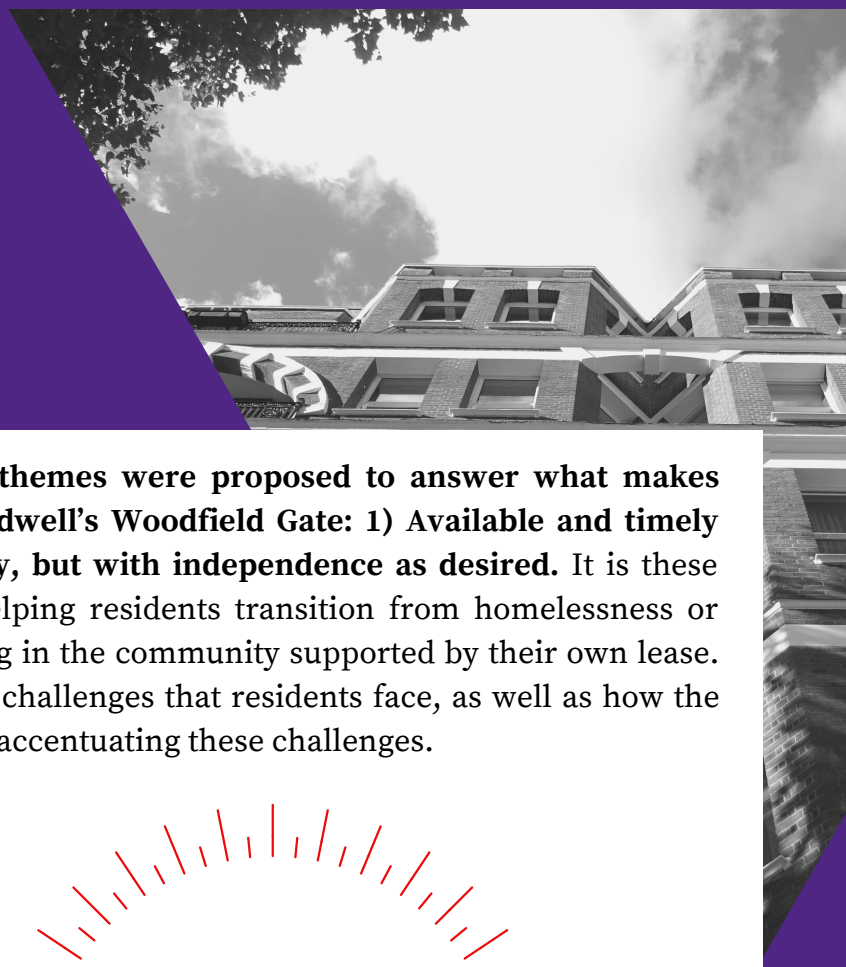
Participants

It is noted that many of the participants have long histories of housing precarity including homelessness and hospitalization, many are very familiar with just how hard it is to find anything affordable (let alone with supports). Participants have complex histories of trauma and very much meet the Canada Mortgage and Housing Corporation (CMHC) criteria of "Canada's most vulnerable" (Government of Canada, 2017). While their personal perspectives on their mental health and substance use challenges vary, it has been our observation that participants range from moderate to high-support needs with a significant number at the higher support end meaning they have barriers to independence without supports.

Participants were asked several demographic questions based on personal characteristics, experiences of homelessness, income source, and health. Of the 20 participants, seven identified as female, nine as male, one as transgender, and three preferred not to answer. There was a relatively equal complement of those who are young adults (26- 40 years) and middle aged (41-64 years), with only one participant over the age of 65 years, and two participants choosing not to answer. The vast majority of participants preferred not to share their primary racial or ethnic group, but of those who did, the majority were Caucasian. Six participants choose not to disclose the number of times they experienced homelessness, five participants reported none, and the majority of other's had experienced homelessness between 1-3 times. The majority of participants had lived in London for greater than 10 years and were supported financially by ODSP, four with employment supplements. A handful of participants chose not to share about their health, but of those who did, many identified as having mental health challenges, fewer with physical health concerns, and fewer yet with substance use issues.

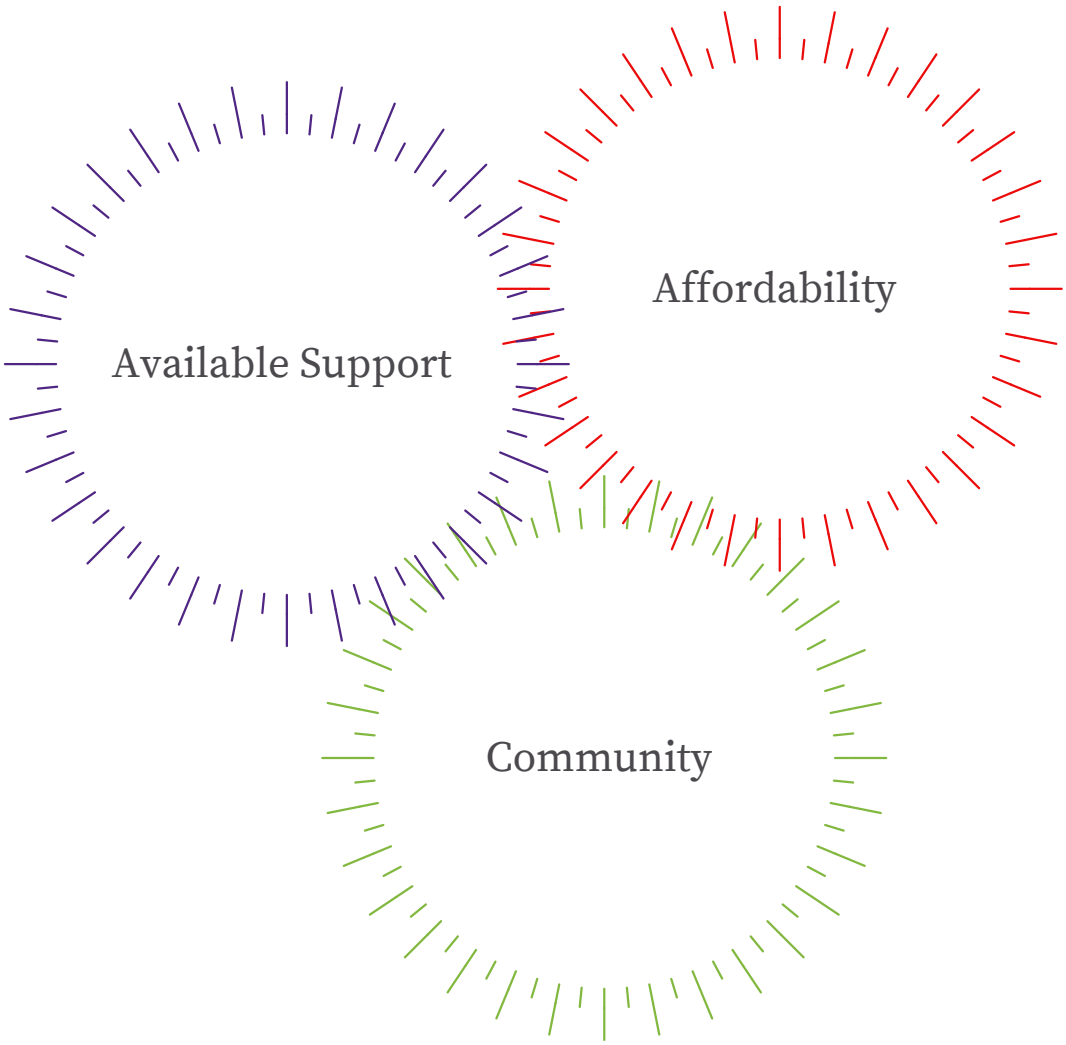
Table 1: Participant Demographic Characteristics (n= 20) n (%)

Participant Characteristics	
Sample Size	20
Gender	Number of Participants
Male	9 (45)
Female	7 (35)
LGBTQ	1 (5)
No Response	3 (15)
Age Group (Mean= 44; Range= 39)	
26-40	9 (45)
41-64	8 (40)
65+	1 (5)
No response	2 (10)
Ethnicity	
White (Caucasian)	4 (20)
Latin America	1 (5)
Other	4 (20)
No Response	11 (55)
Primary Income	
ODSP	10 (50)
CPP	2 (10)
Miss	1 (5)
Other	7 (35)
Secondary Income	
Employed	4 (20)
Unemployed	7 (35)
Other	1 (5)
No Response	8 (45)
Mental Health Conditions	
Yes	12 (60)
No	2 (10)
No Response	6 (30)
Physical Health Conditions	
Yes	4 (20)
No	10 (50)
No Response	6 (30)
Substance Use Conditions	
Yes	2 (10)
No	12 (60)
Other	6 (30)
Years Living in London, Ontario (Mean= 5; Range= 9)	
1-2	3 (15)
3-4	1 (5)
5-9	1 (5)
10+	13 (65)
Other	2 (10)



FINDINGS

Through the analysis, **three interconnected themes were proposed to answer what makes supportive housing work for residents at Indwell's Woodfield Gate: 1) Available and timely supports; 2) Affordability; and 3) Community, but with independence as desired.** It is these three interconnected components that are helping residents transition from homelessness or long-term mental health inpatient care to living in the community supported by their own lease. At the same time, we have noted a number of challenges that residents face, as well as how the pandemic serves as a sort of "pressure cooker" accentuating these challenges.



Available and Timely Supports

For residents/participants living with mental health and addiction challenges, rapid access to supports as illness progresses or crisis occurs is a very well-established best practice. Early intervention decreases the level of crisis, prevents hospitalization, and supports individuals to maintain their recovery plan. The timeliness of support is more challenging if supports are off-site, non-existent, or only available through hospital emergency services. **Supportive housing with on-site support therefore provides better options to sustain resident well-being in a timely manner.** Participants spoke to the therapeutic nature of staff being available for constant supportive interactions:

> "Even just one staff that's dedicated to being able to do conversations with people all day, every day, for issues like being able to talk to somebody. Just chatting with them, discussing issues, discussing health benefits and stuff like that. Having that type of interaction with somebody, it's really helpful, because when you're not able to get that interaction with somebody, being able to sit there and chat with somebody, can really put a strain on your life. It can make you fall into a deeper hole." – Gary

Indwell staff are often able to respond in a timely and effective manner to meet needs as they arise and prioritize responding to crises. With professional mental health support, they are able to triage more urgent health needs and distinguish between supportive care. A participant spoke to crisis response:

> "My assistance from everything else is pretty much there all the time. Whenever I need the staff I run downstairs, "This one". Like someone was on the floor one day, I'm like I didn't know if it was a dead person, it's like there was an old person on the second floor so I'm going to call…and they came and got him right away, but he was – an ambulance came and, yeah, he was fine. They're there pretty quick." – Tim

Due to some participants having lived long-term in mental health inpatient care, there was a degree of institutionalization noted in terms of several participants having expectations of staff to be available at all hours for basic conversational support. While it was noted that staff did not always address these lower priority needs, they still attended to them as they were able:

> "I'm glad that there are people around here that I can just phone or talk to, or like, order – that help me with basically anything I need or assist me the best they can to help me. So it's better than where I was when I was in an apartment and if there was an issue or something that I needed help with, you know, I was on my own and I had to ask my family, oh, what do you think, or what is this, or whatever. And you know, if they didn't know, then I was literally on my own." –Karen

Affordability

As noted in the description of participants, most had lived for many years in poverty and are very familiar with the financial challenges of making rent work on low incomes including Ontario Works (OW) or ODSP. Giving the high support needs, limited incomes, and poor rental histories of many participants, having units that include support at a rate within reach on ODSP is vital to making this housing work as an exit from homelessness or from hospital. Many participants had histories of repeated housing loss prior to intake at Indwell due to difficult relationships with landlords or other residents, insufficient support including mental health crises, being victims of violence or other predatory behaviours, and limited capacity to fulfill tenant responsibilities.

Given the desperate state of housing costs, the rental rate alone was an appeal to most residents regardless of the support/community aspects as options for affordable housing are so truly limited. For residents who self-referred, this aspect was what stood out the most and attracted them to Woodfield Gate in the first place. Whether supports were required or not, so few other housing options in London are available at social assistance rates:

> "Well [I was] looking for accommodations connected to my disability, so I came up with a list of accommodations that support me in housing and financial support is one of the pillars. So I'm on ODSP and my ODSP there's only so much for housing and Indwell accommodates that and provides housing for the amount that I get off ODSP…. Then I think they match the rest of the amount for the apartment, so there's a donation or a charitable donation given to the cost of the apartment. So I'm able to afford it, so affordable is primary." –Jane

Notably, **affordability does not come at the cost of quality** as happens with other room rentals in the city. It is a new building with a quality of design and finishes equivalent to private sector rentals:

> "The day I first moved in here, big apartment, it was my dream home because I never had an apartment like the one I got right now in my entire life. That's the best one I had so far. And Indwell is very – it's a beautiful building and a wonderful building, it's a nice layout." –Laura

Community- but with Independence

The third interconnected factor making supportive housing work for participants is the **intentional creation of community within their residence.** As noted above, some of this involves staff who are able to provide relational support when other more urgent needs aren't occupying their time:

> "They've got the staff here and the support of them. So if ever I needed to talk to anyone, I can just talk to them and that kind of works out." –Tracy

Beyond that, however, Indwell as an organization and within its core mission prioritizes creating community which includes helping residents get connected to each other and out of their apartments. While much of these efforts have been stymied in the context of the COVID-19 pandemic, residents who have been there since before the pandemic are indeed finding quality friendships with neighbours:

> "And just having like … just having friends in the building that we could kind of still self-isolate with or isolate with, not in a perfect way, but in a, we still need, like I need to be around people for mental health. So, I don't think I, unless I had Indwell and I had like community online, I don't think I made, would've made it through the pandemic without like a hospitalisation." –Malibu

Many of the participants faced barriers to accessing technology, whether due to cost or internet literacy, which created a challenge as most of the world shifted online during the global pandemic. However, where residents have barriers to finding belonging through technology, they are able to find it here in person:

> "So the supports from the tenants were amazing. And then like they're still amazing, I still have friends here who are my highest cheerleaders--Carole, Jorge, just to name a few, that are all my cheerleaders." –Cassie

At the same time that community is an option for residents, they still have the privacy of their own space, their own key, and choices about participating in community events. Therefore, these **social supports do not come at the cost of independence** that was so vital to participants, most of whom are exiting congregate living environments. There's autonomy and control in deciding when to connect and when to seek privacy. Community is there but it's not forced as it might be in group home environments or even transitional units that are very regularly inspected. Overall, this community aspect is healing:

> "Living at Indwell is teaching me to do things and is teaching me and taught me how to get along with better people, be better people and trust people and let people do and say what they want." –Goj

Where they Struggle

While the mix of timely support, affordability, and community was creating positive housing outcomes for participants and other residents, the environment was not without its challenges.

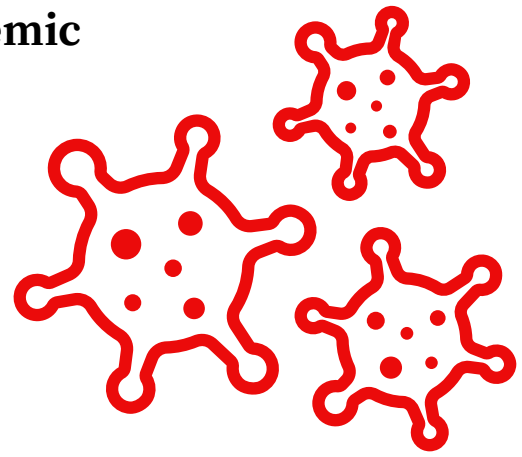
Residents shared the following three concerns:

1. **Mixed acuity creates tensions about 'who the space is for'** and the frequency of resident conflicts is a concern. Residents with less urgent mental health challenges expressed frustrations with those whose crises included disturbing the more general order of the building. Some noted that they hadn't expected so many people with high needs living in one building. At the same time, those with higher support needs at times felt discriminated against and that complaints were being leveled against them unfairly. All participants tended to see staff as responsible for solving conflicts whereas staff tried to support residents to learn their own conflict resolution skills.

2. **Staff availability for lesser urgent issues can be limited** and is a challenge for those who seek social support more from staff than from neighbours. The building does not offer 24/7 support with the same staff compliment that residents might be used to in emergency shelters or long-term mental health inpatient care. Due to experiences of institutionalization, some participants had very high expectations of staff providing constant social support and being a phone call away at all hours of the day (and night). Again, staff were trying to support residents to find more independent ways to address their concerns, but there were also examples provided by participants of potentially missed de-escalation that might be done with more staff resources.

3. While units are affordable compared to the private market, rent still consumes more than 50% of income for those paying for support services if they are a single adult on ODSP. Participants noted the tension that they were both thankful to finally afford something while at the same time dismayed that rent consumed most of their monthly income and left them still living in fairly deep poverty. Rents are also out of reach of those on a single OW income, therefore limiting options for some who were seeking to exit from shelter or absolute homelessness. This is in the context of an organization that was accessing every resource available to **develop supportive housing as deeply affordable as financially feasible.**

Impact of the Pandemic



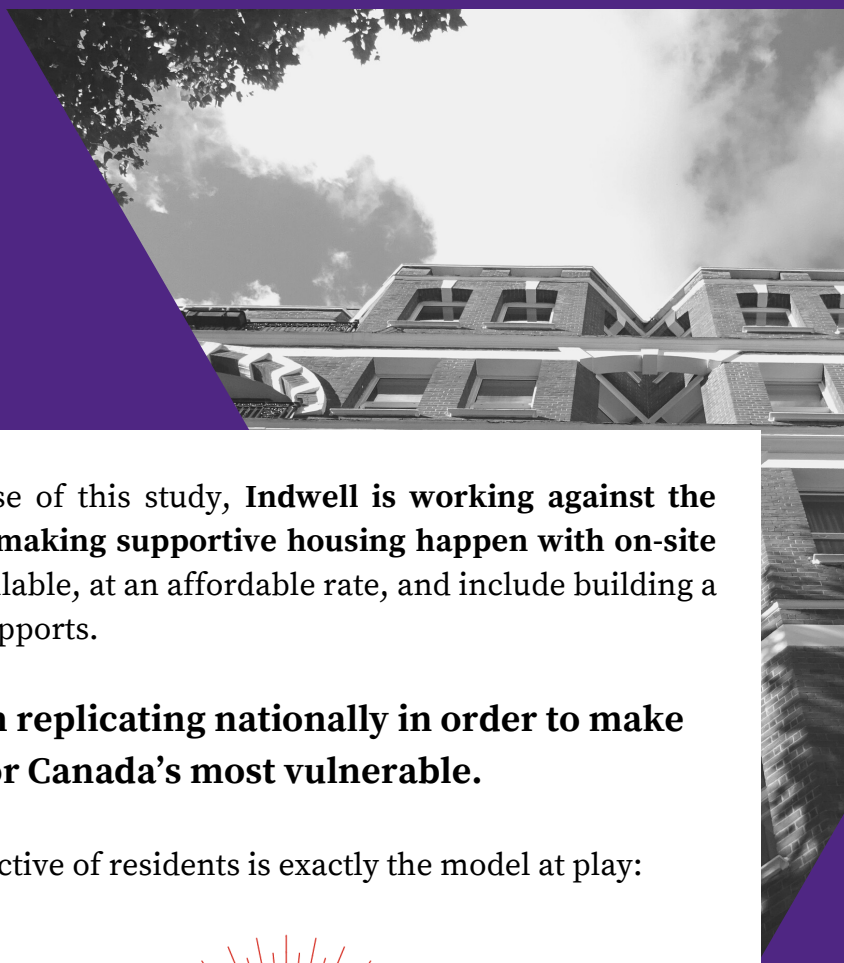
Participants spoke readily to the impact of the pandemic on their lives more generally and how this related to their experiences of living in supportive housing. Essentially, the pandemic has been serving as a sort of "pressure cooker", accentuating each of the challenges faced by residents of Woodfield Gate.

The three most noted challenges are:

1. For a population already at risk of isolation **the pandemic has deepened social exclusion by limiting options for structured on-site community building.** An organization dedicated to bringing residents together and building natural supports found itself encouraging residents to appropriately physically distance and isolate when required.

2. Much of the service world going online has **intensified barriers to online access** faced by many residents. For those with lower technology access than the general public, while also facing higher social services support needs, this meant risks to meeting basic necessities around food and health care. Staff found themselves much more frequently needed to assist people in connecting with other services and supporting basic technology access and use.

3. **Resident conflicts have intensified around particular aspects of pandemic guidelines in shared living environments.** Where resident conflicts were already a noted concern of residents, having to share common spaces in the context of the pandemic rules and many individuals with limited self-care capacity created an environment ripe for struggle. While interpersonal contact has reduced, resident conflicts remain a concern with many related to proper pandemic protocols.



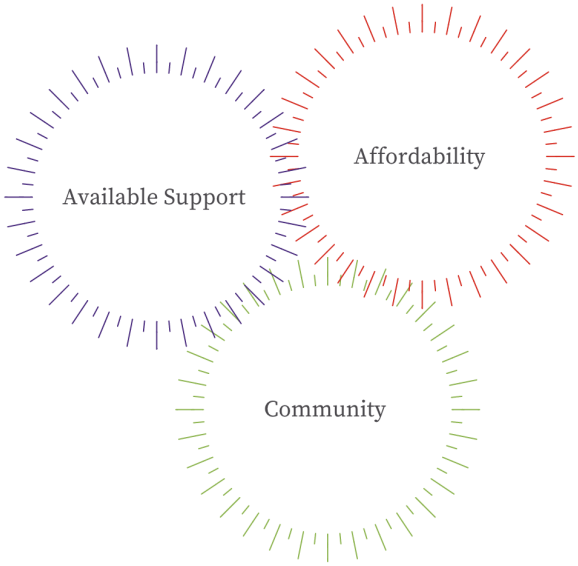
DISCUSSION

As will be explored in detail in the next phase of this study, **Indwell is working against the structural limitations currently in place and making supportive housing happen with on-site supports.** These supports are made readily available, at an affordable rate, and include building a community so that residents achieve natural supports.

This is commendable work and worth replicating nationally in order to make housing tenancies work for Canada's most vulnerable.

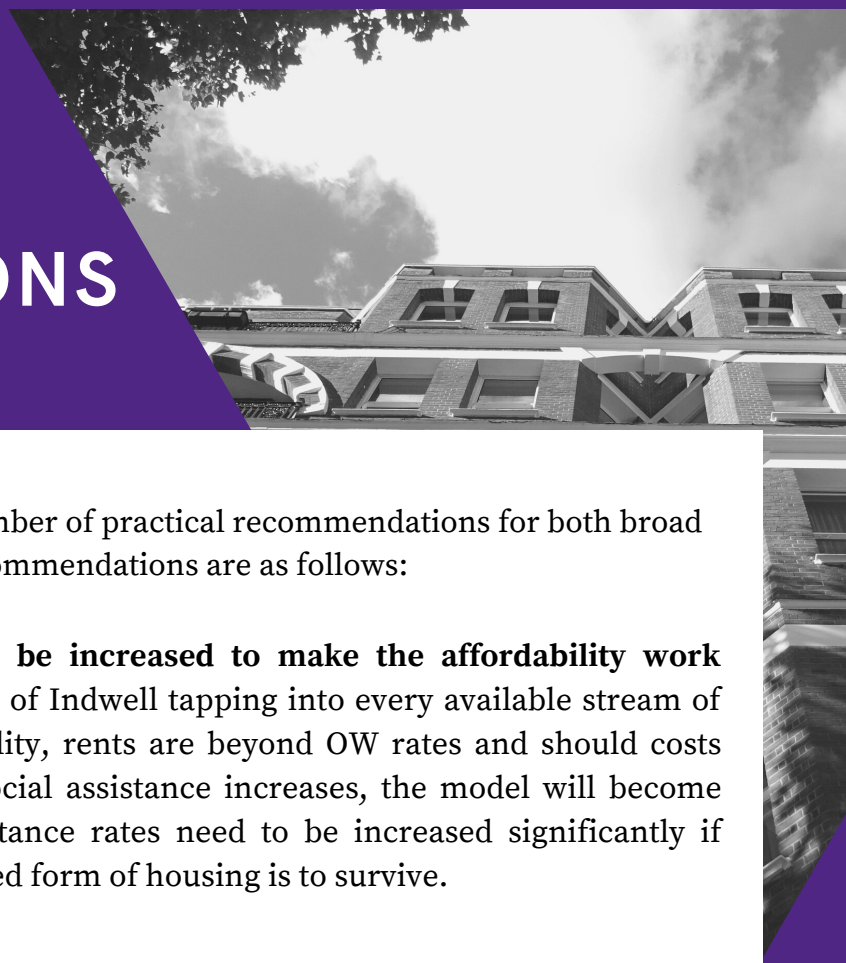
What is making this successful from the perspective of residents is exactly the model at play:

1) Readily available supports;
2) Affordability; and
3) Community building.



While some participants face concerns about resident conflicts, staff availability, and depth of affordability, it was abundantly clear that for all this has been a very welcome move and a solution they have been unable to achieve on their own. For most, this has been a successful pathway out of homelessness or out of long-term mental health inpatient treatment.

The solutions to improving their experiences are to continue to simply push harder on these three items of support, affordability, and community building.



RECOMMENDATIONS

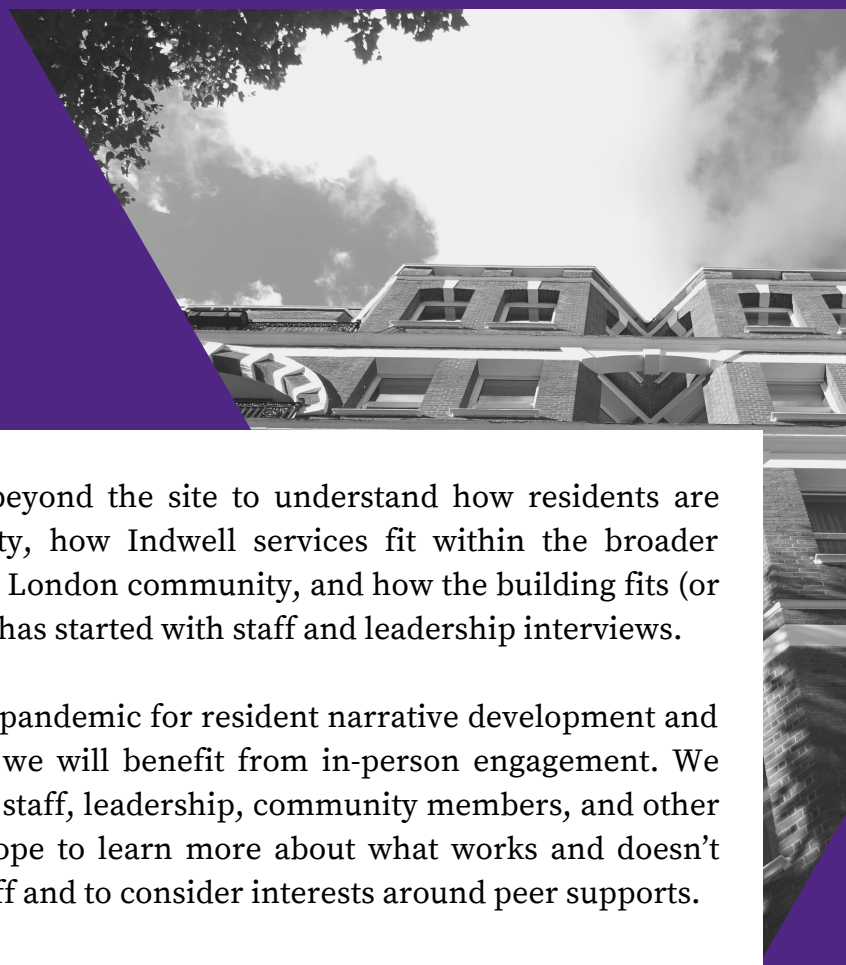
From these resident experiences we see a number of practical recommendations for both broad level policy and local service delivery our recommendations are as follows:

1. **Social assistance rates must be increased to make the affordability work better.** It is noted that in spite of Indwell tapping into every available stream of funding to optimize affordability, rents are beyond OW rates and should costs continue to vastly out-pace social assistance increases, the model will become non-feasible. Therefore, assistance rates need to be increased significantly if even this government supported form of housing is to survive.

2. We can't over-emphasize the **value of readily available, on-site supports.** Higher and more consistent provincial funding to integrate supports into more existing community/social housing and affordable housing sites would expedite the process of expanding supportive housing.

3. Stronger conclusions on community can be made outside of the pandemic situation, but **it is clear that friendships matter** – but there is also a **challenge here around institutionalization** and dependence on relationships with staff. We anticipate as we go through phase 2 that we will be able to see the nuances of how community building occurs that prioritizes natural supports.

4. **Community size matters, smaller is better.** The Woodfield Gate site was purchased by Indwell rather than being purpose-built for supportive housing. It is clear that the scale of the building creates potential for more resident-to-resident conflict. Simple structural solutions could be achieved if the space was purpose-built such as splitting it in two so that common spaces (entries, elevators, common rooms, etc.) were shared by less residents.

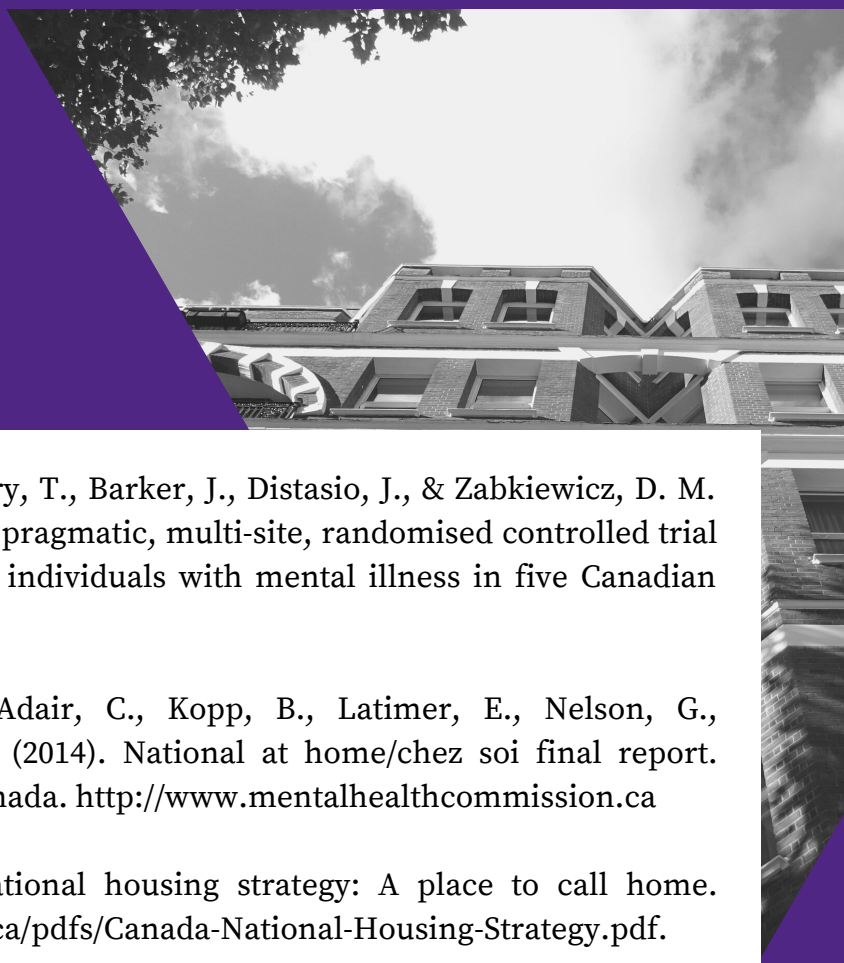


NEXT STEPS

Phase 2 of the study will expand our focus beyond the site to understand how residents are integrated (or not) in the broader community, how Indwell services fit within the broader network of housing and support services in the London community, and how the building fits (or doesn't) within the neighbourhood. This phase has started with staff and leadership interviews.

The project is waiting for some relief from the pandemic for resident narrative development and interviewing others in the community where we will benefit from in-person engagement. We look forward to layering on the perspectives of staff, leadership, community members, and other local service providers in phase 2. We also hope to learn more about what works and doesn't work in terms of support relationships with staff and to consider interests around peer supports.

In conclusion, **supportive housing is essential for successful tenancies among Canada's most vulnerable and is a worthwhile investment directly from the perspectives of those who live the need.**



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Appendix A: Semi-Structured Interview Guide – Indwell – Phase 1 Residents

Can you start by telling me a bit about yourself:

- What brought you to staying at Indwell?
- Where were you staying last before moving to Indwell?
- How did you learn about Indwell?
- What drew you to Indwell?
- What particular support needs do you feel you have in order to ensure best housing outcomes?

Let's talk about the COVID-19 pandemic:

- What was it like for you when you first heard that everything was going to be shut down for the pandemic?
- How did this effect your daily life?
    - In what ways is your life still the same?
- Over the last 5 months of the pandemic, what emotions have you gone through?
- Have you felt a sense of isolation during this time? Have you felt a sense of belonging during this time?
- Have you been able to meet your support needs during the course of the pandemic?
- Has the pandemic impacted on your ability to be social and connect with others?

Let's think about the experience of being in supportive housing during a pandemic:

- What supports do you receive through Indwell versus what supports you receive from other services? Is there differences in accessing these different supports?
- Has living at Indwell impacted your experience of the pandemic?
- When you need assistance (from either Indwell or other agencies), how soon is that assistance available? Can you give examples?
- Have staff continued to keep in touch with you in spite of limitations imposed by the pandemic?
- If you could change one thing about the experience of living at Indwell, what would that be?
- If you could say what is best about Indwell, what would that be?

Demographics considerations:

1. Do you want to tell people about any experiences you have had with homelessness, such as how many times or how long?
2. Do you want to tell people your age?
3. Do you want to tell people about how long you have lived in London
4. Do you want to tell people your income source?
5. Do you want to identify yourself as part of a distinct racial or ethnic group?
6. Do you want to identify your gender?
7. Do you want to identify yourself as a person living with a general or particular chronic health condition?