# Housing First: What does it look like in Metro Vancouver?

# Workshop Summary

**July 4, 2013, 3:30 – 6:00**

10th Floor, Kathleen Building, 5945 Kathleen Avenue, Burnaby

1. **Welcome** - Deb Bryant, RSCH Co-chair

The purpose of the workshop is to:

* Develop a regional understanding of Housing First
* Provide an opportunity to learn about successes and challenges from those who are implementing Housing First – to learn and ask questions
* Discuss the opportunities and challenges in our own communities for transitioning to a Housing First approach
* Highlight issues that will be important for moving ahead

1. **Service Canada Update** - Nora Gibson**,** Senior Development Officer, Service Canada

* The next cycle of HPS funding will be a new program cycle - it is not simply a renewal of the current HPS.
* The new program cycle will operate using a Housing First approach.
* Service Canada will be meeting with the 10 largest communities throughout the summer.
* In mid-August, national colleagues from Ottawa will come to Vancouver to discuss the new program policy with the local CAB’s.
* Today’s discussion will be provided to our National Colleagues to provide a Vancouver context for review on HF – key points will be sent to Service Canada to provide input.
* As program guidelines are developed, there will be additional opportunities for input.
* If there is any information after the session, please send it to Nora.

1. **Introduction to the Housing First Approach** - Alice Sundberg, Past RSCH Co-chair and Chair, Regional Homelessness Plan Advisory Group

* Housing First is an approach to ending homelessness that gives people direct access to permanent housing, along with the services they need and want to maintain their housing.
* Housing First is based on the idea that issues that may have contributed to a person’s homelessness, such as a lack of employment, addiction, poor mental or physical health, can be best addressed once a person has stable housing.
* This approach works for many people, including the most chronically homeless population.
* The basic principle is direct access to permanent housing – along with supports.
* Services can include Assertive Community Treatment – which has diverse team members with a variety of specialities/expertise, and Intensive Case Management – where support is provided through one case worker who helps connect an individual with services.
* There is a great deal of research that supports Housing First as a way to end homelessness. The government’s decision is based on evidence from the At Home/Chez Soi project that took place in Vancouver and four other cities over four years.
* I will bring what I learn from the workshop today to the Expert Working Group on Housing First in Ottawa, which I am part of. This group is advising on the development of program guidelines.

1. **Presentations**
2. **David MacIntyre, Executive Director, MPA Society**

HF has been around for many years - there have been many examples throughout Vancouver and other places.

In the past, MPA housed people mostly in congregate settings or non-profit housing. But focusing only on non-profit housing is not going to meet everyone’s needs. There is a lot of private rental housing, which provides an opportunity for housing in scattered sites. The biggest source of housing is owned by private landlords – they are an untapped resource.

MHCC pilot project - At Home/Chez Soi:

MPA role: Was challenged to find 200 market rental units for Coast and RainCity participants.

The approach has been so successful, landlords are approaching MPA – and MPA is turning them down. In addition, MPA is now using the approach with VCH, BC Housing, and Fraser Health.

A new approach:

* Proactive negotiation with landlords to negotiate making units available in buildings.
* The main issue was to mitigate the risk to the landlord - to address the potential risks.
* Rental loss: Strategy is to enter into an agreement with landlord on rent payment, schedules, and guarantees.
* Property damage: Strategy is to provide 3rd party insurance – given the economy of scale they were able to access and negotiate insurance at a reduced cost. There is also a contingency fund for repairs – haven’t needed to use it much – but the insurance makes everyone feel better.
* Bed bugs: Arranging for new furniture and bed bug protocols. Landlords worried about tenants with old/infested belongings. Because of economy of scale, MPA was able to provide furnishings at low cost.
* Concern about other tenants: MPA assists the landlord to address concerns of other neighbours.
* Conflict with neighbours: Transition units are available in case it is needed for a tenant. Sounds expensive, but saves time and money 10 fold. The support worker informs the participant they are going to get evicted. MPA offers an option to fight the eviction or move somewhere else. The tenant can remain in the transition unit for a short time – until they find another place. Sometimes a person needs to move once or twice, but rarely more than that. So, MPA is able to prevent evictions, which are expensive for landlords.
* Incidents: Clearly defined communication strategies – don’t need to respond during crisis – they are prepared in case issues arise.
* Landlords have been incredibly supportive when there is open communication and the agency follows up - not only when things are bad, but also when they are good.

1. **Tracey Schonfeld, Coast Mental Health**

Coast houses about 4000 people – in a variety of housing settings.

In the past, they have housed people with similar issues in the same buildings. It has worked. However, this approach does not put the people first – they do not have a choice about where they go, they are placed.

What was new with the At Home/Chez Soi project was that it allowed people to say where they wanted to live – for the first time - actually get them where they want to be. Participants could choose to live in a variety of neighbourhoods e.g. Marpole, the West End, East Van, etc. Through the partnership with MPA, Coast was able to find units where their clients wanted to live.

It took a while to convince people they were “for real”. Once people were housed in the area of their choice - and CHOICE is key – there was a remarkable turnaround. People who, in the past, may have been considered hopeless made significant changes. They were able to turn around their lives in a way never deemed possible.

Having a choice really changes people – if they have the necessary support. People who have experienced trauma and other issues need support. The support followed the person – no matter what happened.

The partnership with MPA was unique in that MPA worked with the landlords and developed relationships with them.

The landlords were also put first. If a landlord wanted someone removed, Coast was able to find other housing for them.

It is important to have a team follow the people – so they don’t have to start from zero if something happens.

Lessons learned:

* While it sounds good on paper, there are many challenges. A lot of things need to be in place, including support and engagement by the community and landlords.
* We need to change our preconceived ideas of who is “deserving’ of housing
* When you provide housing and support – people need to have consequences, to be evicted and not lose their support. This helps them move forward. For some, there has not been a real life world. People actually do learn from their mistakes. People may lose their first housing unit – or second. But rarely a third.
* It is necessary to have a range of housing types and approaches. No ONE model works for everyone. BUT a lot of people can do well if they are given a choice of housing options and the opportunity to achieve their potential.

1. **Beverly Noland and Amelia Ridgway, RainCity Housing**

**Beverly** – Worked with the ACT team as part of the At Home/Chez So project.

* ACT is a mobile multi-disciplinary Team
* 80% of work is outreach in the community
* People choose the services they want
* Only engage in treatment if they choose it – it is not mandatory for housing
* No need for housing readiness – i.e. don’t need to agree to treatment before housing
* HF says that housing is a right for everyone, treatment or not
* Some clients had been homeless for years, and have now been housed for years
* Once they have housing of their choice and in the area of their choice, sometimes treatment follows
* Most people are in private rental buildings and out of downtown Vancouver

Rules in program:

* Meet once a week
* Pay rent

MPA had units available, so they could house people right away. MPA would assist with a start-up package, groceries, and furniture.

Lessons learned:

* The program worked very well. Some people returned to work, began volunteering, connected with family, reduced substance use, and many are still in their first apartment
* There is more drive when people get to choose their housing
* If a landlord rents a unit to someone in the program, they have someone to call 24-7
* They had low saturation per building, one or two units
* It is essential to have the supports in place
* Be recovery focused
* It is possible!

**Amelia –** Works with **the congregate** model of Housing First

Princess Rooms

* Opened in 2000 – 45 units for people with an active addiction, mental health issue, and some who are not with mental health services.
* The goal is: house people first. The work after that is to build a relationship with them – engagement and relationship buildings is super important.
* Some people have been chronically homeless and are not trusting of the system that they have been in. They have not been treated well.
* They always focus on relationship building with people.

The Vivian

* An old SRO just for women.
* The whole 1st floor was a common space with a shared kitchen that all tenants used. To get there, the women need to walk by the offices – which provides a great opportunity for staff to stay in touch with them.
* 50% of referrals are directly from the street – they were sleeping on the doorstep and invited in.
* People need to be housed immediately.
* HF programs are staffed 24 hours a day with housing support workers – who work with services in the community.
* All housing units are in the DTES – the ACT team and scattered site units provided an opportunity for tenants to move out of the area.
* Community is very important. It is important to keep buildings small to enable tenants to build relationships with staff and their neighbours and feel part of the community.
* Tenants are involved in making policies – which provides for buy-in and collaboration (e.g. over- night guests).

1. **Liz Evans, Portland Hotel Society (PHS)**

Started in 1991 at the DTES in a 70 room SRO. At the time, it was very hard to find housing for people with addictions. There was social housing – with a manager and no staffing, or group homes, but nothing in between.

Liz was a nurse at the Portland. Because she was a nurse, the Portland starting getting people with complex problems e.g. addictions, HIV and physical health issues or complex behaviour. At the time, it was considered insane to house people with addictions - it was seen as bad management. The Portland created a philosophy about what they were doing. They spent time working on humanizing the face of drug-users and sending the message that there are many ways to help people. They demonstrated that once people were housed, they could receive care. This population had difficulty accessing services in the community.

PHS created a non-eviction policy in early 90s. They believed it would make the problem worse if they evicted people, because they had no other options. It was the jail, street, or death.

PHS wanted to study, in a congregate way, people living together.

Through the At Home/Chez Soi study, they had nurses 7 days a week, social workers, and employment services on site. It was robustly funded. They took over their own motel (the Bosman). Each person had their own bathroom - not kitchens. There was a side bar that served one meal a day. Over time, they were able to provide 3 meals a day.

The outcomes were good in terms of housing stability – some people were able to move on to places they wanted to go to, while those who wanted to stay could. PHS has maintained relationships with those who left.

The At Home/Chez Soi project was defunded in March. PHS is brokering the transition with VCH and clients are being assessed.

Lessons learned:

* The congregate site made it possible for people to access services.
* People with chaotic lives needed some stability.
* In the first few years, there was a great deal of conflict among residents. Case managers spent a great deal of time on conflict resolution.
* Having a GP on site made it possible to conduct medical tests and follow-up with tenants on their health issues.
* Participation in crime decreased among those who stayed in the building. The number of police calls from around the Bosman declined, and the number of court cases dropped. The police became very supportive of the project. Some tenants got their criminal records cleared.
* There are ways to combat NIMBY – don’t lie about what to expect and what will happen – deal with it as is comes up – be a good neighbour. The PHS offered assistance even when an issue arose in the area from someone who was not a tenant.

1. **Question and Answers**

**Question 1 – Housing choice**

For RainCity - How is it possible to provide choice in congregate housing. In Victoria, the supportive housing is so full there is a huge waitlist. There is centralized database, but how is choice possible?

**Answer**: In the last year or so, through City-owned sites in Vancouver, many new buildings have opened up, which provides greater opportunity for choice. If a unit does not work for someone, they try to frame the issue not as an eviction, but as an opportunity to try another program or something different. Having an ACT team and ability to offer scattered units gives people even more choice.

**Question 2 – Data re impact of Bosman on police calls**

For PHS – Is data available for the Bosman to show the decline in police calls? Can this be made available?

**Answer:** Liz will check and if available, will email.

**Question 3 – Availability of rent subsidies**

Are there enough rent subsidies to meet the demand? How will the Housing First program be able to provide enough rent subsidies to meet the need? How long can people keep their subsidies?

**Answer:** With the At Home/Chez Soi project, everyone in the program was able to receive a rent subsidy. Now that the program is over, this will be an issue – how to get enough rent subsidies.

With Housing First, the idea is that the rent subsidy stays with the person as long as they need it – without time limits.

**Question 4 – Role of outreach workers**

What is the role of outreach workers with a Housing First approach?

**Answer**: They play a critical role. They build relationships and rapport. Once there is rapport, they look for housing, drive the person around, help with ID, take people to appointments, and help with all sorts of practical issues. They meet people where they are at. They spend 80-90% of time out in the community.

**Question 5 – Engagement with business community**

How did the PHS engage with the BIA?

**Answer:**  The PHS approached them and met with them over a period of 6 months. The BIA purchased a gum removal machine and hired residents of the Bosman to remove gum. They developed a partnership and work together to address issues.

**Question 6 – Percentage of scattered site units in private versus non-profit housing**

What percent of the rent subsidy units were in market vs. not-profit housing?

**Answer:** Almost all the units were in private rental buildings. Only a few units were in BC Housing buildings. MPA connected with landlords to access the units.

**Question 7 – What about families?**

Did the At Home/Chez Soi program include families?

**Answer:** Coast worked with families. Some of the women were pregnant and some had families. The program enabled these women to keep their children – helped the families stay together. They would help the women find housing and provided support.

**Question 8 – Will Housing First work in small organizations?**

Concern that the agencies involved in At Home/Chez Soi were all large - with massive operating budgets. What about organizations with a small budget?

**Answer:** Housing First is about intent and philosophy. The PHS started with a small budget. It’s about the right to housing and dignity. Regardless of where a person is at, they still need a place to live. The bottom line is that you need a philosophy of trying to house people.

Note: in the background materials, some of the organizations providing a Housing First approach are small.

**Question 9 – What about Aboriginal Families? And the need for Employment**

In the Aboriginal Community, many of the families are hidden homeless. You may not see them on the street. How will Housing First work for them? What if the person needs housing only and no support?

And what about the need for employment support? We are living in the most expensive real estate in North America. What about a model that helps people move on to find work and move to market rental housing?

**Answer.** The At Home/Chez Soi project was targeted to homeless people with mental health and addictions. It demonstrated that people could be supported to live successfully in the community.

With the program, the subsidy is attached to a person, not a housing unit. Many people found their own units on Craigslist, and were able to get a subsidy. And vocational specialists also worked with them.

**Question 10 – What about women leaving abusive relationships?**

Concern about women fleeing abuse. They need secure locations in a dedicated building. Scattered sites don’t provide this degree of safety.

**Question 11 – What about seniors?**

How can Housing First accommodate the needs of seniors? Some have complex health issues and disabilities.

**Answer.** PHS is addressing this issue with some of their tenants. VCH thinks they should move to a long-term care facility, but Liz believes it is difficult for these people to move. She has been relying on a private doctor who is able to bill the health system for his time.

**Question 12 – What about prevention?**

Where do prevention services fit in with a Housing First approach? How do we prevent people from hitting the street?

**Answer.** Housing First will be one component of the Regional Homelessness Plan, and prevention will be another, as well as capacity building. The federal government will develop guidelines for the allocation of HPS funding. Hopefully, funding will be available for more than just Housing First.

1. **Discussion Groups – Overview/Summary**

About 70 people attended this workshop. They were divided into 9 groups to discuss 4 questions. The following is a summary of the input provided. Notes from each of the 9 groups are in Appendix A.

1. **What is most important to you about a Housing First approach/philosophy?**

Philosophy/approach

* Immediate access to barrier-free, permanent housing – without any pre-conditions
* Principle that housing is a right
* Choice – including choice of housing - location
* Non-judgmental approach
* Needs to be able to work for all population groups who are homeless, including youth, families, couples, single women, women fleeing abuse, people with disabilities, seniors, newcomers and refugees, Aboriginal people – as well as the hidden homeless
* Housing *and* services
* Non-eviction approach - Agencies can partner with each other to make sure a person does not end up homeless once again
* Housing is part of the recovery process and can be therapeutic in itself

Housing

* Both scattered sites and congregate housing/dedicated buildings
* A sufficient supply of affordable housing, including private rental units and social housing

Services

* Supports that follow the individual, regardless of where they are living
* Client-centred and respectful – focused on the individual
* Outreach services
* Collaboration among service providers and between government agencies that fund housing and services
* Interdisciplinary approach e.g. ACT teams
* Variable level of support based on a person’s needs
* A wide range of supports, including employment, education and vocational services i.e. services that help an individual build essential skills to become as independent as possible

Benefits

* Ability to remove stereotypes – that people with mental illness cannot maintain housing.
* Once a person is housed, it is easier to provide services. A stable place to live is a pre-condition to address other issues and enables other aspects of life to improve.
* Makes better use of existing services and financial resources e.g. decrease in demand for police and emergency hospital services.
* Having choice in housing provides an incentive for people to recover and move on.
* Reduces harm that can come to people who are homeless.

Concerns

* Need to increase the supply of social housing. Housing First assumes there is available housing. There must be a sufficient supply of housing throughout Metro Vancouver.
* The model needs to be flexible to accommodate the needs of different population groups.
* There may still be a need for transitional housing. This approach works for some people. All models are valid. Need options and choice. There is a risk in adopting Housing First as the only approach. The application of Housing First needs to be flexible.
* Concern about whether Housing First works for populations other than people with mental health and/or addictions. E.g. does it provide safe places for women leaving abusive situations?
* Housing First needs to work for both small and large organizations – including organizations that serve particular client groups.
* Housing First doesn’t address poverty – and the needs of people at risk of homelessness.
* How will Housing First address the needs of the *hidden homeless*?
* Will there be sufficient funding for rent supplements?
* In practice, there can still be a wait time for a person to move into permanent housing – so temporary shelters are still important.

1. **What opportunities do you see in your community for implementing a Housing First approach?**

* Some service providers have started collaborating successfully to serve clients. A collaborative approach is a great tool to implement a Housing First approach.
* Opportunities to work with private landlords to make rental units available – by being able to reassure landlords that agency support will be available and that the rent will be paid. There will also be an opportunity to get landlords who have been involved in a Housing First program to speak with other landlords and encourage them to make some units available.
* Municipal policies to promote the development of affordable housing, including working with private developers to make a certain percentage of units available for affordable rental housing – which could be used for Housing First participants.
* Smaller agencies know their clients and could help them access the housing and services they need/want.
* It costs less to build housing than provide services to homeless people in hospitals.
* An opportunity to broaden the mandate of shelters – to help residents transition to permanent housing.
* BC Housing already funds outreach services – which are critical for Housing First.
* Demand for the program – many homeless people, housing and service providers will be interested in this approach.

1. **What do you think the challenges will be to transitioning to a Housing First approach in your community?**

* This approach will require significant resources for the necessary housing and support services.
* A lack of communication among different funding agencies e.g. Housing and Health.
* How to ensure that participants are able to receive both a rent subsidy and support?
* How to ensure sufficient funding for housing and support?
* How will money get attached to people who get to choose the services?
* Concern that it will be challenging to transition from shelters and the continuum approach to a focus on permanent housing. Need sensitivity about the impact on shelters’ core funding.
* Scepticism - some people will want to wait and see.
* Need more research on Housing First models for populations other than those with mental health and addictions.
* Will rent subsidies be sustainable for longer than 5 years? Some clients will not be able to achieve independence after 5 years. Giving people a time-limited rent subsidy contradicts the Housing First philosophy.
* ACT is expensive.
* More work is needed to promote networks, maximize cooperation and minimize competition among agencies.
* Need to increase capacity with organizations – e.g. funding and training
* NIMBYism

1. **How do you see overcoming these challenges?**

* A massive increase in funding and long-term funding commitments.
* Increase the supply of social housing – which provides a permanent supply of subsidized housing.
* Increase awareness, education and partnerships at every level of society, including all levels of government, the business community, landlords and service agencies.
* Get all the key players to champion this approach and create ‘buy-in’.
* Get the message out about existing research – including the At Home/Chez Soi project.
* Address people’s anxieties about change.
* In shelters that have been serving some long-term homeless clients, there may be potential to convert some of the shelter space into housing – and for shelters to help clients transition to permanent housing.
* Being client-centred may be one way to help bridge the silos e.g. if agencies work together to address the needs of each client.
* Promote networking and collaboration among all service providers – large and small.
* Work with the media - to get the message out that these new ideas work.
* Reduce stigma about homelessness.
* Build on expertise gained from At Home/Chez Soi project re working with landlords. E.g. have a regional group to find units and work with landlords – like MPA has been doing.
* Flexibility in the model to address the needs of different population groups and circumstances in different communities.

**Appendix A – Discussion Group Notes**

**GROUP 1**

1. **What is most important to you about a Housing First approach/philosophy?**

* Takes away preconditions that are usually there for a homeless person to access housing e.g. Being willing to go for treatment or so forth. That’s very important.
* Appropriate representation of all types of people who are homeless: families, women fleeing abuse, seniors, and refugees. Not just people with mental health and/or addictions. A need for all groups of people to be served.
* Outreach, collaborative services, and housing stock.
* The foundation – rooted in the principle that housing is a right. Everyone should have housing – similar to food.
* A stepping stone to removing stereotypes that usually surround housing and mental health i.e. that people with mental illness cannot maintain housing.
* Need to focus on support. It’s not just housing. Participants need strong support base – and on a mobile basis – support services that follow the person – regardless of where they live.
* Choice of place – is very important to this approach.
* Permanence – the idea of stability. Temporary housing is *not* housing.

1. **What opportunities do you see in your community for implementing a Housing First approach?**

* New West – has done a lot of work to promote collaboration among service providers. Agencies work together to serve clients where they were at. Found that a number of homeless people were going from one service provider to another. By collaborating, the agencies were successful in housing 9 out of 10 individuals - and all of them are still in their housing. A COLLABORATIVE model among service providers is a great tool to be able to implement a Housing First approach.
* There are opportunities for the private sector to engage in providing affordable housing. Maple Ridge is working on a homeless prevention plan. The City is considering incentives to developers who will set aside some units for affordable housing. These units could be used to provide housing in a Housing First approach.
* Cooperative and supportive municipal governments, e.g. municipal policies that support the development of affordable housing. This includes ensuring developers provide a certain percentage of units for affordable housing; and linking the business community to support service providers.
* Smaller agencies e.g. agency that serves French speaking clients – They can help clients access a Housing First program because they can help their clients overcome barriers e.g. a language barrier. These smaller agencies can help clients access the housing and services needed and available through a Housing First approach. One agency that serves French speaking clients was able to help them access the At Home/Chez Soi project – which enabled them to get housing and services.
* Communities can take ownership if they focus on developing housing – permanent infrastructure.

Opportunities presented by a Housing First approach include:

* Fewer evictions
* Harm reduction – ability to reduce the harm that can come to people who are homeless.
* Depending on how model is implemented, Housing First can present opportunities for collaboration. Once a person is housed, it is easier to provide services. Housing First can lead to many positive spin-offs that can demonstrate positive outcomes to BIAs and landlord associations.
* Congregate buildings – provide easy access for services. Research is necessary. We need to have evidence when speaking with the community. Need to show how Housing First makes good use of “your money and taxes” – and improves community safety.
* BIAs can be useful for data collection – e.g. to show positive impacts of the Bosman. The BIA gathered data and could advocate for the police.
* Making better use of existing services and financial resources e.g. decrease in demand for police and fewer visitors to emergency rooms.

1. **What do you think the challenges will be to transitioning to a Housing First approach in your community?**

* A lack of communication among different funding agencies e.g. housing separate from mental health. Both Housing and Health will need to work together to ensure Housing First programs can provide both housing and services – need to break down the silos. Concern that BC Housing doesn’t have much presence on the North Shore. People need both a rent subsidy and support.
* Funding. Will the health authorities provide sufficient funding for services? Will there be operating dollars? How will money get attached to people who get to choose the services?
* Transitioning from the shelter system and continuum approach. Concern that it will be challenging to educate people who have been working for years in shelters. Need sensitivity about the impact on their core funding.
* Scepticism - Housing First and 10-year plans to end homelessness – some people will want to wait and see.

1. **How do you see overcoming these challenges?**

* Need a massive influx of funding.
* Create awareness at every level of society – landlords – business community – senior levels of government.
* The research and pilot project At Home/Chez Soi should hopefully be able to convince people that Housing First works.
* Will need to address people’s anxieties about change.
* In shelters that have been serving some long-term homeless clients, there may be potential to convert some of the shelter space into housing.
* Being client-centred may be one way to help bridge the silos. E.g. North Shore – everyone knows the same people. Some people who are homeless e.g. frequent service users – are known to the police, health care system and shelter providers. An integrated strategy that deals with the needs of the individual would make it possible for all the agencies putting money into that person to meet together to get the person housed and stabilized. A Housing First approach – that is client-centred – would get all the agencies together. Need to have the right decision makers – people at the right level - who can make decisions to meet the needs of individuals that everyone is serving.
* Deliberately focus on encouraging flexibility and innovation – new ideas.
* Don’t ignore small players. There needs to be a space for small players. Some clients feel comfortable with agencies where they have a history e.g. francophones – immigrants – some agencies have the specific relationships and skills to work with their clients
* Useful to have the media on board. Get media to share success stories to change perceptions – get the message out that these new ideas work.

Additional comments:

* We need to focus on the full range of people who are homeless – youth – families – seniors – newcomers –Aboriginal people and other minority homeless populations – including the hidden homeless, and throughout the region.
* Remember prevention.

**GROUP 2**

1. **What is most important to you about a Housing First approach/philosophy?**

* It is a proven, effective approach for people who are chronically homelessness and who have complex issues.
* The Federal Government is embracing the approach.
* Non-eviction policy is a really neat concept –if we can’t house this person than who can? This approach is necessary to avoid creating homelessness. If an agency can’t avoid an eviction, they should partner with another agency that can.
* It is moving away from a more judgemental approach - fully supportive of this.
* Choice is a big component.
* HF means barrier free. Everyone deserves housing. It’s a barrier free place to call their own with their family and pets.

**Concerns about Housing First**

* Do we know how it works with different populations - not just people with mental health and/or addictions?
* Housing First is not sole solution for addressing homelessness – it may help one segment of vulnerable population. – but is not the whole solution.
* As a philosophy, it assumes there is available housing. There must be sufficient housing stock. And there must be different responses for different populations. E.g. seniors may require different levels of support for physical disabilities.
* Functionally homeless people, for example living until they are into late adulthood with families, need to have access to housing.
* Aboriginal organizations need opportunity to access funding for even small scale projects.
* It is important to focus on the collective - not just organization by organization.
* Poverty aspect is huge. Hundreds of people with disabilities/year - challenging to find/access housing where can they go.
* If participants don’t have the money or the supports they need, they are still going to be on the street. People with high medication needs require high support. Many of the people we see are starving. We need to feed them first so they can make it through an interview with staff.
* A lot of nuts and bolts need to be in place first.
* Housing First is unrealistic in our operations – family units. Heartbreaking part of the job is making families homeless. Trying for three years for second stage housing for families moving away from addiction and trauma. People are used to funding only single adults. When only the male or female goes for treatment – this doesn’t keep the family together. Three generations of people who are addicted in our housing.
* How can HF address the issue of hidden homelessness - where many people are crammed into insufficient housing – are couch surfing.
* If a family of seven people get evicted they don’t have enough $ to get an adequate unit. They end up with an unscrupulous landlord and in a poor situation. Need legislation to force landlords to have decent housing. Need criteria around number of people and rooms to prevent crammed in housing.
* For seniors moving into care can’t bring spouse.
* Equity is an issue -- the farther away from Vancouver you are, less facilities exist. Seniors in Surrey are a big issue. We have walk up townhouses. Accessible housing is important.
* Landlords want to relocate seniors when they renovate elevators and there is no place to put people.
* There isn’t the housing stock available. That is one of the biggest challenges. Need much more money to be put into social housing.
* To have housing first you have to have housing. In the Tri-Cities there is a lack of supply of safe, appropriate and affordable housing for the program. MPA budget was quite generous much more than programs funded by health authorities. Need resources to continue to fund. Rent Supps over time are costly – where is it coming from?
* Multiple moves are more stressful than losing a loved one for seniors.
* This model is really about creating an integrated approach. But it will require sufficient supports to make this work

1. **What opportunities do you see in your community for implementing a Housing First approach?**

* Conversation around landlords. Market rentals are available. For landlords who aren’t at capacity - reducing the stigma would be really helpful.
* Fostering landlord relationship – providing supports, reassuring landlords that the agency support will be there. We can start to have this dialogue within our own communities.
* Still talking in our area (Surrey) about the people we have a difficult time trying to house. We get into a revolving door. Once they leave our housing, they can’t come back – which is a tough policy.
* Important to explore ideas about how to implement Housing First in a less resource intensive way.
* Cost per day of housing people in the hospital – is way more expensive than building housing.

**GROUP 3**

1. **What is most important to you about a Housing First approach/philosophy?**

* Client centered and respectful
* Housing is not conditional
* Housing comes first and support services flow after
* Not housing alone
* Housing is permanent
* Interdisciplinary element of ACT teams (reflective of the Inter-Ministerial Program in DTES)

**Concerns**

* Services provided through health authorities are centered on transitional housing. In Langley, transitional housing doesn’t work unless people choose to make a transition. Transitions should not be forced.
* Concern about politicization about who can access “housing first” i.e. – refugees and claimants
* If the funding is attached to specific population, is it inclusive?
* Is Housing First only attached to a federal funding program - or broader?
* Speakers spoke about well-funded options. How to translate a short-term demonstration project into a long-term funded option.
* What about those who don’t have mental illness, substance abuse or are street homeless – will a Housing First program serve them? What about the needs of women experiencing domestic violence, youth, families?
* It is important to examine what the model looks like for different sub populations.
* Practically there can still be a wait time for a person to move into permanent housing – so temporary shelters are still important.

1. **What opportunities do you see in your community for implementing a Housing First approach?**

* The At Home/Chez Soi project was used by the most expensive population type. Government’s willingness to fund indicates an interest in meeting the needs of people with high funding needs.
* Shelters: an opportunity to broaden what shelters do. Shelters can do more than deliver one particular service – they can help people transition to housing.
* A shift in thinking to housing as the priority – how to move a person into housing- a common understanding and philosophy can allow for stakeholders to work together
* Being client- individual-focused.
* Client and need analysis in communities will be important in determining how to develop or provide housing first models. It will be important for sustainable solutions and ensuring both client and stakeholder needs are met (programs, interior construction, support, locations, subsidies).
* In Burnaby, municipal approval will be more likely with the knowledge that support services are available for the client population.
  + Perceptions are that housing for homeless is warehousing – which feeds opposition
* Communities are different, different stakeholders present specialization in different pieces of the process to collaborate and engage necessary stakeholders that have not been engaged in the past (corporate).
* The challenge remains who will access the service / subsidy / program – important to make housing first accessible for all priority populations.
* Needs of a broad spectrum of client types should be critical in the plan.
* Owning buildings is expensive – aging, maintenance. Subsidies help alleviate that cost burden for organizations.
* Outreach is 90% of Housing First, & BC Housing has a provincially-funded outreach program including landlord relationship-building.
* Operational dollars are not available in the community, but outreach dollars are.

1. **What do you think the challenges will be to transition to a Housing First approach in your community?**

* Research has been focused on how to deliver services to one population type.
* More research is needed on other types of services/models to serve other population types
* Families can be the most expensive client group to fund
* Cost
* Rent subsidies are a good idea – but are not sustainable over time in a 5 – year funding cycle.
* In Langley – partners are still trying to define the target population.
* Some client types will not achieve their transition before the end of the 5 year cycle.
* With HPS – funding is only available for a limited amount of time.
* Giving people a rent subsidy that is time limited contradicts the philosophy.
* Local government has a history of poor working relationships with provincial government including BC Housing.
* ACT is expensive and high-needs.

1. **How do you see overcoming these challenges?**

* Beyond housing stock issues – it is easier to remove subsidy from a rent subsidy than from a building.
* Through social housing life-long rent subsidies do exist.
* BC Housing is responsive to the sector and community ground swell so it is important to voice that to BC Housing.
* Employment support must be part of the program to ensure that people start sustaining themselves and to manage expectations early that subsidies are not available forever.

Questions:

* In the congregate housing model – were any short-term transitional options available?
* Do shelters still have a role to play in this approach?
* Can notes be posted for people to see?

**GROUP 4**

1. **What is most important to you about a Housing First approach/philosophy?**

* Concern about foster youth, when they turn 19, they lose their support – which can result in women losing their children. With Housing First, the young person should be able to maintain housing and support so this doesn’t need to happen. When they are out of care they should have a place to live.
* There is definitely a gap for youth housing.
* One aspect – singles housing, and families – there is nothing for couples. With HF, maybe there can be something for couples.
* Projects are targeted to a specific group – I can’t help thinking about the other groups.
* Cost of living so high without accommodating wages. People really are afraid, and they are referred out and they don’t want to relocate – same fears as everyone.
* Everyone should have a right to a home – speaks to a focus on stopping the slide into homelessness – until they run out of options.
* Allows people to be findable.
* Housing first can start to break down silos – there can be a base - collaboration is so important.
* Speaks to the market failure over the last generation – housing outstripping options – mental health isn’t the problem, or addictions, population, what’s happened is market failure.
* With foster youth – one of the most marginalized – young, parentless, no references – because of this we know they are very susceptible to future homelessness.
* With seniors, homelessness on the rise, will Housing First address the potential for generations to be pitted against one another for housing?
* Encouraging municipal groups to use the strategies that they have - keep them in mind – develop them in places where they don’t exist

1. **What opportunities do you see in your community for implementing a Housing First approach?**

* Working with the tenants to get solutions – makes tenants healthier – and opens units
* Need housing for youth – not owned by the city – need to be recommended to other places – which is a learning curve
* We have a lot of partnerships with landlords – private market apartments
* Richmond affordable housing strategy – nothing happened for a few years – social, rental, and entry home ownership – nothing happened – there are housing agreements and developers can take longer with social housing – depending on zoning and policy
* Challenge time it takes to go through with multiple groups working together
* 5 non-profits working like a strata in the building serving people – municipalities and service providers- this is congregate
* Encourage communities to develop strategies – where the social housing types may not exist – more here than other places – may need to be done differently – not converting old stock but building new stock
* Use market rental that are affordable-ish – it is at risk of being lost – landlords want to rent – they are interested
* Having the support follow the person
* Up-zoning – increasing units possible in zoning to allow for more new units

1. **What do you think the challenges will be to transitioning to a Housing First approach in your community?**

* NIMBYism – there are a lot of complaints – this can be hard for the city – shelters/drug use – emergency shelters – some communities are welcoming, some not
* Different pros and cons to scattered units vs. designated spaces
* Complaints are not always representative of the neighbourhood, but they can mix everyone up and make it the sentiment of the neighbourhood
  + Seniors could become homeless – complication of health – taking over what people need
* There is a hidden assumption that the person is already homeless – they need to gain the resources
* There are populations that can have preventative strategies where homelessness doesn’t happen - it’s a better approach [need to focus on prevention]
* Family support services - there is housing but not the support
* To deal with all issues of poverty- look upstream – having children taken away -we need supports for families and children
* See HF approaches happening – not sure what is meant by transitioning
* Things need to actually get built – this can be a real challenge
* With VCH and landlords – there are still challenges in partnerships, but they are happening
* Paying rent – to keep people in their units – there needs to be conversations
* At CoV – there are people put in city run housing – its HF – but speaks to the assumption – that housing is first and something else is second – the second piece doesn’t always happen – in-reach – it needs to happen i.e. support
* Need more focus on supports
* Getting applications done – i.e. disability applications
* There has been good work with reducing homelessness, but not for all groups
* For market – there is untapped, but there may need to be upgrades, and there needs to be protection
* Coordination between agencies - intergovernmental

1. **How do you see overcoming these challenges?**

* Having the support follow the person - have a program like At Home/Chez Soi
* BC Housing rent supplement – Coastal Health
* SAFER
* Having a regional group do David’s job [MPA] – to find units and make connections with landlords – are there economies of scale that would make sense this way?
* The landlord associations – use them and connect with them- a partnership
* Work with a continuum of care – transitions with the person – continuing support after 20
* Being person driven – not organization and policy driven – this is tied to policy and environment
* Helping people without cutting them off/limits

**GROUP 5**

1. **What is most important to you about a Housing First approach/philosophy?**

* Fundamental shift
* Right to housing
* Person is valued
* Getting housed can be therapeutic in itself
* Key part of the recovery process
* Housing + Support
* Defining support based on a person
* Contingency planning and funding
* Variable level of support depending on *needs*
* Context of scarcity of housing
* Connecting to employment/education/vocational services
* Plan for independence where possible and building essential skills

1. **What opportunities do you see in your community for implementing a Housing First approach?**

* Community, developers and engaging
* Relationships with landlords
* Vancouver Foundation and other funders to engage private sector
* Ability to leverage
* Get landlords who are already involved in the program to talk to other landlords
* Engagement of municipal officials
* Build on social enterprise and renovation
* Habitat for Humanity
* Can do lots with money we have as non-profits and can be pro-active
* Education of community – property managers and others
* By-laws/finds and how to get these waived
* VPD

1. **What do you think the challenges will be to transitioning to a Housing First approach in your community?**

* Community support
* NIMBY
* Frond End Load to shift resources is always hard to do
* Agencies may compete with each other for ‘easier’ clients (creaming)
* Defining the ‘specialty’ of organizations to minimize competition
* To develop networks that ‘hang’ together
* Funders need to support networks and maximize cooperation
* Lack of knowledge re mental illness and addictions
* Housing First is in the community and in our agencies
* Internal shifts
* Discussions of preventing and ending homelessness

1. **How do you see overcoming these challenges?**

* Identify champions to take a piece of it
* Hard to do off side of desk
* Champions include: Boards of Trade, BIAs, and business leaders
* Create external validity
* Buy-in across sectors in the community
* Stigma reduced to change the face of homelessness
* Reduce ‘them: us’

**GROUP 6**

1. **What is most important to you about Housing First approach/philosophy?**

* Housing First is a fair philosophy. Everybody deserves a safe, dignified place to live. This approach sends a positive message to marginalized and vulnerable people: “we want you as part of our community, we value your dignity”.
* A stable place to live is a pre-condition to be able to address all of the other issues/barriers (such as addictions, unemployment, education, health, etc.).
* Placing people in housing is a natural place to start. When you have stable housing other aspects of your life improve (such as health, social relations, etc.)
* Housing First is important for all population groups: youth, families, single mothers, seniors, people with disabilities, etc. (ex. for women fleeing abusive relationships is too hard to move forward without housing. It is also important for women regaining custody of their children – they need to have housing with enough room in order to gain custody, but they do not get the room if the kids are not with them...).
* Different people need different intensity of supports. This approach allows people to live as they want, at their own rhythm and pace.
* Housing First should be a philosophy and it should not be seen as a prescription of a single approach to end homelessness. It should be a flexible philosophy implemented in diverse ways depending on the context, the community, the target population, etc.
* Housing First moves away from the “you need to earn our respect fist, you need to live up to our standards first in order to get our supports” philosophy.

1. **What opportunities do you see in your community for implementing a Housing First approach?**
   * There is a collaborative model developing in the Metro Vancouver region (RSCH, etc.)
   * Attitudes and experience that organizations bring through their work.
   * If you give people the right supports/information/resources they will move forward.
   * If we recognize people’s abilities (as opposed to their challenges/barriers) there are lots of opportunities.
   * There is a lot of awareness about homelessness issues in the region (different levels of government, non-profit sector, private sector, and individual citizens are aware of the issues).
2. **What do you think the challenges will be to transitioning to a Housing First approach in your Community?**
   * Organizational resources and capacity (funding and staff re-training)
   * To successfully implement a Housing First model you need to have organizational capacity and the right supports in place, if not you are setting people up for failure.
   * Housing First is not a silver bullet model. There is a risk in adopting this model as the only approach while there is still a need for the more conventional models.
   * Severe lack of affordable housing in the region.
   * Need to put more money for rent subsidies and build more affordable housing stock.
   * There is a huge amount of people spending more than 50% of their income in housing – need more rent subsidies.
   * Managing the diversity in the community. Different people need different support and staff levels. It is also challenging to help people to become part of the community they choose to live in (goes both ways: stigma, etc.).
   * Requires a change in attitude from staff within the sector.
   * (A challenge and an opportunity) – Housing First model requires partnerships; however, this trend of imposing partnerships in order to get funding is challenging. Partnerships also mean hidden financial costs. The partnerships that occur organically and strategically are good but when imposed are challenging and risky because some organizations have different cultures, leaderships, approaches, etc.
3. **How do you see overcoming these challenges?** 
   * Forums like this one provide opportunities to know what each of us is doing, to learn from each other, to collaborate, and to identify gaps in the community and to redirect the focus and efforts to where most is needed.
   * Need to put more money for rent subsidies and build more affordable housing stock.
   * Instead of enforcing partnerships, align all agencies without overlapping, doing what they do best, and working together when and where it makes sense.

**GROUP 7**

1. **What is most important to you about a Housing First approach/philosophy?**

* Immediacy, don’t need consistent emergency plan, nice to be able to house people in a day
* Proven to work, in Victoria have 80% success rate.
* Diversity in housing first approach (congregate, scattered sites). Responsive to growth in outlying areas, such as Langley and being proactive rather than waiting for solutions post urban growth.
* Idea of choice is appealing, want to be able to move beyond downtown, want housing options beyond Downtown Eastside.
* If can get family in shelter housing within 15 days likelihood of them returning to shelter is 10%. Also stopping intergenerational homelessness.
* Like interaction between agencies, gives more options as move from hard to house could maybe move to other populations like seniors, can deal with multiple populations simultaneously. Can deal with more issues, resource efficient, and stop people from falling through the cracks as people transition in life.
* Using rent supplements in scattered site model, more housing options without capital expenditure. Avoid the “subsidy cliff”, if can reduce it over time you have more options.

1. **What opportunities do you see in your community for implementing a Housing First approach?**

* In Langley can start to foster inter-municipal connections, use expertise of others, and admit homeless population is transient. Can lead to innovation.
* Knowing people over time, can do follow up, more permanent supports.
* If our youth coming out of our program, and we know of programs back in home communities, we can transition them back into their community. Partnership model allows us options as youth age out of program.
* Way to address those women with criminal records, gives them more options.
* Need subsidy: average SRO in DTES is $520 so need rent supplements above the base $375 received on income assistance.
* Provides BC Housing opportunities to get involved in Housing First, they can buy into it, if community take leadership role.
* Supports for clients.
* Have programming, we need more rent supplements.

1. **What do you think the challenges will be to transitioning to a Housing First approach in your community?**

* Lack of rent supplements.
* Government change, what if people get used to this model, get housing, but next government changes its mind, so precarious nature of funding.
* Succession planning for funding, funding for HPS time limited if want to fund program, how is program sustainable.
* Philosophy supposed to offer choice, but housing stock is limited and expensive in this region. Harder to house people in this region.
* Scattered site challenge: First Nations prefer congregate housing Vis a Vis culture and community.
* Women over 45 who have been in shelter, often solo/stand alone units won’t work for them they want and need community.
* Aging in place issue- health and housing “tug of war”. (No longer suitable for the housing, health system won’t take them into assisted living).
* Younger youth should not be housed in same place as say older man who has been homeless for years, can be a dangerous mix, so watching that mix= safety and vulnerable populations.

1. **How do you see overcoming these challenges?**

* Longer term commitment to funding
* We need national housing strategy- so more affordable housing to address whole continuum.
* Interagency collaboration can lead to innovation, build sustainability in, so if shortfall have others who can bear the load. Need to collaborate and not compete.
* Look at thematic gaps in service to fill them.

**GROUP 8**

1. **What is most important to you about a Housing First approach/philosophy?**

* Everyone deserves a home
* Having the stock and how to build it
* Landlords that want to rent to people
* Tapping the good landlord market across the Lower Mainland
* Ending homelessness for all people who are homeless (youth, seniors all included)
* Acknowledgement that there is a need for services to go with the housing
* Although subsidies work, we need new stock to be built by the Federal government as well
* A discussion around how the private sector developers can build low-income affordable housing
* Community building is important
* How does transitional housing factor in to a housing first model? For example, refugees and families fleeing violence got to transitional housing first
* Housing first is an umbrella, transitional should still be able to stabilize people and on the continuum
* Housing first is important but the traditional approach works for some. All models are valid. Need options and choice.

1. **What opportunities do you see in your community for implementing a Housing First approach?**

* Demand is high, service providers are eager for the opportunity to provide.
* Lots of people who need housing – and lots are eager to provide it.
* Collaboration across organizations to provide other supports e.g.
  + - Partner with agencies who can potentially do outreach connection with their ‘clients’ in another agency’s facility
    - Open up space in our facility for others to come in
  + Housing is less expensive outside the urban centres – but often doesn’t have the supports

1. **What do you think the challenges will be to transition to a Housing First approach in your community?**

* Need significant resources to pursue the model
* Must have long-term, ongoing funding to support
* STOCK STOCK STOCK – without housing stock, there is no Housing First
* Transitioning from high barrier programs to no barrier model
* Discussions around new model (beliefs and values)
* Education and training required
* Supporting staff through program change
* Reducing stigma
* Safety and feasibility for women fleeing violence
* Family housing
* Barriers to different types of housing
* Concern that studies about success of Housing First programs will give government a way out of providing the stock.
* Scattered model does not allow for the critical mass/access for other supports.

1. **How do you see overcoming these challenges?**

* Must have a continuum of supports and types of housing
* To go to communities where there is more access to affordable housing and work with stakeholders to build the support services
* ACT model came out of health care model – accessing services in the community – a radical change for ‘clinical’ approach.

Note: Beware trying to import the Housing First philosophy which was developed to address a very specific group of people experiencing street homelessness as the solution to all housing/homelessness problems.

**GROUP 9**

1. **What is most important to you about a Housing First approach/philosophy?**

* Barrier-free
* Scattered sites
* Support workers – diverse
* Inclusive – families and youth
* Choice of housing - location

1. **What opportunities do you see in your community for implementing a Housing First approach?**

* Limited support by cities to build affordable housing
* Spread funding according to population
* Expand choice to diverse municipalities
* Partnerships – diverse groups
* Communication and advocacy

1. **What do you think the challenges will be to transitioning to a Housing First approach in your community?**

* Small communities have few resources
* Supports for staff well-being to avoid burnout
* Not enough funds to develop resources
* To house people who have physical health needs that affect independence level
* To house refugees and immigrants with language barriers
* Multiple barriers that include needing palliative care

1. **How do you see overcoming these challenges?**

* Education
* Partnerships
* Communication
* Opening up definitions
* Support staff to continue optimism
* Reduce inter-agency competition for funds. Need for Networks - share info (issue of core funding)
* Social enterprise
* Convertible housing. Pay landlord rent for 6 months and youth takes over after that. Rent is negotiated.
* Building capacity
* Go to donors
* Overcome systemically
* Mobilize all levels of government
* Expand funding to longer-term contracts to increase program core stability
* Contact with landlords and education. Address stigma.
* Positive media stories and attention to humanize homelessness.
* Educate on specific data and costs to house people - to become public knowledge.