

EXECUTIVE SUMMARY

The Future of Men's Supportive Housing in York Region:

An Exploratory Study by the Canadian Observatory on Homelessness and Blue Door

Background

Founded in 1982, Blue Door provides safe and supportive emergency housing, housing services, and supports for people who are at risk of or currently experiencing homelessness in York Region. In order to enhance their current service offerings and meet emerging client needs, Blue Door partnered with Hub Solutions, a social enterprise of the Canadian Observatory on Homelessness (COH), to engage in a process to develop a new supportive housing program for men experiencing episodic and chronic homelessness in York Region.

This work applies a transitional supportive housing lens and is guided by two main evaluation questions:

- 1. How can Blue Door better support men that are experiencing chronic and episodic homelessness through place-based housing?**
- 2. How can Blue Door better support the health and wellness needs of men experiencing chronic and episodic homelessness?**

Methods

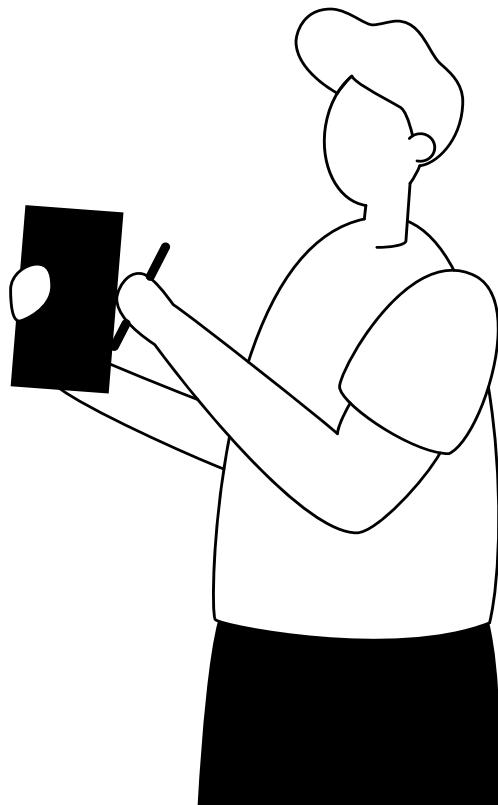
Multiple methods, including qualitative and quantitative research methodologies were used. These methods were a review of previous consultative work, a rapid literature review, surveys with Blue Door staff, surveys with current and former Blue Door clients, and qualitative interviews with current and former Blue Door clients.

The COH provided a Rapid Literature Review reviewing transitional supportive housing programs and the support needs of service users in supportive housing programs. Transitional supportive housing is a type of intervention that provides a supportive living environment focused on skill development and community building (Novac, Brown, & Bourbonnais, 2009). Although not a Housing First program, transitional supportive housing programs can apply a Housing First approach to meet the needs of individuals and families experiencing homelessness (Turner, 2014). In most cases, transitional supportive housing is viewed as a step in the housing continuum that supports individuals and

families to move from emergency crisis services to long-term permanent housing (Novac et al., 2009). There can be great variation in the target population, level of service, and intended outcomes of transitional supportive housing programs, but the overarching goals are to support individuals and families with their education, employment, wellbeing, and housing needs (Novac et al., 2009).

Transitional supportive housing is often intended for individuals and families who require a greater level of structure and support to move into permanent housing (Novac et al., 2009). Therefore, transitional supportive housing programs usually provide on-site support that includes case management services to support clients with alcohol and substance use, financial counselling, and employment services (Novac et al., 2009). Groups who have been identified as possibly benefitting from transitional supportive housing include (Novac, Brown, & Bourbonnais, 2004):

- 1. Individuals and families recovering from trauma;**
- 2. Individuals and families who have a background of multi-generational poverty and lack a supportive network;**
- 3. Emancipated youth, or adults coming from institutions with little or no independent living experience;**
- 4. Young mothers and pregnant teenagers;**
- 5. Individuals and families who have on-going service needs due to mental or physical health problems.**



Key Findings

→ Staff Perspectives on Housing and Service Barriers in York Region

The top five housing barriers identified by staff were:

1. A lack of affordable housing in York Region;
2. Inadequate income to sustain housing;
3. Mental health challenges impeding housing searches;
4. Substance use challenges impeding housing searches; and
5. Discrimination and racism from landlords.

As one Blue Door staff member described an important barrier they have noticed in their work:



We see a lot of people with undiagnosed mental health [issues] who seem to fall through the cracks everywhere they go. Also, violent outbursts due to mental health which usually results in a person being closed from services.

- Staff member at Blue Door

The top five service barriers for clients identified by staff were:

1. Mental health challenges;
2. Substance use challenges;
3. Unaddressed trauma experienced in their life;
4. Alcohol use challenges; and
5. Physical health limitations.

→ Client and Staff Perspectives on the Structure and Policies of a Potential Supportive Housing Program at Blue Door

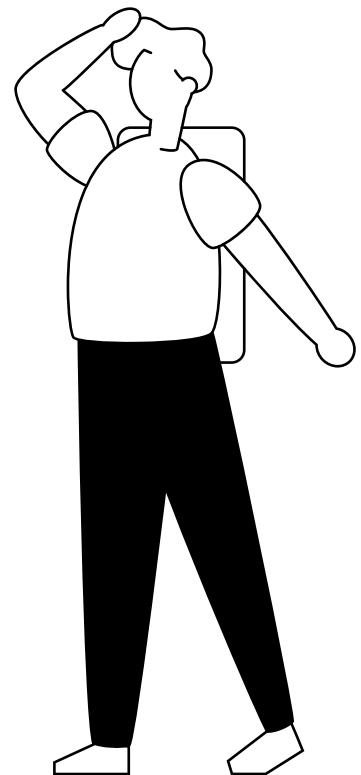
LENGTH OF STAY

Although the majority of staff and clients indicated that a length of stay should be up to 12 months, results from the qualitative interviews highlighted the importance of developing a flexible approach to program length that recognizes the needs of each unique client. One current Blue Door client expressed the importance of a flexible approach:



Depends how fast they are doing it. It just depends on the person definitely. It depends on the person when timelines are concerned. There are certain aspects that are important that are different for each person.

- Current Client



CURFEW

There were mixed opinions on the need for a curfew, as some clients supported a curfew while others did not think it was necessary.

GUESTS

There were also mixed opinions on the need for a guest policy, as some clients identified privacy and confidentiality concerns should guests be allowed, while others noted the importance of having friends and family visit for emotional and social support.

PRIORITY GROUPS FOR SUPPORTIVE HOUSING

Staff selected individuals experiencing episodic and/or chronic homelessness, as well as individuals with shorter periods of homelessness who have mental health and/or substance use challenges as the best fit for the supportive housing program.

SERVICE OFFERINGS FOCUSED ON WELL-BEING

Case management was the support that received unanimous support from staff while support with getting on social assistance received the most support from both former and current clients. Cultural supports received the least support from both staff and clients.

SERVICE OFFERINGS FOCUSED ON HEALTH

Supports for mental and physical health were chosen frequently by both staff, current clients, and former clients. More staff compared to current and former clients felt that supports for substance use challenges should be part of this program:



“

We cannot accept people who use substances and expect them to suddenly become people who do not use substances. If we are working with people who use substances, we need substance-friendly policies in place to support them.

- Staff member at Blue Door

SERVICE OFFERINGS FOCUSED ON HOUSING

Almost every participant across staff and client groups would like to see supports that assist clients to access to housing benefits like rent supplements. Similarly, almost all participants indicated that support to identify potential housing opportunities (e.g., searching on Kijiji or applying to social housing) would be favourable.

The majority of former and current clients indicated that supports to engage with landlords and supports for learning how to budget should be included. The responses were mixed for supports to learn how to budget, as more current clients than former clients were in favour of this support.

SUPPORTING CLIENTS TO EXIT THE PROGRAM

Staff and clients were asked about what they believed would assist clients to transition out of a supportive housing program and into their own housing in the community. Clients and staff responses were somewhat divided on what was most important in assisting this transition, as staff selected improved access to mental and physical health supports, effectively managing alcohol and substance use, and attaining employment. Clients selected finding employment, improvements to mental and physical health, and having a larger network of supports as important.

SUPPORTING CLIENTS IN THE COMMUNITY

Staff and clients each agreed that sustained case management supports as clients exit supportive housing and find housing in the community are key. This includes having regular (i.e., weekly) contact with clients. As one current Blue Door client stated:



Yea you know, it's really important to have a follow-up or you can slip right, and it doesn't work out, and support, support is still there, you can get right back up.

- Current Client

Key Recommendations

Based on the findings, a series of recommendations was developed. The recommendations are grouped as short-term, medium-term, and long-term.

→ Short-term Recommendations

Focus on internal processes and protocols that Blue Door should develop and design prior to the implementation of the supportive housing program. The timeline for Blue Door to carry out short-term recommendations is six to 12 months.

- 1. The design of the supportive housing program (policies, protocols, available supports, etc.) should be strength-based, harm-reduction focused and based on the needs of each client in the program.** This includes policies regarding length of stay, curfews, eligibility criteria, substance use policies, and by collaboratively identifying personal and social resources of clients. Policies following a harm reduction approach, will help clients to remain in the program, to have access to supports, and to attain independent housing after exiting the program. Therefore, the program should aim to be as low barrier as possible and develop policies to address non-compliance to program rules.

2. Develop a transition plan for when clients are prepared to exit the program.

Results from interviews and surveys expressed the importance of developing a transition plan for clients where they can have continued access to supports and their own independent housing. Ensuring that clients have access to supports, have secured their own housing, and feel ready for independent living will be needed when clients near an appropriate time to exit the program. Regular assessments by case workers will be needed to determine level of preparedness of clients prior to their planned exit from the program.

→ **Medium-term Recommendations**

Identify community resources, supports, and connections that will be needed to meet the needs of clients. The timeline for Blue Door to carry out medium-term recommendations is 12 to 18 months

3. A broad range of physical and mental health supports must be accessible across Blue Door.

The rapid literature review revealed that access to health-related supports is often found to be a barrier for service users and having access to both mental and physical health supports were strongly supported by all participants. Therefore, ensuring that clients have access to an adequate number of health supports will be essential.

4. Facilitate access to financial supports. Blue Door can assist clients to

receive financial supports such as rent subsidies, Ontario Works, and ODSP. Specifically, 100% of both current and former clients, and 92% of staff would like there to be access to housing benefits (e.g., rent supplements) through the supportive housing program. Likewise, 86% of current clients and 100% of former clients would like help getting social assistance and 85% of staff supported including this service as well.

5. Assist clients to secure independent housing prior to exiting the program.

Current and former clients and staff all strongly responded to the need of clients to have secured independent housing prior to their exit from the program. Current and former clients also expressed their desire to remain in York Region, which should also be a priority when searching for client housing. The most desirable form of housing for 76% of Blue Door clients was their own apartment followed by a shared apartment.

→ Long-term Recommendations

Demonstrate how Blue Door can monitor and improve the supportive housing program over time. The timeline for Blue Door to carry out long-term recommendations is 18 to 24 months.

- 6. The support needs of clients need to be consistently assessed to determine what specific supports should be prioritized.** Since clients and staff suggested that supports should be based on the needs of each client, continued assessments will be needed to provide a full picture of what supports are needed. Health supports and financial supports were stated by current and former clients to be a priority, and staff believed case management supports and independent living skill development also crucial.
- 7. Continue to expand the number of community connections and partnerships.** To further increase the number of supports that are accessible to clients, Blue Door should continue to coordinate and connect with services within York Region.
- 8. Further investigate the needs of different identity groups and groups with different levels of need.** The sample of participants who took part in surveys and interview largely white/Caucasian (79%), heterosexual (89%) and male (97%). Therefore, further investigation will be needed to identify support that meet the needs of marginalized populations such as individual who access Blue Door and identify as Black, Indigenous, POC, and/or 2SLGBTQIA+.

