

TOWARDS A NEW BILL OF RIGHTS:

The Voice of Tenants in Permanent Supportive Housing

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About the Dream Team:

The Dream Team is a grassroots consumer/survivor organization with the mission to work for more quality supportive housing for those experiencing mental health and addiction issues; to reduce the barriers in their lives resulting from poverty and stigma; and to do so through public education, research, advocacy and example, utilizing and capitalizing on members’ personal experiences.

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INTRODUCTION

The Dream Team is a grassroots consumer/survivor run organization with the mission to:

work for more quality supportive housing for those experiencing mental health and addiction issues; to reduce the barriers in their lives resulting from poverty and stigma; and to do so through public education, research, advocacy and example, utilizing and capitalizing on members' personal experience. (Dream Team, 2014)

The Dream Team has worked on several high-profile advocacy and education campaigns. Over the past years, this has included challenging discriminatory bylaws in four municipalities and working with some of Canada's top scholars, activists and advocates to bring a constitutional challenge before the Supreme Court of Canada arguing for the Right to Housing (Spence, 2015; ACTO, 2014). There is also an ongoing need to address current conditions for tenants living in permanent supportive housing.

Members of the Dream Team frequently discuss the transformational possibilities of permanent supportive housing. This sentiment has been affirmed by researchers who have demonstrated the viability of Housing First models of supportive housing throughout Canada (Gaetz, Scott & Gulliver, 2013; MHCC, 2013). Those who are frequently considered the “hardest to house” due to severe mental health and addictions issues are more likely to maintain housing when their units are affordable and they have access to the right support. Many members of the Dream Team have experienced homelessness, or housing instability, at some point in their lives. The majority credit their ability to remain housed to the support they received from staff and other tenants in permanent supportive housing units.

Yet tenants of permanent supportive housing often face challenges in their day-to-day living. This report is meant to start a conversation about the way that tenants and service providers can work together to advocate for services and resources to improve the lives of tenants.

BACKGROUND

The funding and administration of permanent supportive housing has changed in recent years (TCLHIN, 2010). One of the changes has been the shift towards a coordinated intake system called The Toronto Mental Health and Addictions Access Point (The Access Point, 2014). The Access Point provides a central intake platform for 29 mental health and addictions-related permanent supportive housing providers. One goal of central intake is to decrease the number of individuals who “fall through the cracks.” While access to the system continues to remain an issue, there is a lingering concern that the voice of tenants has not been heard. This report will focus on the experience of tenants living in permanent supportive housing.

The Toronto Central Local Health Integration Network reported that in the Toronto area approximately 285,600 adults live with a mental health issue, not including

1 Housing First differs from Treatment First models of service delivery in that it does not require mental health or addictions treatment as a prerequisite for placement in permanent housing.

“It is important that permanent supportive housing providers have enough resources to help tenants stay housed.”

addictions (TC LHIN, 2013). Over 23,000 people live with a serious mental health issue that requires ongoing treatment and support (TC LHIN, 2013). Between 2012–2013, there were 25,948 mental health and substance use visits to emergency departments across the city (TC LHIN, 2013). While some people may access supports they need in a variety of ways, others benefit greatly from the levels of support provided in permanent supportive housing.

The Government of Ontario has also been attempting to change the way it addresses complex needs associated with mental health (Government of Ontario, 2011). Within this context, supportive housing service providers have been attempting to accommodate a range of complex of needs without necessarily receiving proportionate resources. This has left many who live in permanent supportive housing feeling like more work needs to be done to ensure that effective services are delivered while the quality of housing is also maintained. When permanent supportive housing providers are successful, tenants are more likely to remain housed (Waegemakers Schiff, 2014).

It is important that permanent supportive housing providers have enough resources to help tenants stay housed; emergency mental health services, hospitalization, incarceration and emergency supports related to homelessness are ultimately more expensive (Shapcott, 2006; Gaetz, 2012). Permanent supportive housing is a critical resource for people living with serious mental health and addictions issues. It is an important time for service providers and tenants to work together in order to improve the conditions in the units.

2 Local Health Integration Networks (LHINS) administer provincial funding to hospitals, community health care agencies and the Access Point permanent supportive housing providers.

METHODOLOGY

Over the course of a year, the Dream Team Research Committee laid the groundwork for the research to create A New Bill of Rights. Grassroots Research was an early contributor that provided training and worked with the research committee to develop a questionnaire that mixed scaled and open-ended questions. Members of the Dream Team interviewed 46 people individually and another 36 people participated in six focus groups. The focus groups were organized to include key demographics that may have been omitted in the interviews. This included people who had interacted with the criminal justice system, people from racialized communities, people living in boarding homes and people in high-support units. Of the tenants interviewed, 44% identified as female and 56% identified as male. The participants' ages ranged from 20-29 to 70-79, though 95% of tenants were between the ages of 30 and 69. The most common age range for tenants was 40-49. Half of the tenants interviewed identified as white or european, 31% identified as belonging to a racialized group and 19% didn't respond.

The research also included semi-structured qualitative interviews with eight service providers from a variety of agencies involved in the research. Service providers were added to inform a holistic understanding of care in permanent supportive housing. Interviews were between 15 and 30 minutes long and held over the phone or in person.

With the exception of the interviews with service providers and focus groups, peer researchers facilitated all of the research. Tenants were recruited using posters, word of mouth and a post in the C/S Info Centre Bulletin. During this time workers in almost every agency were instrumental in spreading the word. Tenants responded from 21 of 29 permanent supportive housing providers that are part of The Toronto Mental Health and Addictions Access Point. This

breadth was meant to demonstrate perspectives of tenants who live in a variety of houses, neighbourhoods and unit types.

All of the information was analyzed using Nvivo 10 Software for Mac. Relevant themes were highlighted based on their prevalence in the interviews. The research committee met and developed the foundations for the bill of rights by pulling key concepts from the themes. All of the rights in A New Bill of Rights are important, therefore not ranked based on their relative importance.

Good qualitative research looks for data saturation, which is defined as the point at which no new information is being added to the research (Kirby, Grieves & Ried, 2010). After completing analysis, it was clear that saturation was reached at approximately 40 interviews.

Given the importance of narratives to the work that the Dream Team has done over the past 15 years, this report demonstrated the importance of the rights expressed through the voices of tenants. These narratives were not gathered during the interviews, but were prompted by the conclusion and evaluation of the research process. The prompts were gathered as a convenient sample base drawn from people known by members of The Dream Team. Each narrative is one person's story, written in their own words. The narratives serve to ground the bill of rights through concrete examples of experiences faced by tenants in permanent supportive housing. While there are many more stories and narratives that could be included, they are meant to highlight a range of experiences; both positive and negative.

KEY FINDINGS

Given the intricacies of recovery-oriented approaches to mental health, each tenant of supportive housing will have different needs. Narratives of tenants who live in supportive housing have been presented upfront in this report, followed by some of the research findings from the project. Throughout this report we will define the following rights that were developed directly from the research conducted with tenants who live in permanent supportive housing.

The Bill of Rights:

1 Right to Independence: I am an adult and deserve to be treated as such. I need to be able to “come and go.” I deserve access to private space that I can call my own.

2 Right to Access Supports and Services: Service providers and support services are vital to tenants of supportive housing. The provision of high quality supports that are individualized to meet my needs are important for me to maintain my housing and live a healthy life. Having workers who care and are regularly available to provide support.

3 Right to Live in an Inclusive Community: I have the right to be treated with dignity, respect and equality. Differences such as race, sexual orientation, gender or gender identity, and mental health status should be supported and accepted. My house should feel like a home.

4 Right to Empowerment: I have the right to be involved in decision-making within my building and service organization. Opportunities for tenant participation should be meaningful and respectful rather than tokenistic. We know best what programs work for us.

5 Right to Safety: I have the right to live in safe and secure housing. Service providers should take reasonable steps to address our safety concerns related to our building and the neighbourhood. Issues of crime need to be addressed quickly.

6 Right to Secure Tenancy: I have the right to feel secure in my housing. Service providers should inform me about my rights as a tenant. I expect support staff to work with me respectfully on challenges I face such as violation of rules or failure to pay rent on time.

7 Right to Good Quality Housing: I have the right to live in housing that is in a state of good repair. Issues such as rodent or bug infestations should be dealt with promptly. I expect staff to support tenants who may need assistance in maintaining their housing or common spaces in a clean and safe manner.

8 Right to Recovery: I have the right to live a healthy and holistic life. While the first step to recovery is housing, I have the right to other supports to help me recover. I should not be punished for breakdowns or roadblocks in my recovery.

9 Right to Food Security: I have the right to access nutritious, affordable and culturally appropriate food. This may be facilitated through healthy meals provided within my home, support with cooking and getting groceries, or a referral to community resources. I may need access to training, transportation or other resources to support this right.

10 Right to Meaningful Activity:

I have the right to participate in meaningful activities that support my overall well-being. There should be a variety of activities offered to suit different needs. Tenants should have input into the development of programs and be given opportunities to provide leadership within them.

1

**I HAVE THE
RIGHT TO
INDEPENDENCE**

*When I got my first apartment,
it changed my life: I had my
own key, my own bedroom and
my own bathroom—things that
people take for granted.*

Now, I also have my own kitchen. I can make the food I like to eat, have fresh milk in the fridge. I have a stove so that I can make soup, eggs or potatoes. Living on your own lets you eat better food and take care of yourself. You cannot improve mental health if you have bad physical health.

To have your own bathroom—it is so wonderful. In some shelters you don't get nice soap or a soft towel. In a shelter you might get an old raggedy thing, but it is not the same as having your own towel. I never owned a pillow in my life. My first pillow was a remarkable thing, my neck finally stopped hurting.

Where I live you can have pets. Pets are important to me because you have someone to wake up to in the morning. It gives me a sense of myself. We are also allowed to have visitors and they can even stay for a weekend. It is nice to have company. Sometimes you get lonely. To have someone to share a meal with or watch a movie with is great. You become a normal person, like everyone else.

As supportive housing tenants, we are no different than you. We all want a job, friends and a safe place to live. Living in supportive housing has given me independence and much more.



INDEPENDENCE: FROM OUR RESEARCH

All of the tenants felt that they had enough independence in supportive housing units. What varied significantly is the way that the tenants viewed independence.

Participants were able to respond with more than one definition – and they found the following:

- **1 in 3 people (35%) defined independence as the freedom to “come and go.”**
- **1 in 5 (21%) defined independence as having a private room or a separate unit.**



The freedom to “come and go” is a welcome change from the time cut offs and lines that can form in order to access shelter beds.

Other responses included:

- **Control over services**
- **Control over meals**
- **Being treated like an adult**

For those who have experienced homelessness, in particular, the freedom to “come and go” is a welcome change from the time cut offs and lines that can form in order to access shelter beds.

The right to independence depends on the needs of the tenant. It is important to understand that people require different levels of support to assist with their personal recovery. Since independence does not look the same to everyone, it is fundamental that tenants have control over their care. To quote the participants in the study, it is important that tenants are “treated like adults.”

2

**I HAVE THE
RIGHT TO ACCESS
SUPPORTS AND
SERVICES**

I'm 74 years old. For the last 40 years, I have been living in supportive housing. In the 1980s and early 90s, I lived in either group homes or bachelor apartments. Over the decades, my needs have changed, but I have always required some form of subsidized housing. At first, I lived in group homes and at a housing co-op, which were shared accommodations. I was not able to care for myself and enjoyed being with others.

Then I spent 15 years in bachelor apartments, after I started taking my meds and my mental health was more stable. I still had the help of doctors, nurses, social workers, cleaning staff, and later on personal support workers. I was happy with my living arrangements for a long time.

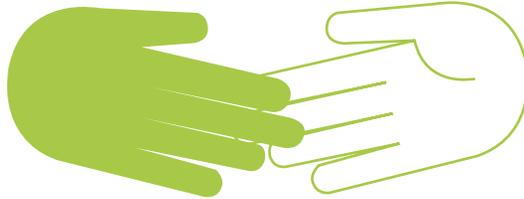
But as I got older, I just could not care for myself. I have developed Parkinson's Disease, chronic pulmonary disease, irritable bowel syndrome, and bladder incontinence. What's more, I can only walk short distances and have to rest a lot when using my walker. For the past few months, I have been living in a group home for senior women. I have my own room and share the bathrooms and living area. Cleaning, laundry and cooking is all done for me. I find I am happier. My needs are all cared for. Life is much easier.



ACCESS TO SUPPORTS AND SERVICES: FROM OUR RESEARCH

In our interviews and focus groups, 75% of the tenants found that they were receiving enough support. Participants were able to list more than one reason and the following reasons were included:

- **1 in 3 (32%) felt that they were receiving enough support because staff really cared or they had a strong rapport with their support workers.**
- **1 in 5 (20.7%) felt they had access to specific supports and services that they felt strongly about. Some of these..2 included: recreational therapy, movie nights and other social events. These supports, services and events contributed to tenants' recovery.**
- **1 in 5 (20.7%) felt that staff were easy to access, or responded quickly to their phone calls.**



25% of participants did not feel that they were receiving enough support (or were unsure). These individuals identified significant barriers to their recovery.

Unfortunately, 25% did not feel that they were receiving enough support (or were unsure). These individuals identified significant barriers to their recovery including:

- **1 in 3 (32%) felt that staff were unavailable or that the service provider did not provide specific programs that were needed.**
- **1 in 5 (20.7%) felt that staff did not care, or noted that they did not feel a strong connection to the support workers.**

3

**I HAVE THE
RIGHT TO LIVE
IN AN INCLUSIVE
COMMUNITY**

After leaving a relationship with my daughter's father, who abused me in every way you could think of—financially, emotionally, physically, mentally, and sexually—I went to live in a two-level apartment that was shared supportive housing. I brought two cats with me and wanted to live with other people because of what I was going through. I thought I would make five new friends I could talk to. Little did I know, I went from the frying pan to the broiler.

My daughter refused to come visit me there because she thought the housing was below standards. It smelled, all the people there were strangers—I didn't have a single conversation while I was making meals and eating alone. I would lie on the couch in the living room occasionally, but nobody came to chat. One guy accused me of taking his food from the fridge and sexually harassed me. I had to share the bathroom with two strange guys, which was embarrassing and made me feel very vulnerable.

I was on the board of the organization that ran this housing, so I thought I was an important person who was experiencing bad things happening to me. Nobody cared whether I was there or not. I had to hide the board information packages and read them alone.



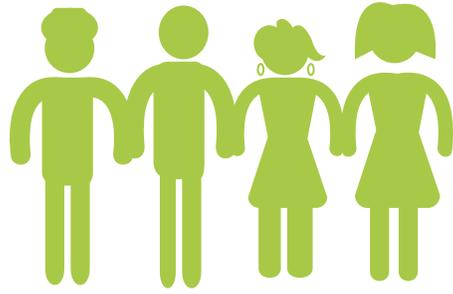
INCLUSIVE COMMUNITY: FROM OUR RESEARCH

One of the questions posed in the interviews was “what should we include in our bill of rights?” Inclusive communities were raised by 20% of the tenants that we interviewed. They defined it in many different ways:

- **Being treated with respect**
- **Being treated with dignity**
- **Being treated equally**

Tenants also acknowledged the importance of living in a space that is inclusive of different identities:

- **Different races**
- **Levels of ability**
- **Genders & gender identities**



Living in a place that is not inclusive can make people feel as if they are not welcome. It can make the house not feel like a home.

As the narrative above demonstrates, living in a place that is not inclusive can make people feel as if they are not welcome. It can make the house not feel like a home. People moving into supportive housing units may have faced a number of issues of discrimination, abuse and trauma. Therefore, is it essential that tenants live in a safe space and inclusive community. One tenant expressed incidences of daily racist abuse from another tenant.

*"They called me n****r. Other tenants. Especially one who does that everyday. Calls a Black girl the N-word.*

*'F***ing n****r'. You get angry. What can you do?"*

This sentiment was repeated by several people who lived in housing units, and accessed support from a range of service providers. Others felt that they faced stigma from residents in the neighbourhood. Creating an inclusive community also means creating a safe space for people who identify as lesbian, gay, bisexual, transgender, queer or two-spirited.

4

**I HAVE THE RIGHT TO
EMPOWERMENT IN
MY ENVIRONMENT**

Living on the street changed my entire outlook on life. I began to realize that no human being should ever have to live this way. It wasn't enough for me to think that I had to find a place to live; I had to find a way to change the system because it was broken. After living on the street for one year and in a single room in a house for 2 years, my hostel outreach worker helped me get into supportive housing. That's when my life began to turn around.

Not only has my housing provider given me decent, affordable housing and support services, it has also given me the opportunity to get involved with volunteer work. The volunteer work that I do allows me to have a say in how my housing and programs are run. This is crucial if tenants are going to maintain their housing and improve their quality of life. Only the tenants know what programs and services work for them and what programs and services don't.

At first, I did volunteer work on the Board and Social Recreation Committee. It made me realize that I had an interest in solving social problems. It also helped me to develop skills that I never had a chance to use before and it helped me to develop more confidence in myself. I even became President of the Board.

The year that I spent on the street was the worst year of my life, but it was the best thing that ever happen to me because it gave my life meaning.



EMPOWERMENT IN MY ENVIRONMENT: FROM OUR RESEARCH

Empowerment came up frequently in focus groups and interviews. 1 in 3 tenants recommended that empowerment should be included in the bill of rights. Empowerment mostly meant two specific things:

- 1. Tenants should be included in decision-making and organizational planning decisions that relate to them. This means engaging tenants throughout the planning processes, not just as a formality.**
- 2. Tenants should have the opportunity to play an active role in conflict resolution within their housing.**



It should be recognized that tenants could and should play a vital role in their own care and their own home.

There are specific reasons why some tenants do not engage or do not want to engage. However, those that have been involved in governance, board work and other meaningful activity have found the experience to be empowering. It should be recognized that tenants could and should play a vital role in their own care and their own home.

There have been several examples of consumer/survivor and tenant rights organizations, including the Dream Team, that demonstrate engagement and empowerment can build community.

Facilitating empowerment in Permanent Supportive Housing is about more than offering opportunities for engagement. It also has to do with the way that relationships are structured between service providers and tenants. Some supports and accommodations may be necessary in order to meaningfully engage tenants in decision-making. There have been several examples of organizations that have established meaningful processes for empowerment including The CAMH Empowerment Council, The Dream Team, and Houselink Community Homes. Each of these organizations offers a different model for engaging consumer/survivors and tenants. For the sake of brevity, this report will not go into specific details.

5

**I HAVE A RIGHT
TO SAFETY
IN MY HOME**

I am an addict in recovery and as such, I have a somewhat different perspective about what constitutes a safe environment for people living in supportive housing. My concerns go beyond the standards that should be a given in this type of housing; locks on doors, zero tolerance to violence, including verbal violence and so on.

As one of the Peer Interviewers for this project, I got to hear the tenants' concerns about their safety. On more than a few occasions, people indicated that they felt unsafe or uncomfortable living with others who were using crack and/or intravenous drugs.

As a former crack smoker and intravenous drug user, I like to assert that these concerns are not unfounded. It is a sad reality that addicts involved in aforementioned activities tend to be also intertwined with more serious and dangerous criminal activities than hard-core alcoholics or heavy pot smokers. So in my opinion, it is quite logical that people fear being exposed to such behaviours in their living environment.

Above and beyond that though, as an addict in recovery, I like to express another type of safety concern: the danger to my personal recovery and my goal of complete abstinence.

For an addict like myself, each day is a challenge (sometimes beyond measure) to accomplish a full day of staying completely clean 'n sober. So for a person like me living with others who are still manifesting such behaviours can at times be very unsafe. It is unsafe to my goal of complete abstinence, and by extension it is unsafe to my life--period.



SAFETY: FROM OUR RESEARCH

In our research, 1 in 5 (20%) people did not feel safe in their home. This was the result of a number of concerns:

- **1 in 3 (30%) said they did not feel safe because of the activities associated with the selling of drugs in their building**
- **1 in 5 (20%) said that they did not feel safe because they felt that they lived in an unsafe or “sketchy” neighbourhood**
- **1 in 5 (20%) did not feel safe because they did not have enough support for their health, mental health and addictions issues**



1 in 5 people did not feel safe in their home.

Of those who felt safe in their homes, 20% still expressed concerns. These concerns included:

- **Safety of their neighbourhood**
- **Handling of conflicts with other tenants**
- **Loss of their property**
- **Drug use in the building**

One person that we interviewed spoke during a focus group about the need to “securitize” his room. This meant remembering, or taking note of where valuable items were placed as he had possessions taken from him in the past.

These concerns can occur even more frequently in shared houses and shared rooms, when tenants do not always know people who are moving in.

Some tenants felt that living in the same building as someone who sells substances can be an inconvenience. For Those who are abstaining from substance use this can be a daily challenge and struggle. Several participants discussed challenges they faced with their recovery and levels of stress when others distribute substances in their building. Many more objected to ‘strangers’ entering the building for the purpose of using, purchasing or supplying substances.

6

**I HAVE A RIGHT TO
SECURE TENANCY**

I'm a senior citizen and have been living in an apartment in a Cabbagetown supportive housing building for 23 years. The building asks residents to do two things: respect our living spaces and participate in programs.

They do regular room inspections because that helps them assess whether or not people are having psychological issues. If it's tidy, you're probably doing okay, and if it's messy, you might need some support.

I've had a cleaning lady who works for a non-profit cleaning service for about seven or eight years, and I'm very pleased. She greatly improves my quality of life. Her visits are subsidized so they're very economical. They charge \$10 an hour. Several other residents in my building also use similar services. The cleaning lady comes in once a month and I prepare for her by getting rid of a few things, cleaning, and throwing out some of the clutter. I have a lot of bins and I'm working on getting rid of the bins.

One of the conditions of living in this building is that you have to maintain your apartment. My cleaning person helps me to do this with dignity. In a way, this has also helped me keep my apartment for so long. If your room is a mess, and if you keep a lot of stuff—some people call this hoarding, others call it collecting—your room can become a fire hazard. In a worst case scenario, this can lead to the threat of eviction, because you may be endangering others. I, however, have never had this problem. As I said, I have lived there for 23 years. I am proud of this. My apartment is my home.



SECURE TENANCY: FROM OUR RESEARCH.

There are many ways to ensure a secure tenancy. For some it can be organizational or financial, while others may require accommodation for mental health or addictions challenges. Even the threat of eviction of eviction can be a negatively emotional experience for tenants who have experienced homelessness or housing instability.

In one of the focus groups, a man who had experienced homelessness spoke about his experience when he received a notice of eviction for rent arrears. He was so upset that he packed up his bags and was ready to move back to the place where he had 'slept rough' for years. Luckily his support worker helped him find a solution, he stayed housed, and is currently very satisfied with his unit. Half of the tenants in the study reported that they had never been evicted or under threat of eviction.



The leading cause of eviction and threat of eviction was rent arrears.

Of the 50% that had been evicted or threatened with eviction, 19% had been evicted for the following reasons:

- **Rent arrears or non-payment of rent**
- **Were not aware of their tenancy rights, or felt they had their rights violated**

81% had been under threat of eviction for the following reasons:

- **Rent arrears or non-payment of rent**
- **Accusations of participation in crime**
- **Conflicts with other tenants**
- **Noise complaints**

Even if threats of eviction do not lead to the loss of a house, they can still cause worry. Outside of formal evictions processes, there are many ways that people can be displaced from their housing. Having the right to housing security should include the less formal processes that threaten the permanence of housing. For example, tenants who face a barrier within their recovery processes should not be forced out of their housing arrangements. In other words, 'Permanence' is an important characteristic of Permanent Supportive Housing.



**I HAVE THE RIGHT
TO GOOD QUALITY
HOUSING**

Currently, I live in a condition that I never ever thought I would find myself in. I am a home body and the cleanliness of my living space is always at the top of my priority list. That is the way life has always been for me. Right now, in the bathroom, there is toilet paper or paper towel with feces sitting in the garbage.

Some of the tenants are throwing the paper they use to wipe their bum into the garbage; sometimes, they don't flush the toilet. One of the tenants uses a portable toilet at night and she throws the crap in the toilet then washes the bowl in the bathroom sink, this stinks up the upper floor. One of the other tenants keeps a large garbage bin in his room which contains the empties from his milk based liquid supplement. Because he keeps his room extremely hot, the containers in the garbage bin grew maggots and the bin seems to have a fly farm somewhere inside.

When I first moved in, I spent most of my waking hours cleaning and trying to keep the house clean. I gave up because the job was too much and tiring. I don't use the kitchen, so I am not eating properly and I use the bathroom at the gym. I feel degraded and pissed off.



GOOD QUALITY HOUSING: FROM OUR RESEARCH.

The meaning of good quality housing differed a great deal between participants. It also varied depending on the specific buildings, homes and experiences. Three themes emerged and were spoken about by 65% of tenants who found good quality housing to be a fundamental part of their housing experience. These themes were as followed:

- **2 in 3 (63%) spoke about maintenance. It could turn an otherwise good housing situation into a struggle.**
- **1 in 2 (56%) had difficulty with cleanliness & infestation. While cleanliness was mentioned on its own, it was also grouped together with infestations that included: bedbugs, flies, mice and cockroaches.**



Good quality housing is maintained, clean and located in a good area.

- **1 in 4 (23%) found that it was really important to live in a good area. A good area was seen as one that was close to transit, had access to food and groceries, was generally safe.**

One focus group spoke about an infestation in their building which had a serious affect on over half of the participants. Infestations such as bed bugs can affect sleep and health. It is important that existing Permanent Supportive Housing units are maintained, cleaned and cared for.

8

**I HAVE THE RIGHT
TO LIVE IN A HOME
THAT FACILITATES
RECOVERY**

Looking back to when I “left” that housing provider, I feel I was treated unfairly and, when I needed it, I wasn’t provided with an atmosphere beneficial to recovery. This surprises me. I had never been in trouble in the building; I was never rude to staff; I was never late with rent; I was a model tenant. I had thought I was well liked by staff and the other tenants as well.

I was evicted because I became unwell, trashed my apartment, and was subsequently hospitalized. I accept full responsibility for this breakdown because I had stopped taking my meds. But other things contributed to my breakdown. My sister was dying and, after I was hospitalized, I was worried about my mom. I told her not to let my breakdown and my sister’s illness get to her. My mom said, “it’s kind of hard not to let it get to me.” One day my mom came to visit my sister and I in two separate Toronto hospitals (my mom lives north of the city). After the visits, she realized she had gotten a parking ticket. It was too much for her: she broke down and cried on the sidewalk.

What I think was unfair and detrimental to my recovery was that during my hospitalization I was told that I couldn’t have the same apartment, but a smaller one that didn’t even have a stove, just a hotplate. Once, during that hospitalization, I was granted a day pass form, so I visited my apartment to pick up a few things. Staff at the housing provider found out I was there and forced me to turn over my key- the message to me was, “we don’t want you here anymore.” So I decided that I didn’t want anything to do with them. I told them to keep their smaller apartment.

*Tenant Narrative

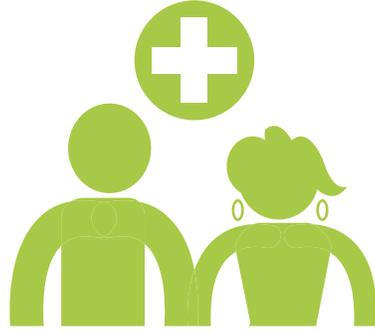


RECOVERY: FROM OUR RESEARCH

Recovery can be defined as the “personal process of regaining and maintaining well-being” (Kochen, 2010, p.41). Over half of the tenants felt that it was important to live in a home that was supportive of a variety of needs that people have and to assist them in recovery. Although needs vary immensely, support from other tenants and workers provides valuable assistance that people need.

Some examples include:

- **Staff or other tenants recognizing signs of “not feeling well” and offering to contact support**
- **Staff or other tenants helping in direct ways, such as grocery shopping when someone is ill or relapsing**



When tenants are punished for setbacks in their recovery, it does not take long before people feel isolated, alienated and alone.

- **Awareness that supports can exceed mental health needs, and can include other services related to general well-being and health**
- **Providing some pet-friendly environments for tenants who feel supported by their animals**

Supports can go a long way in helping people with their own recovery processes, however they require flexibility. When tenants are punished for setbacks in their recovery, it does not take long before people feel isolated, alienated and alone. During focus groups, the two most-discussed reasons for being less than satisfied with housing were: lack of staff support and conflicts with other tenants.



**I HAVE THE RIGHT
TO FOOD SECURITY**

It has now been sixteen years and I have since been promoted to the position of community kitchen facilitator.

Member tenants only pay \$1 for each meal and can eat any community kitchen—not just the one at their building. Even though all members who live with this provider have cooking facilities in their independent units or shared houses, many still choose to eat at our community kitchens. Why is that?

Sometimes due to circumstances people don't have the skills to cook a meal; whether it is planning, preparing, food safety, or throwing a meal together without a recipe.

In addition, our kitchens have a social atmosphere which allows people to chat and catch up with friends. Middle class people can afford to go out for a coffee with a friend, or to have a meal in a restaurant, but those living on ODSP don't have that luxury. Our meals are also very affordable and nutritious. We follow the Canada Food Guide and 50% of each meal consists of vegetables. We have other guidelines for our meals; we don't use salt, we cater to diabetics and have vegetarian options. We can even accommodate people who are gluten-free or lactose intolerant.

Over time, I have witnessed the positive changes that a healthy diet can make in a person's life. I saw people who were clearly undernourished become strong and healthy, I have seen cooks become more confident and skilled in their trade and even hard core meatlovers venturing out and actually eating vegetables at every meal.



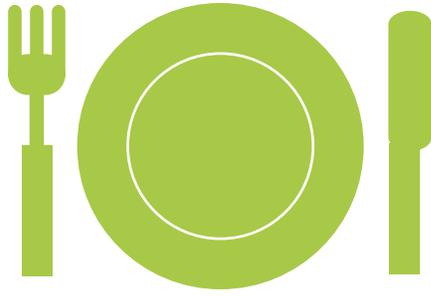
FOOD SECURITY: FROM OUR RESEARCH

Food security was one of the top reasons for housing satisfactions. Communal meals with friends and housemates can foster community and build a sense of belonging. For some people who have experienced homelessness, and used the shelter system, controlling one's own cooking and eating schedule can be an important part of food security. In our research, food security was discussed in three main ways:

- 1. By tenants having access to their own food – which they purchased and cooked independently or with support**
- 2. Food provided by the housing provider**
- 3. Accessing food through a nearby food program**

Approximately 1 in 4 participants received food through

Food Security means “having access to sufficient, safe, nutritious food to maintain a healthy and active life”. This means meeting both dietary needs and food preferences (WHO, 1996).



Communal meals with friends and housemates can foster community and build a sense of belonging.

their service provider. The majority of those that received food through their service provider were very satisfied or satisfied. The main reasons that they were satisfied were:

- **Variety of foods**
- **Feeling that food is nutritious or followed the Canada Food Guide**
- **Tenants involved in the process of selecting menu or foods**
- **Communal dining**
- **Willingness of providers to cater to dietary needs**

Tenants who were less than satisfied reported that the food was low quality or they did not feel that they were actively involved in the process of choosing the menu or meals.

10

**I HAVE THE RIGHT
TO ENGAGE IN
MEANINGFUL
ACTIVITIES**

Every year, in the spring, our supportive housing provider gives us a budget to care for our gardens. I like to do the gardening, because it helps me keep grounded. I grow pretty big flowers and ornamental plants, sometimes strawberries and other things.

But each year, I get concerned about participating because of continuous issues we've had with a particular tenant who also lives there. She does things to make me feel not welcome. To handle the situation, I've tried to ignore her, but in certain circumstances, given the opportunity, she can make a pleasant gardening experience into a negative one. I never know what to expect when it comes to her.

This year, it was a really enjoyable experience. A support worker and I were shopping for plants, I was worried she might bring up past incidents and complications, but she never did. Instead, her calm demeanour made the situation as pleasant as possible. We talked as equals, she treated me like a friend, shared her knowledge of herbs and plants, and did her best to make me feel comfortable and relaxed, so I could get the most out of the experience.

She could tell I had an interest in gardening and appreciated the opportunity to buy plants and other things I needed like soil. She really made me feel appreciated and gave me a sense of belonging. The interactions were soothing and welcoming. She helped to boost my confidence at a time when I was feeling low.



MEANINGFUL ACTIVITIES: FROM OUR RESEARCH

What constitutes a meaningful activities varies greatly between the individuals interviewed. Almost half of the tenants in this study spoke about the importance of activities offered or facilitated by the supportive housing organization. These include a variety of programs such as:

- **Gardening**
- **Cooking and community kitchen programs**
- **Art classes**
- **Conflict resolution groups**
- **Private television time, with access to specific channels, and movie nights or documentary nights**
- **Women specific or age specific groups (such as youth groups, or groups for aging adults)**



Meaningful activities can create more of a sense of community within the house or building, and help tenants establish more commonality and individual worth.

- **Outings to places around the city (such as art galleries and museums)**
- **Opportunities to work or volunteer, within the home or city**
- **Exercise groups (for example a successful walking group)**

It is important to note that there cannot be a single approach to designing programs. Tenants enjoyed programs that they developed, requested or had input over. The implementation of programs that are not responsive to the needs of tenants can be patronizing or underutilized.

These programs do not always have to be the responsibility of staff. There have been examples provided throughout the research where tenants have launched, or recommended, recreational programs, which were then supported by staff. One example is a walking group in the East End that is facilitated by a Peer Worker. The group meets weekly to get fresh air, exercise and occasionally goes on outings to museums and art galleries. Meaningful activities can create a sense of community and connect providers and tenants.



PERSPECTIVE OF SERVICE PROVIDERS & SUPPORT WORKERS

While training and peer support facilitated staff competency, systemic constraints posed broader challenges to service providers.

In addition to the interviews and focus groups held with tenants, semi-structured qualitative interviews were held with eight service providers from 6 different Permanent Supportive Housing providers. Two additional service providers opted to engage in informal conversations. The goal of the service provider interviews was to understand how constraints that organizations were facing affected the experience of tenants.

Staff felt that the education opportunities provided by their organizations and the support from peers enabled them to complete their roles competently. Organizations offer staff a variety training, depending on their individual roles within their organizations. Front-line staff had access to peer supports and training sessions that covered topics including; crisis intervention, multiple diagnosis (with a focus on mental health) and anti-discrimination.

There are large challenges within Permanent Supportive Housing that affected all of the service providers interviewed. The biggest challenges identified were:

- **The lack of funding for building more units, maintaining existing units and providing intensive services and supports**
- **Wait-lists for affordable housing that mean some people are forced to live in crisis**
- **Cultural and language barriers mean that people with special language needs have less access to service providers**

These funding and service constraints have meant that service providers are attempting to provide varying levels of support without necessarily having the human and financial resources that are required. As one participant said “if you keep squeezing, it becomes hard to balance the budget.”

Changes in funding, and the lack of increases to base budgets, means that many agencies have been partnering more often in service delivery. While this can be a good thing, it also comes with challenges. One of these challenges has to do with readjusting to organizational norms.

In addition to the challenges in current housing stock, there have also been several changes and trends in supportive housing. Three of the biggest trends are:

- 1. The growing prominence of the housing first philosophy amongst service providers**
- 2. A recognition that there needs to be more supportive housing, affordable housing and rental subsidies for people living with mental health and addictions issues**
- 3. The coordination of intake and simultaneous budget limitations imposed by the Local Health Integration Network**

Finally, service providers were asked for feedback on what should be included in the New Bill of Rights. Between the service providers, they covered several of the main themes including; independence, access to supports and services, empowerment, secure tenancy, housing quality and recovery. Three participants also added that housing should be considered a right. This demonstrated that the service providers were engaged and aware of the challenges faced by tenants in Permanent Supportive Housing.

CONCLUSION & NEXT STEPS

The ten rights listed are the first step towards starting a conversation around the needs of tenants in supportive housing. Moving forward, the Dream Team will work with tenants and organizations that fall under the umbrella of the Access Point to affirm the significance of the Bill of Rights. The research clearly sets the tone for increasing the role that tenants play in their Permanent Supportive Housing.

While it is continuously important to increase efficiency, and make sure resources are allocated in the most cost-effective manner, it is also important to make sure that there are standards within social and affordable housing organizations that are not only embraced, but are also funded. Politicians and policy makers must strive to include voices of those who live in these units on a day-to-day basis. Tenants' inputs have traditionally not been taken into consideration. Yet, their narratives add depth to the issue of Permanent Supportive Housing.

Permanent Supportive Housing can transform the lives of people living with serious mental health and addictions issues. It has been a proven solution in the lives of people who require different levels of support for mental health and addiction issues. It is important that as a society we continue to challenge our

assumptions and strive to improve services for this often marginalized group. Cutbacks to services, maintenance and supports have immediate and direct implications on peoples' ability to recover and lead meaningful lives.

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