

SECTION 1: BACKGROUND

1.1 Introduction

The *Helping Hands Shelter Project* was an innovative project designed to learn from the experiences of private, for-profit sector landlords, and of individuals - hereafter referred to as the study group – who have cognitive, mental and/or behavioural issues that present barriers to their accessing and maintaining adequate and affordable housing. The project took place in the city of Vernon, British Columbia from January 2004 to May 2005, sponsored by the Social Planning Council for the North Okanagan. Funding for the project was provided by the National Homelessness Initiative (Human Resources Development Canada) and the British Columbia Medical Services Foundation (through the Vancouver Foundation). It engaged both the study group and private sector landlords in an ongoing dialogue regarding the challenges faced by each; on the one hand in finding and maintaining housing and, on the other, in accommodating those with cognitive, mental, and/or behavioural disabilities that consistently lead to breakdowns in their housing arrangements. A third population, service providers from a variety of agencies working with the study group, were also interviewed

A unique feature of this project is the way in which the private-for-profit landlords, who provide the majority of housing for the study group, were included as integral parts of the research. The project received approval from the Research Ethics Board of Okanagan University College (now the University of British Columbia Okanagan).

1.2 Statement of Purpose

Consistent feedback from frontline workers – e.g., Employment and Assistance Workers, mental health staff, counsellors, landlords and housing advocates – indicate that there are many individuals living in the Greater Vernon area¹ who, while “officially” deemed capable of independent living, are in fact operating at significant levels of social and psychological impairment due to mental illness, brain injury, FAS/FAE and/or other causes. Such individuals are expected to locate and maintain shelter in the private for profit rental market. However, it is the experience of many such individuals that, even if they are able to initially secure private accommodation, issues consistently arise that result in their being evicted or choosing to leave their apartments. Neither they nor their landlords are equipped to deal with the issues or to find creative and realistic solutions that would help them maintain their housing. At present, there is no coordinated approach to assisting these individuals or their landlords.

Without stable places to live, these individuals become the people who regularly wind up in emergency wards, jail cells and transition houses, which are neither socially responsible nor cost effective housing alternatives. Ultimately, the ongoing struggles these individuals face result in their living in sub-standard conditions that perpetuate low levels of self worth, often ‘ghettoizing’ them with others experiencing the same problems. If these individuals are also parents, the safety of their children can be seriously compromised in these inadequate living conditions.

¹ Encompassing the communities of Vernon and Coldstream plus adjacent electoral districts, with a combined

In the Greater Vernon region, there is a critical shortage of supported housing facilities for the individuals described here. For the foreseeable future, private, for-profit landlords will be the major providers of shelter for the study group in the Vernon area, and most likely in other areas of Canada. To maximize the potential of private rental accommodation to house people who require additional support, this study focused on developing ways to support these individuals *and* existing and potential landlords. The first step in this exploration was to develop an understanding of the range and nature of the issues facing both the individuals and landlords. The second step of the project was the identification of community supports – existing or not - that might help people deal with those issues evolving from the study.

1.3 Literature Review

This project is unique in that it explicitly recognizes the critical role of the low-end private for-profit rental market in providing housing to the study group population. Thus, the need was identified to focus attention on the ways in which the functioning of that market can be supported and/or enhanced to better meet the shelter needs of this population. The research explored the potential for communities to help improve the housing status of hard to house tenants - those who, while “officially” deemed capable of independent living, are in fact operating at a significant level of social and psychological impairment due to mental illness, brain injury, FAS/FAE and/or other causes – by working with individuals from this population and with the landlords of the low-end private sector rental units that are the primary source of housing for this population in the Vernon area.

population of approximately 45,000.

This literature review sought examples from within Canada and elsewhere of similar types of research, with a particular focus on examples of successful collaboration between community organizations (public and/or non-profit) and private for profit landlords that have led to improved housing outcomes for hard to house populations. The challenges tenants face in maintaining housing is reasonably well documented, if not entirely understood. This project intended to learn directly from the tenants themselves about the recurring issues they encounter in finding and maintaining housing in the private, for-profit rental sector. The issues faced by private for profit landlords when renting to this population tend to be much less frequently recorded or validated, nor is there a body of research examining the types of community supports, if any, that are available to these landlords to help them manage the needs of their tenants. While most of the literature and research conducted focuses on the rights and needs of tenants, the literature suggests that there are very few supports in place advocating for the needs and rights of private for profit sector landlords.

Reflecting the experiences of the Steering Committee members who initially defined the focus of this project, the definition of the study group population for this research is relatively broad. Not surprisingly, the literature itself tends to deal with more narrowly defined populations, e.g., people living with severe mental illness, or people with Foetal Alcohol Spectrum Disorder (FASD). There is some support in the literature for the contention of the project Steering Committee that the housing needs of many different types of special needs groups (e.g., people with psychiatric problems, FASD) are similar and, therefore, that it is possible to learn from and apply findings from one identified group to the

needs of others.²

What do we mean by “Homelessness”?

Homelessness is a state in which people have no access to secure housing, and/or shelter of a standard that does not damage their health or further marginalise them through failing to provide either cooking facilities, or facilities sufficient to permit adequate hygiene. This includes those living on the street, in squats, in refuges and shelters. It also includes those moving about between relatives and friends, since such accommodation is necessarily temporary, usually insecure and fails to offer protection and support. Those living in rooming houses and intermittently in small inner city hotels may also be considered homeless if such places fail to offer any sense of 'permanency' and/or protection from others.³

At the most basic level, the underlying cause of homelessness can be attributed to poverty - low-income people have little or no choice in the type of housing they can select. However, it seems clear that a host of factors – many perhaps created or exacerbated by poverty - contribute to the incidence of homelessness, including:

- Dwindling stock of existing affordable housing because of redevelopment and conversion;
- Demand for social housing consistently outstripping supply;
- High cost of private market housing;
- Inadequate capacity of emergency shelter space;
- Low vacancy rates for rental housing;
- Lack of funding for community supports which were supposed to have accompanied deinstitutionalization policies;
- Inadequate capacity of residential detoxification and addiction treatment beds;
- Changes in the labour market corresponding to changes in levels of personal and household income; and
- A growing gap between the ‘haves’ and ‘have nots’ in Canadian society.⁴

² Public Health Agency of Canada (2003). Review of Best Practices in Mental Health Reform. Retrieved January 2005 from http://www.phac-aspc.gc.ca/mh-sm/mentalhealth/pubs/bp_review/e_reves.html. p. 42.

³ Wensing, Ed, Wood, Martin, Holloway, Darren (2003). On the margins?: housing risk among caravan park residents. Australian Housing and Urban Research Institute. Retrieved January 2005 from <http://www.ahuri.edu.au/general/project/display/dspProject.cfm?projectId=62>.

⁴ Source: discussions with project Steering Committee during course of project.

What Causes Homelessness?

As noted in a comprehensive series of reports on homelessness produced by the Province of BC in 2001, it is impossible to identify one “cause” of homelessness:

The academic and political debate has centred on two sets of issues: the personal factors that lead a person or household to become homeless; and broader societal factors, such as trends in housing and job markets and government policies and programs.⁵

The study points to the multiplicity of factors – including the nature and amount of support provided to people in need and to agencies that assist them; lack of affordable housing options and decreasing numbers of permanent full-time jobs – and concludes that “these factors, not personal factors, determine the rate and extent of homelessness.” It views the process of becoming homeless as a progression from no risk→ to risk→ to becoming homeless. The study suggests that the ‘solution’ to homelessness is to be founding by concentrating on the factors, conditions or policies that contribute to the creation of households ‘at risk’ of homelessness, then to identify what may contribute to or result in some individuals and households becoming homeless.

Although deinstitutionalization has sometimes been cited as a cause for widespread homelessness, Toro (1998) points out that the vast majority of people who are homeless have never been hospitalized or been diagnosed with major mental illnesses such as schizophrenia. Rather, the psychological problems experienced by people who are homeless resemble those faced by the poor in general (e.g., stress, self-rated depression and/or anxiety), though among people who are homeless such problems may be more frequent or severe (Robertson, 1992;

⁵ Homelessness in British Columbia. Volume 2. A profile, policy review and analysis of homelessness in British

Toro et al., 1995). Observing high rates of substance abuse among single adults who are homeless (e.g., Toro et al., 1995), some commentators have suggested that homelessness could be a consequence of poorer functioning due to abuse of substances (e.g., Devine & Wright, 1997).

Poverty is a recurrent theme in any discussion of homelessness. For example, Draine et al (2002) analyse the 'link' between mental illness and crime, joblessness and homelessness and conclude:

Our position is that poverty is an important moderator of the relationship between serious mental illness and social problems and that this moderating role is not sufficiently accounted for in research, service planning, and policy. Poverty and its associated social disadvantage can also be linked to important mediating factors, such as decreased self-efficacy and coping. If persons with mental illness are not poor to begin with, they are likely to become poor, and poverty factors become salient in explaining common outcomes, such as quality of life, social and occupational functioning, general health, and psychiatric symptoms.⁶

Profile of Rental Housing in Canada

Rental housing comprises a significant proportion of the overall housing stock in Canada.

According to the 2001 census, approximately 34% of Canadian households rent their homes.

However, the rental housing supply is not evenly distributed throughout the country or even within provinces and territories. For example, in some larger urban areas, rental housing constitutes as much as 50% of the total housing stock.

Columbia : final report. 2001

⁶ Draine, Jeffrey, Salzer, Mark, Culhane, Dennis and Hadley, Trevor (2002). Role of Social Disadvantage in Crime, Joblessness, and Homelessness Among Persons With Serious Mental Illness. Retrieved December 2004 from <http://ps.psychiatryonline.org/cgi/content/full/53/5/565>.

A study of private rental policies and programs conducted for CMHC notes that, "...the emerging issue in Canada is not a problem of absolute supply but, more specifically, one of affordable supply, and the gradual erosion of affordable stock within the private sector....Investors are simply not attracted to rental housing"(CMHC, 1999).⁷

The link between income level and tenure has become increasingly marked in Canada.

Klodawsky and Spector (1997) found that:

Unlike other Canadian households, those with low incomes (defined here as those in the lowest income quintile) are increasingly renters – in 1995, 64 per cent rented, in contrast to 58 per cent a decade earlier and 53 per cent in 1975... Further, during the period 1989-95, the proportion of household income dedicated to rent has increased among those low-income renter households that are unable to obtain subsidized shelter – from 47% to 56%.⁸

Hulchanski (1998) contends that, as far as the shortage of affordable rental housing is concerned, "much of the demand is actually social need rather than effective market demand" (1998, p. 37). Low income households are left with fewer and fewer choices when trying to access suitable housing. At the same time, policy makers, housing advocates and others interested in protecting and enhancing affordable rental stock would do well to look more closely at what is happening with the existing low end private rental stock.

Private Sector Landlords

With limited exceptions, there has been no formal, organized effort made to try to understand the perspectives of private sector landlords who are housing – successfully or not –

⁷ Canada Mortgage and Housing Corporation (1999). Private rental policies and programs: Review of the international experience. Focus Consulting, Ottawa. Housing Affordability and Finance Series.

⁸ Klodawsky, F., & Spector, A. (1997). Renovation or abandonment?: Canadian social housing at a crossroads. In G. Swimmer (Ed.), *How Ottawa Spends* (pp. 259-280). Ottawa: Carleton University Press. p. 278.

individuals from the study group population. One of the few studies encountered that deals explicitly with the low end private rental market as a key component to be considered in overall housing policy comes from Australia:

Given the inaccessibility of home ownership for low income households and the limited availability of public housing, an understanding of the capacity of the private rental market, at all levels, is critical if we are to plan a housing system that meets housing needs. The private rental market needs to be analyzed in detail at the regional level and subsequently considered within the context of national housing policy.⁹

Concern over the lack of attention policymakers pay to private sector landlords is also evident in a 2004 report from the UK.¹⁰ While the UK system differs significantly in many respects from the Canadian context, some of the concerns noted in the report have resonance for the current study, including:

- private rental sector often ‘picking up’ tenants whose anti-social behaviour has led to their being blocked or evicted from other housing options;
- a lack of support and training for landlords, including training and support from non-profit agencies on how to deal with anti-social behaviour;
- the need for housing policy to take account of the commercial needs of private sector landlords;
- the need for clearer and better supported legislation regarding maintaining minimum standards for accommodation.

Another Australian study comments on the pre-eminence of the private rental sector as a source of housing for low-income people in Tasmania:

The contraction of public housing has pushed increasing numbers of low-income and vulnerable households with support needs into the private rental sector. The lack of security and high mobility in this sector can make delivering appropriate support to this population problematic.... This means that there are difficult questions to answer about the best way to provide private tenants with the support that they need.¹¹

⁹ Thomas, Vicki Lee (2002). Gippsland Private Rental Market Study. Quantum Support Service.

¹⁰ Housing Forum for London; Private Housing in London – the next ten years. Greater London Authority. September 2004.

¹¹ A Review of Private Rental Support Programs. Jacobs, K., Natalier, K., and Rottier, R. Australian Housing

While the study understandably focuses concern on the impact on the tenants of this situation, it fails to explore what, if any, impact the situation is having on private sector landlords, nor does it broach the subject of whether it is feasible to provide needed supports to tenants within a private market setting.

There are numerous articles on the internet detailing the negative side of the private rental market – the “slum lord” phenomenon. But, there appears to have been little formal research conducted into the experiences of private sector landlords in housing those at the lowest end of the socio-economic scale, and particularly tenants who are “hard-to-house” for a variety of reasons. This is puzzling given the dependence of provincial income assistance programs on the housing provided by the private sector, and the large amounts of provincial money that is spent on this type of shelter by income assistance recipients, for example:

Saskatchewan Social Services provides \$24 million annually for shelter allowances in the city of Regina. Given the magnitude of this expenditure, Saskatchewan Social Services is a major “consumer” of housing that has a significant impact on the housing market...By providing allowances for properties of any condition, the Department is perpetuating the problem of slum landlords who rent derelict properties to social assistance recipients.¹²

The problems associated with the very low-end private rental market include unsafe living conditions, squalor, crowding and a perception – true or not in a market model – that landlords are ‘charging more than is reasonable’ for the units they are renting. However, despite the significant amount of attention paid to criticizing the low-end landlords and the fact that they are “making money from the misery of others”, there are a limited number of

and Urban Research Unit. June 2004. p.15.

¹² The Future of Housing in Regina. Retrieved November 2004 from http://www.regina.ca/pdfs/housing_report/social_housing.pdf.

documents that attempt to portray the other side of the coin:

When someone in any other line of work declares they are making a profit, they are regarded as good business people. When rooming house owners make a profit, they're declared slum landlords. But rooming houses have to be a profitable investment if they are to remain a viable housing option.¹³

The preceding quote identifies a critical issue in the low end rental housing market, a bias that has likely contributed to the relative dearth of research addressing the challenges faced by private sector landlords who offer housing at the lower end of the rental scale. The provision of low-end housing has largely been left to the private sector, thus applying a market-based approach to a complex social phenomenon which that approach is poorly equipped to address. Regardless of how justifiable the title 'slum landlords' may be, those landlords have also become a convenient source of blame for the predictably negative outcomes that have been the lot of the most vulnerable members of our society who find themselves forced to navigate a market-housing environment.

Other than sources – government and non government – providing information on legislation governing the tenant-landlord relationship (e.g., in British Columbia, the provincial Residential Tenancy Act), there is an almost complete absence in the literature of discussion of supports for landlords who rent to tenants with cognitive, mental and behavioural impairments. In Denver, staff of the *Projects for Assistance in Transition from Homelessness* (PATH) program explicitly include landlords in the network of cooperative relationships

¹³ Distasio, Jino, Dudley, Michael and Maunder, Mike (2002). Out of the Long Dark Hallway: Voices From Winnipeg's Rooming Houses. Winnipeg Inner-City Research Alliance. p. 38.

they build to monitor and support clients with cognitive impairments.¹⁴ Landlords are educated about the problems the clients face and are therefore in a position to alert program staff if they see problems arising. In Toronto, the City’s Homelessness Initiative provides grants for projects that provide support to landlords and vulnerable tenants. Quite understandably, the overwhelming focus in terms of assistance is on tenants who, from the perspectives of poverty and of mental illness or other cognitive dysfunction, are at extreme risk of victimization. However, there seems to be very little in the literature that addresses the question of whether and how support services could work more closely or collaboratively with the private rental sector to maximize client safety and stability. A community needs assessment of harm reduction supports for the ‘hard to house’ in Halifax notes:

One last group which many would not consider as providing services for those “hard to house”, but whom were identified by the participants in this project was “slum landlords”. They were seen as providing shelter to those who were unable to stay in other facilities due to their substance use. Although definite concerns were raised regarding the quality and safety of the housing, “Slum landlords” were seen as providing basic shelter.¹⁵

One of the only studies found that discussed issues and supports from both the landlord and tenant perspective is the Winnipeg report *Out of the Long Dark Hallway: Voices from Winnipeg’s Rooming Houses*.¹⁶ The project employed rooming house residents to gather information and organize workshops for participants. The study explicitly identified low-end private rental units – in this case, rooming house units – as an important part of the affordable housing market since they often provide the only alternative for people living on the below poverty level incomes provided by provincial income assistance programs.

¹⁴ Healing Hands. vol. 7, No. 6 December 2003

¹⁵ Rehman, L.. and Gahagan, J. (2003). “Everyone Has a Right to a Home! A community needs assessment of harm reduction supports for the “Hard to House’ in the Halifax regional municipality. Halifax Regional Municipality Planning and Development Services. P. 27.

The section of the report dealing with rooming house owners – entitled “You Get What You Pay For...” summarizes the concerns of the (private sector) rooming house owners:

The realities of running a rooming house...offer little evidence of excessive profits....owners are becoming increasingly frustrated within the current policy environment, one which owners characterize as driven by cutbacks to social assistance and the health care system (particularly when dealing with persons with metal disabilities), resulting in patient care being offloaded onto rooming house owners. ... Owners stress cutbacks have had the harmful effect of limiting their ability to operate at a level sufficient enough to provide adequate shelter to their tenants and to be profitable at the same time.¹⁷

The limited literature dealing directly with this group indicates a growing sense of frustration on the part of the landlords who are, of course, involved in for-profit business operations.

Owners identified the rising cost of repairs and materials that could not be matched with rent increases due to the very low incomes of their tenant population. They also believed that provincial cutbacks to social services and supports – something that has also taken place in British Columbia - had placed an increasing burden on rooming house owners to deal with the mental health and other illnesses of their tenants. The Winnipeg study noted that all but one of the 15 rooming house owners they interviewed during the course of their project had been in business for a minimum of 12 years. The study noted that, not only do there not seem to be many new investors in the rooming house business, there were also indications that some of the long established ones were getting out of the business. The potential implications for housing these tenants in the future are clear.

¹⁶ Distasio, Jino, Dudley, Michael and Maunder, Mike (2002).

¹⁷ Distasio, J., Dudley, M. and Manuder, M. (2002). Out of the Long Dark Hallway: Voices from Winnipeg's Rooming Houses. Canada Mortgage and Housing Corporation. P. 35.

Finally, a 2003 study sponsored by CMHC touches on the dearth of research on the “affordable” private rental market and concludes:

Research in this area has broader policy linkages to other priority research areas including government policy on assisted housing, social policy on poverty and housing need, the cost of housing and housing construction and renovation....To actually carry out research on this topic will require a great deal of detailed data collection and analysis...This is certainly a gap that has to be addressed if national housing policy hopes to protect the affordable, private-rental inventory.¹⁸

Issues Facing Cognitively Impaired Individuals and Their Landlords

There is a large body of literature describing the issues cognitively impaired tenants face in maintaining their housing. Poverty is a consistent factor, i.e., it is safe to say that close to 100% percent of these individuals live at income levels that make it extremely difficult for them to find and maintain rental housing in the private market.¹⁹ Poverty is consistently cited in the literature as a primary contributing factor for homelessness, as typified by this statement: “two characteristics are remarkably consistent across subgroups of homeless people: a lack of decent affordable housing and a lack of adequate income.”²⁰

However, there are more specific issues that appear to be experienced by many homeless people, and particularly by individuals of the study group population of interest to the present research project. For example, the authors of a study that surveyed 300 adult shelter users in Toronto concluded that there appear to be certain childhood factors that may predispose

¹⁸ Bruce, D. and Carter, T. Literature Review of Socio-Economic Trends Affecting Consumers and Housing Markets. CMHC. June 2003. p 80.

¹⁹ Rare exceptions occur, e.g., individuals who have suffered brain injury and are entitled to pensions or large settlements through private or WCB insurance.

²⁰ Rosenheck, R, Bassuk, E. and Salomon, A. Special Populations of Homeless Americans. In Practical Lessons: the 1998 national symposium on homelessness research. US Department of Housing and Urban Development and the US Department of Health and Human Services. August 1999. www.aspe.os.dhhs.gov/progsys/homeless/symposium/2-Spclpop.htm.

individuals to chronic homelessness:

Poverty alone does not seem to be a predictive factor, but housing instability increased the risk of continued homelessness.... Early experiences of not having a secure and stable place to live seem to make it harder over the long term to regain and maintain housing once it has been lost.²¹

Substance abuse and addictions are commonly cited as contributing to the difficulties some tenants have in finding and maintaining housing (e.g., Shinn and Baumohl (1996)²²; Distasio, Dudley and Maunder (2002).²³ Up North Training Services (2002)²⁴; City of Vancouver (2005)²⁵. As Shinn and Baumohl note: “Serious mental illness, while problematic in its own right, need not compromise an individual’s ability to maintain housing; evidence regarding substance abuse is more mixed.”

While it is clear that substance abuse and related behaviours can play a significant role in contributing to the breakdown of housing arrangements, there is debate as to whether addictions and substance abuse in general are ‘causes’ of homelessness, or symptoms of other issues/traumas suffered by individuals in a trajectory leading to homelessness.

Roshenheck et al (1998) note that, “Homelessness is ...both an effect and a cause of serious mental and physical health care problems.”²⁶ Robinson (2003) discusses what she terms

²¹ Goering, P, Tolomiczenko, G, Sheldon, T., Boydell, K. and Wasylenki, D. Characteristics of Persons Who Are Homeless for the First Time. *Psychiatric Services*. November 2002. 53 (11). P. 11.

²² Shinn, Marybeth and Baumohl, Jim (1996). Rethinking the Prevention of Homelessness. The 1998 National Symposium on Homelessness Research. Retrieved November 2004 from <http://aspe.hhs.gov/progsys/homeless/symposium/13-Preven.HTM>. p.1.

²³ Distasio, Jino, Dudley, Michael and Maunder, Mike (2002). Out of the Long Dark Hallway: Voices From Winnipeg’s Rooming Houses. Winnipeg Inner-City Research Alliance.

²⁴ Up North Training Services (2002). Structural Barriers To Independent Living For Adults With Alcohol Syndrome and reducing homelessness after incarceration

²⁵ City of Vancouver (2005). City of Vancouver Homeless Action Plan

²⁶ Rosenheck, R, Bassuk, E. and Salomon, A. Special Populations of Homeless Americans. In *Practical Lessons: the 1998 national symposium on homelessness research*. US Department of Housing and Urban Development and the US Department of Health and Human Services. August 1999.

“iterative homelessness”, i.e., the repeated and ongoing homelessness experienced by some people. She explores the cumulative impact of multiple traumas – all forms of exclusion, rejection, generational poverty and abuse, assault, accidents – and concludes that the individuals from this population are suffering the consequences of that accumulation of trauma and are thus not equipped to deal with their housing and other situations.²⁷ She concludes that, unless supports are put in place to help the homeless deal with the deep-rooted grief that is the result of repeated traumatization, they are unlikely to be able to address their housing issues in the long term.

Robinson’s characterization of “mental disorders” is useful in defining and describing the individuals from the current research population. Under this rubric are grouped psychotic disorder, affective (mood) disorders, non-psychotic disorders and drug and alcohol abuse disorders. Robinson also points out that affective and non-psychotic disorders are much more prevalent amongst homeless people than are psychotic disorders and that, while these disorders are considered to be ‘less serious’ than psychotic disorders, they have profound impacts on individuals’ day to day life and are much less likely to be effectively treated with medication.

A study of adults with Fetal Alcohol Syndrome (FAS) – many of whom might be expected to fall within the study group population for this research – indicates similar patterns of chronic instability in their lives in general and in their housing situation in particular. Ongoing

www.aspe.os.dhhs.gov/progsys/homeless/symposium/2-Spclpop.htm.

²⁷ Robinson, C. Understanding Iterative Homelessness: the case of people with mental disorders. Australian Housing and Urban Research Institute. July 2003.

challenges faced by these individuals include: poorly developed lifeskills; poor impulse control; difficulties in setting personal boundaries, leading to vulnerability to peer pressure, criminal involvement, harming or being harmed by others and, for women in particular, high risk of sexual assault:

Finding and keeping stable housing is a constant problem, and struggles with alcohol only aggravate an already difficult situation...treatment programs for others are not effective for this group of individuals.²⁸

An unpublished master's thesis exploring community integration of adults with FASD notes that, when it comes to housing and daily living skills, "clients need lots of structure to make it through the day and stay out of trouble."²⁹

Of interest when considering the nature and impacts of cognitive impairments is an pointing to the "silent epidemic" of minor brain injuries, and the unrecognized impacts those injuries can have on those who suffer them.³⁰ The article notes that the vast majority of such injuries (estimated to affect some 35,000 Canadians each year) are undetected. At the same time, some 60% of sufferers are symptomatic after three months, and some for years following the injury. Problems may include dizziness, impaired attention and concentration, fatigability, depression, alcohol intolerance, irritability, impulsivity, headache, insomnia, impaired memory and restricted abstract thinking. The article cites a New York study that found that 1/3 of workers who suffer minor head injury will flounder in employment for years afterward, reducing their employability and stability.

²⁸ Up North Training Services. Structural Barriers to Independent Living for Adults With Fetal Alcohol Syndrome and Reducing Homelessness After Incarceration. June 2002.

²⁹ Clark, Erica C. "Community integration and independence among adults with fetal alcohol spectrum disorder in British Columbia. Unpublished MSc thesis, Queen's University, April 2003.

³⁰"Minor Brain Injury: the silent epidemic." Reprinted in Disability Today. Summer 1993.

What is clear from the research is that there are a significant number of people who are caught in a repetitive cycle of housing instability and homelessness. For example, feedback given by nearly 400 residents of BC provincial housing units for low income urban singles (LIUS) identified the following about the residents' previous housing histories:³¹

- 21% had previously been evicted, about 20% within the year prior to moving into the LIUS housing;
- more than 40% of the residents reported having previously stayed in an emergency shelter, 25% within the year prior to moving into a LIUS unit;
- more than 40% reported having stayed on an emergency basis with family or friends, 21% on more than one occasion;
- more than 70% of residents reported having moved at least once in the two years prior to moving into the LIUS units; more than 40% had moved 2-3 times, and approximately 12% had moved more than 3 times during that period.

What supports and interventions are identified in the literature that address the critical issues above?

There is disagreement in the literature about the relative effectiveness of supportive services in preventing homelessness amongst impaired or disabled individuals. For example, BC Housing identifies individuals with multiple challenges – e.g., mental illness or disability combined with substance abuse or other illness - as forming the majority of homeless people in Vancouver, and cites gaps in community based supports and services as probable contributing factors to their being homeless.³² However, in a review of research on homelessness prevention strategies, Shinn and Bauhmol (1996) found that, even for people living with mental illness or other disabilities, access to subsidized housing or to income adequate to find housing in the rental market had a much larger effect on people's ability to

³¹ Community Focus (2002). Preliminary Study Findings: a study of six Lower Income Urban Singles developments. Retrieved September 23 2004 from http://www.bchousing.org/files/Collateral_Material/LIUS_EXEC_SUMMARY.pdf.

³² BC Housing (1999). Homelessness: Responding to the Hard to House. Retrieved January 2005 from <http://www.landcentre.ca/lcframedoc.cfm?ID=3573>.

find and maintain housing than did the provision of other supports.

When considering that the current study is looking at the private rental market and, therefore, presumably at an environment less amenable to regulation and control than the largely non-profit or publicly funded models cited in the literature, the difficulty in defining adequate and appropriate levels of support becomes even more acute. For example, the *Review of Best Practices in Mental Health Reform* found that the overall housing *environment* and, in particular, the mix of tenants, appears to have significant impacts on the success of the housing from the perspective of tenants suffering from mental illness.³³ This has clear implications when attempting to define support mechanisms for people scattered throughout a range of private rental units.

The *Review of Best Practices in Mental Health Reform* also identifies a dilemma facing those trying to provide a range of housing options to, in this case, tenants living with mental illness: the more one moves toward models of independence for these tenants, the greater the challenges in providing access to the level of supports they require to maintain stability. The study did come up with a list of key elements of best practice in providing community based housing support, some of which are of relevance to the current study, including: the provision of flexible individualized supports which vary in intensity; assistance in locating and maintaining housing; inclusion of an ‘assertive outreach component’ in the support; and, the concept of ‘consumer choice’ in making decisions about the level and nature of the support accessed.

³³ Public Health Agency of Canada (2003). *Review of Best Practices in Mental Health Reform*. Retrieved

Further support for the importance of consumer choice in developing successful strategies for helping hard to house clients comes from a 2002 report from Vancouver. For approximately seven months, the “Dual Diagnosis Assertive Community Outreach Team” provided outreach services to 50 homeless/at risk individuals, based on the Assertive Community Treatment (ACT) model of service delivery. The report stresses the importance of honouring client needs and preferences, and cites the following:

Another barrier to service utilization is the mismatch between available resources and individual client preferences. Homeless persons...want help with basic amenities like food, clothing, shelter and jobs, but may have little interest in mental health treatment. Even those who seek hospitalisation are typically interested in the basic comforts of food and shelter rather than treatment...the problem is often acceptability rather than accessibility. The realities of what clients want may need to be taken more into account in what professionals offer.³⁴

1.4 Summary

There is a significant body of literature available dealing with homelessness, its causes, and possible courses of action for assisting homeless people. However, there is little information available that discusses strategies for working with the low-end private rental sector – the single largest source of rental housing for low income people in Canada³⁵ – to maximize its potential to offer safe, secure housing for individuals whose cognitive and/or behavioural impairments make it difficult for them to secure and maintain housing.

The bulk of the literature that discusses housing supports for these individuals focuses on the ideal, i.e., non-market (public or private non-profit) supported housing geared to meet the

January 2005 from http://www.phac-aspc.gc.ca/mh-sm/mentalhealth/pubs/bp_review/e_reves.html.

³⁴ Drake, R.E., Ohser, F.C. and Wallach, M.A. “Homelessness and Dual Diagnosis.” *American Psychologist*. November 1991, Vol. 46, No. 11, 1149-1158.

³⁵ According to the 1996 census, social housing (public and non-profit) comprised just under 6% of all housing stock in Canada, vs the more than 31% which was comprised of private for-profit rental housing.

specific needs of different hard-to-house populations. The reality, however, is that at present there is a critical shortage of such housing, with little prospect of amounts of such housing sufficient to meet the demand being developed in the near future, if ever.

The dearth of research into the private rental market appears to have less to do with the importance of the sector in providing shelter for “hard to house” clients, and more to do with biases – many based in reality – and overgeneralizations that have generated a “common knowledge” that low-end private rental sector landlords are without exception ruthless exploiters of the misery of others.

The fact remains, however, that the private sector will continue to be the main provider of low cost rental housing in most communities across Canada, particularly in smaller urban and rural areas. The literature review confirms the need for intensive exploration of ways in which service providers can work with cognitively impaired tenants and with private sector landlords to provide the supports each needs to maintain stable housing situations.

SECTION 2: METHODOLOGY

2.1 Introduction

The Helping Hands Shelter Project was a community based action research project. The research was conducted in Vernon, British Columbia, a small urban centre of approximately 33,000 with another 12,000 people living in areas immediately adjacent to the city proper. Located in the north end of the Okanagan Valley of the southern interior of British Columbia, the area is surrounded by mountains and lakes and experiences a mild year round climate with a short and ‘gentle’ winter. There is in-migration from the Prairie Provinces and other parts of British Columbia, with an increasing retirement population. The economy is made up of light manufacturing, retail, services, agriculture and tourism. The median family income is \$44,800 (compared to \$54,000 provincially) and the median lone-parent family income is \$28,000 (compared to \$30,000 provincially) [Source: Statistics Canada].

Kelowna, 50 kilometers south, is the nearest city of over 100,000 population and is also one of the fastest growing urban areas in Canada. Both Vernon and Kelowna have less than a 1% rental vacancy rate, a higher than provincial average of people on government benefits and are experiencing problems with homelessness and increasing crime rates. Very few affordable public housing options exist in either city. As travel between the two cities is an easy matter of busing or hitchhiking, there is a reasonable degree of movement of the study group population between the two cities in their search for housing and resources as well as in response to other situations (e.g., the “crack down” on street people in Kelowna in response to the provincial Safe Streets Legislation, led to immediate displacement of people

to Vernon).

2.2 Definition of Terms

There are three populations of interest to this study: the study group population; private for profit sector landlords; and, service providers. Within this study, the terms are defined as follows:

Study Group Population. Refers to people who have cognitive, mental and/or behavioral impairments that present them with challenges in finding and maintaining housing. These individuals' challenges are not seen as requiring institutionalization or the enhanced levels of support for which they might be eligible if, for example, they were assessed as being eligible for community living services (for adults with developmental disabilities).

Study Group. Refers to the sample drawn from the study population of all such individuals living in the Greater Vernon area.

Private Sector Landlords. Refers to those in the private, for-profit sector providing housing on a strictly market basis and who offer the majority of housing to the study group population.

Within the study there was no attempt to 'match' the study group with landlords, i.e., study group members may or may not have been housed in the past (or present) by any particular landlord in the study.

Private Rental Market. Refers to privately owned rental housing offered on a market basis with the intent of generating a profit for the owners/investors.

Service Providers. Refers to those who have positions in the public or voluntary service sector and who are accountable to provide services to clients who include members of the study group population.

One-to-One Worker. Project staff person instrumental in facilitating engagement of the study group in their own participatory inquiry. As well, she assisted the study group with problem solving, identification of resources, referral, advocacy and other help as needed. Through the development of these relationships, the Worker was able to help individuals identify and understand the issues that continually impeded their ability to achieve housing stability, and to identify strategies and supports that might help to address those issues.

Affordable Housing. Affordable housing refers to private sector rental units with rents set at a rate that is manageable by people living on very low incomes. For example, during the period of the study, the British Columbia basic income assistance rate for singles was \$510.00 per month (\$325.00 for shelter and \$185.00 for support). The disability income assistance rate for singles was \$608.00 (\$325.00 for shelter and \$283.00 for support).

2.3 Purpose of the Research

This research explored the range and nature of issues facing both the study group and private sector landlords that resulted in the breakdown of housing arrangements, and identified existing and potential solutions to the challenges faced by both groups.

2.4 Research Goal

The goal of the study was to develop a coordinated approach to supporting both the study group and private sector landlords so that individuals in the study group could find and maintain safe, secure, appropriate and affordable housing.

2.5 Research Questions

To achieve the study goal, and based on the statement of purpose for the study, four research questions were identified:

1. What are the range and nature of the issues facing both the study group population and private sector landlords when trying to establish stable housing for the study group population?
2. What are the 'critical issues', i.e., one or more recurrent themes identified in question 1 above, that are the primary contributors to the breakdown of housing arrangements for the study group population in the private for profit rental market?
3. What supports and interventions do both the study group population and landlords require to address the critical issues that lead to the breakdown of housing arrangements?
4. What is required to augment and/or reconfigure supports currently or potentially available to the study group population and landlords in order to allow that population to find and maintain suitable housing?

2.6 Methodological Approach

Helping Hands was a Community Based Action Research (AR) Project. As such, it was

rooted in and reflective of the circumstances within which the study occurred and which continuously shaped the project. This project arose from the community, through the efforts of a group of service providers who had been working with individuals from the study group population, in this case, individuals with severe FASD. They recognized the similarities in issues faced by their clients and others with different cognitive impairments, and saw the need to develop new ways to address housing for these individuals.

Action Research (AR) is considered a new paradigm of research that is quickly finding its place in community based research. AR is an approach to improving social practice by changing that practice and learning from the consequences of the change. AR is research through which people work towards the improvement of their own practices, requiring ongoing dialogue among participants and ensuring that power is shared with all. It involves a self-reflective spiral of planning, action and evaluation. Change occurs within the research based on collaborative, sharing processes through which participants of the research theorize about what is happening in the research. Data is collected and analyzed ‘critically’ by participants who utilize the data to identify changes in activities, strategies and practices.

Through AR there occurs transformation not only of social circumstances but also of the research - participants who learn about empowerment of self and others, and the role research plays in empowerment. Of importance, AR continually evolves, taking small steps and building upon them. Participants do not know precisely where they are going, as each aspect of the research process influences the subsequent direction of the research. This uncertainty allows for creativity and for new solutions to emerge. This study utilized

qualitative methods, including semi-structured interviews with service providers, landlords and the study group; open-ended interviews with the study group; focus groups with landlords and the study group; and pre, mid and post term assessments with the study group.

In early February 2004, the project's Research and Professional Practice Consultant delivered a workshop on AR to the Helping Hands Steering Committee and to Steering Committee members from an unrelated action research project being sponsored simultaneously by the Social Planning Council for the North Okanagan (see Appendix 1: Overview of Workshop-Evolving Contexts of PAR).

2.7 Methodological Processes

Ethics Certification. This study received approval from the Research Ethics Board of Okanagan University College (now the University of British Columbia Okanagan). Due to the nature of AR, where changes to the project were anticipated and did occur, amendments to the original protocol were submitted for subsequent REB approval. The Research and Professional Practice Consultant, in conjunction with the Research Coordinator, ensured that protocols as per the *Tri Council Policy Statements: Ethical Conduct for Research Involving Humans* and the HRDC document, *Ethical Guidelines for Conducting Research Involving Homeless People, January 2004*³⁶ were followed.

Research Team. The Research Team included the Research Coordinator (Eric Kowalski),

³⁶ Document provided by the project's co-funder, Human Resources and Skills Development Canada.

the Research and Professional Practice Consultant (Marilyn Mardiros) and the One-to-One Worker (Dayle Drury). Each member of the research team had access to all raw data and each was involved in all aspects of the study. See Appendix 2 for the job description and statement of qualifications for the One-to-One Worker. Study Group members (N=8) were active participants throughout the study to the degree that each felt willing/able to participate. Each had access to his/her own data as well as to pooled data from landlord and study group focus groups. Landlords had access to pooled landlord and study group data from the focus groups.

See Appendix 3 for the Steering Committee Terms of Reference and Appendix 4 for the composition of the Steering Committee and its relationship to the research team. Steering Committee members were solicited in a number of ways. As noted earlier, a core group of service providers had been meeting for several months prior to the start of this project to discuss housing issues for people with FASD. Several members of that group formed the core of the Helping Hands Steering Committee. In addition, letters were sent out via e-mail to a wide range of service providers with experience in working with the study population, seeking their participation on the committee (Appendix 5). Committee members were required to sign an Oath of Confidentiality (Appendix 6).

The Steering Committee met every two weeks from January 2004 through May 2005, with each meeting lasting 1.5 hours. Three sub-committees - a Hiring Committee for the One-to-One Worker, a Methodology Committee that worked on data collection instruments and a Participant Selection Committee - provided input for discussion at the biweekly meetings.

The Participant Selection Committee worked through realistic criteria for the selection process for the study group, as well as on ethical and support issues to be addressed once individuals were in the study. The project had an integrated service/research component for the study group. These individuals required services and support in order to participate in, reflect upon and analyze their situations and, therefore, to become their own researchers into the chronic issues they faced in stabilizing their housing situations.

Throughout each stage of the research and based on the evolving data, the Research and Professional Practice Consultant worked with the project staff and Steering Committee to design data collection instruments and establish frameworks for analyzing data.

Research Participants.

The study was comprised of three (3) groups of participants. Purposive sampling occurred within the accessible population as determined by the inclusion criteria established by the Participant Selection Committee.

1. Study group (N = 8). A sample of eight individuals was developed via referrals from agencies that work with the study group population. The process of sample selection, obtaining informed consent and data collection is discussed in Section 4 of this report. The participant consent form is found in Appendix 7.

2. Private Sector Landlords (N=14). Landlords were contacted through the Okanagan Landlords' Association, through project Steering Committee members, and through the One-to-One Worker. Private sector landlords were interviewed individually for up to one hour

each by the One-to-One Worker and the research coordinator, using a standard, semi-structured interview guide (Appendix 8). Prior to being interviewed, landlords were asked to sign a consent form (Appendix 9). Several of the landlords also participated in one or both of two focus groups that were held during the course of the project.

3. Service Providers (N-12). Service providers included those involved as front line service workers in non-profit community social service agencies, churches, probation offices, hospitals and government offices. See Appendix 10 for the letter inviting agencies to participate.

The One-to-One Worker conducted semi-structured interviews with staff members of a range of organizations (see interview guide in Appendix 11), to gather input about the types of supports and services most needed by the Study Group. Group interviews ranged from 1-2 hours with each agency.

Homelessness Census

As a ‘stand alone’ component of the project, the Research team coordinated a ‘count’ of the homeless population in the city of Vernon. Adapting methodology developed for homelessness censuses in other communities (e.g., that developed by the Kelowna Homelessness Networking Group for the Spring 2003 census of homeless individuals in Kelowna), the Vernon census was initiated to provide an estimate of the number of “absolutely homeless” people living in the area. It was recognized from the outset that this type of activity would almost certainly miss all, or almost all of the “relatively homeless”

population, i.e., those individuals who are ‘couch surfing’ or employing other strategies to keep from being on the street.

Targeted survey sites included the John Howard Society’s men’s hostel, the Salvation Army Shelter, Cenotaph Park, Street Clinic, Vernon Women’s Transition House, the Upper Room Mission and the Food Bank. The census was intended to serve the following purposes:

- provide a clearer picture of the numbers of homeless people in the Greater Vernon area;
- provide more detail on the demographics of homelessness in the Greater Vernon area (e.g., gender composition, age)
- obtain first hand information from homeless individuals regarding their challenges and service needs

The survey sheet used by the 24 volunteers who conducted the census can be viewed in Appendix 12. An early evening time was selected for conducting the census, based on the opening hour of the local homelessness shelter and on knowledge of steering committee members and other service providers. The RCMP was notified of the census count to ensure quick response in case of security issues. Teams comprised of service providers and university students signed in and out at the beginning and end of the exercise. Each team had at least one cell phone, as well as at least one member who was trained and experienced in dealing with street people and the homeless. The teams spent an average of 90 minutes combing their assigned area of the city.

The census counted a total of forty-three individuals who could be deemed to be absolutely homeless. Twenty-six of the forty-three were counted by the Vernon Women’s Transition House, based on the calls they took during the 24 hours including and around the census period, and eight people counted by the men’s homeless shelter operated by the local John

Howard Society. . The volunteers encountered nine people on the streets, with additional evidence (e.g., a makeshift shelter under a bridge) of people ‘sleeping rough.’

The research team and the volunteers who had experience working with the local street and homeless population were somewhat puzzled by the low numbers of people encountered on the street during the census. Subsequent discussions between the One-to-One Worker and study group individuals indicated that the strategy employed may not have been an effective method, particularly given the cold weather at that time of year. Many homeless people were forced by the weather to find shelter on friends’ floors, etc. by the time night fell.

While conducting a future census is still a consideration, more work needs to be done on the value of a census and what technique or combination of techniques would be more effective and accurate in collecting data in this community.

2.8 Data Collection

Interviews with landlords and service agencies provided information on a number of related topics, including common issues that lead to the breakdown of housing arrangements, and types of supports and services landlords and agencies believed were most needed by members of the study group population.

Separate interview guides were developed for Landlords, Agencies and Study Group members (see Appendices 8, 11 and 14). The interview guides for the agencies and landlords were piloted, with revisions made based on the pilot results. Given the action nature of the research, the Steering Committee and research team determined that, when interacting with

the study group, it was best to use open-ended interviews rather than more rigidly defined questions. Thus, each participant was able to shape the data collection process for him or herself individually and for the group as a whole, by maintaining significant control over the information each wished and needed to provide. As well as ongoing data collection, systematic data from the study group was collected at the beginning, midpoint and at the completion of the data collection, data which served as an evaluation of the research process with the study group (see Appendix 14).

The One-to-One Worker was responsible for data collection and recording with all three groups. At the outset of the one-to-one work, the Research Consultant received permission from a study group individual to sit in on one interview in order to a) provide feedback to the One-to-One Worker on research interviewing (in contrast to therapeutic interviewing) and proper recording of data, and, b) to provide the Consultant with a grounding in the structured evaluation interviewing of the study group at the beginning of the project. The research team participated in all focus groups, with the One-to-One Worker taking primary responsibility for facilitating the discussions and the Project Coordinator and Research Consultant doing the note taking. All data was collected through the use of note taking rather than tape recording, which was precluded by both the spontaneous nature of many of the study group sessions and the location of the meetings. While some richness of data may have been lost by not having comments recorded verbatim, the research team was able to capture a substantial amount of the wealth of the data by comparing and combining the notes of the Coordinator and the Research Consultant. Documentation was a prime consideration of the One-to-One Worker, who devoted time each day to writing detailed field notes based on interactions with

the study group and other people of relevance to the research.

Data analysis occurred throughout the research. As the landlord and agency interviews were semi-structured, content was initially analyzed according to the questions within the interview schedule. Then themes were identified related to the four questions guiding this research. Study group data was far more extensive than for the other two groups due to the weekly (and often daily) interactions that took place between the individuals and the One-to-One Worker. Each of the sessions with study group participants was recorded in the Worker's field notes, using the interview guide format (Appendix 14). Coding of study group data was facilitated through the use of QSR Nvivo (2000). Preliminarily analyzed data served as the basis for focus group discussions. As data analysis progressed, input on the emerging analysis of data was sought from the Steering Committee and from the study group to strengthen both accuracy and clarity of presentation.

The One-to-One Worker debriefed and consulted regularly – often on a daily basis – with the Research Coordinator and, somewhat less frequently, with the Research Consultant. Through this process and through the ongoing development and review of extensive field notes, the One-to-One Worker was able to continually reflect upon and, when necessary, adjust the focus of the work to meet the research needs.

The Steering Committee was kept informed of the progress of the research consistently throughout the project via regularly attended Steering Committee meetings, thus allowing the Committee to provide advice and guidance at each stage of the project. Participant confidentiality was guarded at each step. Upon completion of the One-to-One Worker's eight

months of data collection, a debriefing session was held for the Steering Committee and the One-to-One Worker. This provided an opportunity to revisit all components of the project and provided the Steering Committee members with a final opportunity to learn from the experiences and perceptions of the One-to-One Worker. The research data is presented in the discussion section of this report.

2.9 Risks and Benefits of the Research.

Steps were taken to minimize any risk to participants. The project focused on issues faced by a vulnerable and marginalized population in meeting a critical need, i.e., securing safe, affordable, stable housing. Two key potential risks were considered throughout the project: 1) the potential for identification and labeling of study group participants; and, 2) the potential to raise unrealistic expectations amongst the study group in regard to “solving” their housing challenges.

In action research, ownership of the project is shared by all participants. In this sense, fears about identification and labeling were minimized, as participants gained a sense of individual power and control through identifying their own issues and through working with the One-to-One Worker to identify potential solutions for those issues. However, maintaining participants’ (both landlords and study population members’) right to confidentiality remained a primary concern of the research team during all aspects of data collection. Material shared with the steering committee contained code names rather than actual study group/landlord names and, when compiling reports, care was taken to avoid including unique details that could lead to identification of study participants.

The One-to-One Worker was careful to gain the study group's ongoing consent throughout the eight months, as well as to deflect dependency by reiterating the time limited and research focused nature of the work. In particular, care was taken to avoid raising unrealistic expectations on the behalf of the study group regarding the One-to-One Worker's ability to 'solve all their problems' and find them secure, long term housing.

The benefits to those participating in this project were many. The *study group* participants were directly involved in identifying the problems they face, and in determining appropriate and feasible solutions to those problems. In addition to the practical outcomes of this approach, they appreciated the validation they received and the acknowledgement that they had invaluable knowledge to contribute to the research. They also received the support of a trained project staff person, the One-to-One Worker, to support them in their efforts to find and maintain housing. *Private sector landlords* were also directly involved in identifying issues, and in problem solving around those issues. In the process, they received what was very evidently unaccustomed validation for their perspectives on the challenges they face. *Service agencies* benefited from the information and support offered through this research. The research process also served to gather and collate their expertise as well as to enhance linkages between their services.

2.10 Summary

The Helping Hands Shelter Project was an action research project designed to learn about the issues that hamper the effectiveness of the private rental sector as a source of stable, appropriate housing for members of the study group population. The project was designed to

learn from the experiences of the people most directly involved with those issues, i.e., members of the study group population, private sector landlords and service providers. In all respects, the One-to-One Worker was key to the success of this project. As described earlier, the selection process was carefully designed and, as a result, the person hired was extremely well qualified to lead this process. The worker was fully supported by the other members of the research team and by Steering Committee members in all aspects of the work, including in the need to regularly remind the study group that the One-to-One position was available to them as a *researcher* rather than as a primary support person. The study group's perspectives on their own involvement in the project are reported in Section 6 of this report.

The following sections 3-5 present the findings from service providers, the project study group and private sector landlords. In these sections, three different terms are used when referring to the study group population, reflecting the different perspectives of each group: in Section 3, the service providers tend to use *client*; in Section 4, the research project uses the term *study group* or *study group participant*; and, in Section 5, landlords refer to the study group population as *tenants*. Each of the three sections presents data on issues, problems and supports that the respective groups view as impacting housing for the study group population.

SECTION 3: SERVICE PROVIDERS

3.1 Introduction

Service providers – defined as those who have positions in the public or voluntary service sector and who are accountable to provide services to clients who include members of the study group population - were seen to be key sources of information for this project. Their input, coming from a very different perspective than that of either the study group or of private sector landlords, provided important insight into current issues in service provision for the study group population as a whole.

3.2 The Service Providers

Staff from twelve agencies that provide services to the study group population were included in the research. Agencies included publicly funded services such as the local health authority as well as voluntary sector agencies. Following appropriate agency protocol, permission was obtained for staff to participate in the study. All service providers signed consent forms with assurance that what they discussed would remain confidential. Data reported in this section reflects the views of individual service providers within agencies, views which may not necessarily reflect the official policies and mandates of the agencies. Each agency has its own unique mandate which, in some cases, overlaps with the mandates of other agencies in the community that are also serving members of the study group population.

3.3 Issues Identified by Service Providers

Many service providers noted that the study group population tends to not verbalize what is going on in their lives. “It’s hard to know what they really need because they don’t tell us”.

However, Table 3.1 summarizes the issues that service providers were able to identify as impacting the study group population when seeking and trying to maintain housing.

Addiction, including drug and alcohol abuse, was the most frequently identified problem that led to the breakdown of housing arrangements. There are not sufficient services to address drug and alcohol dependencies, especially not services oriented toward the study group population and its complex needs. Providers are aware of service gaps, including existing services that are not relevant to a client’s needs. They are also keenly aware that many clients do not know how to access some of the services that are available.

This client group has difficulties in “getting along with landlord and neighbors.” Keeping rules, both those that are explicit as well as the implicit rules of social convention, is difficult and those rules are frequently breached by the client and, very often, by their friends and associates. Theft is a common problem, and the clients’ associates frequently victimize both the clients and others living in the same building. Loud noises (e.g. partying, fighting) were commonly cited concerns as was the inability to care for themselves and their surroundings. Repeated poor decision-making related to these and other problems regularly result in eviction.

Table 3.1 Issues with Finding and Maintaining Housing

Issue	Problem
Addictions	<ul style="list-style-type: none"> • Not Getting Help
Decision Making	<ul style="list-style-type: none"> • Non-compliance • Housekeeping problems • Associates/friends
Money Management	<ul style="list-style-type: none"> • Poor spending decisions • Being cut off welfare • Problems with budgeting
Discrimination	<ul style="list-style-type: none"> • Lack of money • Poor appearance/hygiene/tattoos • Inadequate nutrition • No dental/medical care
Emotional Impacts	<ul style="list-style-type: none"> • Discouraged/demoralized/apathy • Victimization by others • Relationship issues, fights/violence/abuse • Vulnerability
Immediacy	<ul style="list-style-type: none"> • Being harassed • Having Problems • Anger Management • Lack of Advocacy & Support • Fetal Alcohol Impulsivity • Brain injury and all it brings • Mental illness problems • Limitations in social skills • Knowledge of Resident Tenancy Act (RTA) • Communication skills • Setting and maintaining goals • Navigating service systems
Affordable Housing	<ul style="list-style-type: none"> • Disabilities rate doesn't allow enough for affordable housing • Strata conversions • Low vacancy rates • High rents • Limited subsidized housing
Appropriate Housing	<ul style="list-style-type: none"> • Location, access • Housing that people feel good in • No pets, no kids • Transportation issues • Stigma free • Physically accessible
Unsafe Housing	<ul style="list-style-type: none"> • Illegal suites • Poor maintenance/poor management • Physical problems (asthma – moulds) • Poor security • Drug users as neighbours

This population is understood to be vulnerable and readily victimized by others. The extreme

isolation and loneliness many of them experience leave them susceptible to being targeted by people who prey on them and their neighbours and/or landlords. Violence and abuse are frequently observed and directly experienced. The majority of the study group population exhibits poor social and communication skills and, for the most part, they are incapable of setting and attaining goals without ongoing support. They often feel discouraged and demoralized as a result both of their past experiences and of their ongoing struggles to cope with disabilities, lack of support and extreme and persistent poverty. Problems with money management are common, for example, “the monthly cheque comes in and is all spent within a few days, much of it on drugs and booze.”

Service providers identify that there is a lack of advocacy and support for these individuals within the community, including a lack of help in finding housing: “People should be shown what’s out there. They should know their options, have a choice (in housing).” But, the multiple binds they find themselves in – e.g., poverty, behavioural issues, history of evictions – mean that they are in particular need of advocates: “some landlords take advantage of them, they keep the damage deposits, don’t fix things up as they would for other people. Of course some of the places aren’t worth fixing up to begin with.”

The study group population faces multifaceted discrimination when seeking housing. Service providers noted that landlords judge the clients on how they present themselves, physically and emotionally. Racism and prejudices based on physical appearance – e.g., the results of inadequate dental and medical care, poor nutrition and “just being poor, looking it, looking like it.” – make securing housing difficult in the first place. Service providers agree

that appropriate housing for this population should be “stigma free,” be “physically accessible and feel good, safe and secure to come home to.” Yet all acknowledge the critical shortage of affordable housing for this population. Government support isn’t sufficient to meet basic needs, and a low vacancy rate combined with a high cost of housing result in people living in unsafe and high-risk housing. These negative environments further contribute to apathy, feelings of discouragement and general demoralization. The ultimate impact on people is severe, interfering with constructive relationships and, instead, fostering violence and abuse.

Service providers recognize that all too often people in the study group population “learn” helplessness and hopelessness, and that they come to accept that the difficult circumstances in which they continually find themselves are their “way of life.” They are often not able to understand how their own behaviour affects them and others around them. Service provider comments such as “they can’t fathom change,” “they are unable to comprehend their circumstances,” “it’s a chosen lifestyle,” “they are service surfers,” and “they are in a state of functional dysfunction” are revealing of the population, of the gaps in services, and of the personal belief systems and of the frustration experienced by many service providers who work with this population. Differing perspectives among service providers are apparent, e.g., with some stating that members of this population tend to “blame other for their problems, it’s the social worker, or my family, but not me!” while others state “it’s not their fault” and they “can’t help themselves.” Tensions exist between workers with differing approaches to their clients, both within organizations and, even more notably, between organizations.

Service providers are very concerned about the lack of affordable, appropriate and safe housing available to the study group population. Income assistance rates are insufficient for people on disabilities to be able to afford reasonable shelter, food and basic amenities. Rapid growth in the city has led to low vacancy rates and rising rents, in an area with very limited subsidized housing. Unsafe housing is a dominant concern of service providers. Too many of the units are poorly maintained, repairs are not made, buildings are infested with mould and/or mice, and security is minimal or non-existent. Many of the units that are available either do not accept, or are inappropriate for, children. Many other buildings refuse to allow pets, creating serious barriers for those people whose pets represent key relationships in their lives.

Based on their experiences in working with this population, service providers view housing with appropriate supports in place as being key to helping people stabilize and improve their lives. With stable housing, people could work on a range of critical issues, including living within a very restrictive budget, seeking employment possibilities, and “preventing the isolation which results from poverty.” Like most people, members of the study group population need to feel a sense of purpose and to have opportunities to make meaningful contributions to their community. In the absence of secure housing, service providers too often find themselves helping clients respond to recurrent problems rather than being able to work with them to prevent those problems from occurring and helping them build better lives.

3.4 Existing Supports Identified by Service Providers

When asked about housing-related supports that are available to help clients to address the issues described above, service providers offered a relatively small list (Table 3.2). As such, the table likely tends to under represent the full range of supports available in the community. This may be a result of too little time allotted for the interviews, an overemphasis on identifying ‘problems’ rather than supports and, possibly, a sense that because the agency had been selected to be interviewed, “you already know what we do.” On the other hand, it may also indicate gaps in sharing information between services as well as the existence of genuine gaps in services available in the community.

Coping with the lack of money for housing, food, and other essential and non-essential needs “like ordinary people have” is an ongoing issue for most individuals from the study group population. Money may, in some cases, be provided through donations and vouchers, while churches and service clubs can be accessed to help with specific needs, e.g., with some moving expenses. Some agencies try to meet immediate needs by, variously, providing coffee, groceries and/or meals, while others provide access to bathrooms, a place to shower and do laundry, free household items, clothing, bedding, toys and hygiene products. While many of us take availability of such items for granted, they can be difficult or impossible to access for the study group population.

Having access to a telephone is important, since many clients from the study group population do not have their own telephones. Some agencies act as message centres, where

people can make calls and pick up messages. Some service providers will make calls for people who have difficulty doing so themselves, e.g., when negotiating the Ministry of Human Resources³⁷ (MHR) call centre system, or when calling landlords/prospective landlords. Others help people go through newspapers and/or provide transportation to look at apartments for rent.

Table 3.2 Supports Available to Clients in Finding and Maintaining Housing

Issue	Supports
Addictions	<ul style="list-style-type: none"> • Referrals to services
Decision Making	<ul style="list-style-type: none"> • Counseling and guidance • Education about the “bigger picture”
Money Management	<ul style="list-style-type: none"> • Developing budgets • Life skills
Discrimination	<ul style="list-style-type: none"> • Advocacy • Accompaniment to appointments, e.g., to view rental units • Mediation with RTA • Life skills • Laundry and showers
Emotional Impacts	<ul style="list-style-type: none"> • Counseling and guidance • Time and ability to listen and validate • Help finding volunteer work • Connection to recreation/support groups
Immediacy	<ul style="list-style-type: none"> • Counseling and guidance • Talking to landlords • Advocacy with MHR • Mediation with RTA • Accompaniment to appointments • Education • Coaching on how to present favorably to a landlord
Affordable Housing	<ul style="list-style-type: none"> • Maintain a network of information about appropriate vacancies
Appropriate Housing	<ul style="list-style-type: none"> • A safe place (supported units)
Unsafe Housing	<ul style="list-style-type: none"> • Advocacy • Talking to landlords • Mediation with RTA • Information, resources and referrals to other agencies

³⁷ Following the provincial election in May 2005, the Ministry of Human Resources (MHR) was reorganized and the name changed to the Ministry of Employment and Income Assistance. In keeping with the community based nature of this research, other than in Section 7 (Recommendations) the previous name has been used in this report since it is most widely recognized and used by the study group population, service providers and landlords. In fact, the Ministry’s own website continues to use the name in its vision and mission statements,

Service providers stressed the importance of education for individuals and families that is client-centered and strengths-based, covering topics such as concurrent disorders, abusive spouses/relationships and the Residential Tenancy Act (RTA). Clients need someone to take the time to listen to them, to recognize their need for companionship and to validate their importance. As noted earlier, loneliness is a common experience for members of the study group population. Providing counseling and guidance, advocating with the Ministry of Human Resources and acting as mediators in problems related to the RTA are all aspects of service providers' work. They help people find the right resources and get the right referrals by making connections to recreation and support groups, other community services, and even by talking to landlords on behalf of their clients. Many service providers maintain informal lists of low-cost accommodation and information about vacancies. They also 'coach' people about how to present favorably to prospective landlords. Service providers noted that, when they were able to accompany people to appointments, clients were often more easily able to access services and have their needs met.

Table 3.3 Resources Available to Clients Related to Housing

<ul style="list-style-type: none"> • Church groups • Service Clubs • Hospital • The Shelter/ Salvation Army • Neighbor link • Community Response Team • CMHA • People Place (VDRC) • Howard House • Transition House • Upper Room Mission • Kindale • Food Banks • Connections • Family Resource Center • RCMP • Mental Health • Teen Junction • Case Managers • Counsellors 	<ul style="list-style-type: none"> • Kekuli Safe House for Youth • Bridges for Life • Health Unit • 1800 after hrs emergency help line • Gospel Mission • Community individuals • Legal aid • Good Food Box (Dinner Tonite) • Community based victims assistance • Drug & Alcohol services • Brain Injury society • North Okanagan Community Living Society • NOYFS street clinic • Subsidized housing waitlists • Social Planning Council of the North Okanagan • Self-advocacy group. • Community Referral Services • Planned Parenthood Clinic • Emergency Ward • First Nations Friendship Center
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etc.

<ul style="list-style-type: none"> • Family • Friends • Landlords • Neighbours 	<ul style="list-style-type: none"> • Medical Walk-In Clinics • Ministry of Children and Family • Women’s Transition House • Women’s Centre
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3.5 Service Gaps Identified by Service Providers

Service providers are sensitive to the reality that there are gaps in the resources required to improve the lives of the study group population and “make it so I could do my job”. Key areas that service providers identified as needing to be addressed include:

- more housing options and increased affordable housing;
- transportation for clients;
- the development of community networking for improved communication and better service delivery to clients;
- extra financial support for clients;
- increase in the number of workers providing services;
- implementation of diverse programs based on the needs of clients; and
- fewer restrictions on the types of support workers can provide.

The absence of a local alcohol detoxification unit, and of residential alcohol and drug treatment facility/housing is seen as a critical gap in the service delivery network of this population. Residential treatment is one component of a variety of housing options that are required, including supported housing units and emergency housing, with a special emphasis on the need for shelter for women and children.

In addition to incomplete housing options, service providers identified the lack of cleaning assistance, adequate transportation, legal aid and advocacy, counseling services, life skills training, outreach and case and support workers. Each of these service gaps makes it difficult or impossible to intervene in ways that could stabilize housing for many people.

An overriding gap that reflects the nature of the service delivery system in general is the lack

of 24 hour per day, seven days per week service availability. Given the often chaotic and crisis driven nature of their lives, people from the study group population tend to require service *now*. With a predominantly Monday to Friday, 8:30 am to 4:30 pm orientation, the service network is often not available when help is most needed.

3.6 Summary

Given the range of supports identified by service providers, it is clear that there are a number of services in Vernon that are helping or could help the study group population with housing related matters. However, service providers also identified a number of significant gaps in the service delivery network, including capacity issues. Differences in service provider philosophies in regard to the levels of personal responsibility of the study group population for the problems experienced by that population were also apparent.

Even when looking at the supports that do exist, service providers reported facing a number of challenges in the constant process of balancing priorities within their jobs. The decisions service providers make and the courses of actions they take when doing front-line work with the study group population are influenced not only by client needs, but by the occupational orientation, educational preparation and nature and degree of experience of each individual service provider. Added to this is the need to work within the mandate of their particular agency, particularly when both mandates and resources are subject to change. Finally, working across disciplines and across agencies poses additional challenges to those trying to meet the complex needs of their client base.

One consistent message that does come from service providers is that the supply of housing for the study group population, already in short supply, is becoming even more limited. It thus becomes imperative that the community seeks ways to enhance access to existing housing, including housing in the private rental market.

SECTION 4: THE STUDY GROUP

4.1 Introduction

The eight months of one-to-one work with the people who comprised the project study group formed the core of this research. Engagement with the study group constituted the heart of the Action Research. Theirs are the voices of lived experience. Their insights into the day to day challenges they face in finding and maintaining housing and in navigating through the myriad other related and unrelated issues they face, are key to understanding how our communities might be able to better support them in their efforts to lead healthy and productive lives.

4.2 The Study Group

The Study Group was comprised of eight men and women experiencing persistent multiple barriers to finding and maintaining safe, appropriate housing (see Table 4.1). A ninth person initially included in the study moved out of the region part way through the research; that person's information is not included in the profile of Study Group participants.

Initial contact with this project was facilitated through a range of agencies that work with the study group population. Agencies were sent a letter describing the study and asking for their support for the project (see Appendix 10). A follow-up phone call or in-person appointment with the agency was made by a member of the research team. Once an agency provided written notification of its readiness to participate in the study, it was asked to appoint one staff person whose responsibility it was to ensure that relevant staff within their organization

understood the project, and to coordinate any referrals from that agency. The recruitment and referral process was established as follows:

- The agency would identify a client who was thought to be appropriate for the study. Considerations included an assessment of whether the client's challenges were so severe as to make it virtually impossible for them to commit to or succeed in following through on the project (see Appendix 13). This criterion was implemented of the project Steering Committee which advised that there were numerous people in the community who would likely be interested in participating but who would not be able to maintain an eight month commitment even with supports.
- The agency staff would explain the study and ask whether the client was interested in participating as part of the study group.
- If interested, the client would be given the option of contacting the One-to-One Worker directly or of having the service provider contact the One-to-One Worker to set up an initial appointment. (Ultimately, all study group members chose to initiate contact themselves).

In order to protect client confidentiality, once the client made her/his first contact with the One-to-One Worker, the research team did not provide the referring agency with any information about the client's involvement with the research, e.g., referring agencies were not notified whether or not the client chose to participate in the study. However, it was deemed to be critical that all study group participants maintain a connection with a service agency, since the limitations of the One-to-One Worker's role precluded the position being the sole support for any one individual.

Once an individual made contact with the One-to-One Worker, the Worker conducted an assessment of the person's suitability for participation in this project. The Steering Committee felt it was important for the One-to-One Worker to conduct this additional assessment, both to ensure that participants understood the purpose and nature of the study and to ensure that participation was, in fact, in the best interests of the individual. For

consistency, the Worker used an assessment format that paralleled that provided to the referring agencies (see Appendix 14). If, after the assessment, the individual was assessed as meeting Study Group inclusion criteria, the individual and One-to-One Worker reviewed the Informed Consent Form for Study Group Participants (See Appendix 7). All participants received a copy of the signed form, which was developed in consultation with a literacy expert to ensure the language and presentation were at a level that was suitable for the study group population. Participants' consent was then sought on an ongoing basis, including during focus groups.

As much flexibility as possible was built into all aspects of the research. For example, in some cases the assessment process took more than one appointment. In several cases, it became clear that, rather than expecting potential study group participants to set up and attend appointments with the One-to-One Worker, it would be necessary for the Worker to go out to meet the individuals in locations of their choice.

It is critical to understand that, due to the nature of their impairments, participants of the study population often need a great deal of support. The nature of the support required can be very complex and very, very time consuming. The Steering Committee deliberately established a modest number (8-10) of participants for the Study Group, in recognition of this fact. Those working with this population often mention the need for individuals to have an "external" or "prosthetic" brain, in other words, outside supports that help them through what for most of us are the day to day routines and realities of life.

Once an individual completed the process described above, data collection began. The One-

to-One Worker collected data on a continual basis. To ensure consistency of the information being gathered, the One-to-One Worker used the same format to guide each interview with study group participants (see Appendix 14). This format was also used for the midpoint and final participant assessments. Flexibility was required at all times during interviews, and the nature and content of ongoing meetings was primarily determined by whatever the individuals needed or wanted to discuss. The One-to-One Worker kept the sessions informal and appropriate for the individual at the time of meeting. Meetings were held in locations that participants identified as being comfortable for them, varying between local coffee shops, the Social Planning Council office, in participants' homes or even, in some cases, on the street.

Due to the nature of the barriers the participants faced and the often chaotic situations in which several of them frequently found themselves, it was not always possible to book regularly scheduled sessions with each participant. Rather, many of the sessions were initiated in response to an urgent need related to housing, including accessing food or the need to secure transportation to get money and/or to pay rent. Each of these occasions offered additional opportunities for data collection, with the full consent of the participants.

The ongoing interaction between the One-to-One Worker and each study group participant was key to this research. The Worker provided assistance with problem solving, identification of resources, referral, advocacy and other assistance as needed to help study group participants navigate through the often complex situations in which they found themselves. Through the development of these relationships, the Worker was able to help

individuals identify and understand the issues that continually impeded their ability to achieve housing stability, and to identify strategies and supports that might help to address those issues.

The participants were reminded at each meeting of their rights as participants in this action research project, which helped ensure that they remained engaged in identifying the issues that were most pressing to them, Table 4.1. Over the eight-month period, participants met individually with the Worker multiple times according to their needs, as well as being invited to participate in three focus groups. During the focus groups the research team discovered that many participants knew each other (not surprising in a relatively small community), although not all of them had known prior to the first focus group that some of their friends/acquaintances were also involved in the study.

For the focus groups, a verbal informed consent related to confidentiality was used. Lunch was provided, with the participants making their choice of food from a menu. The courtesy of being able to choose their own meals was greatly appreciated by the participants.

Table 4.1: Study Group Profile

Number of participants	8	
Duration of study	8 months	
Gender:		
Male	5	
Female	3	
Age:		
20-29	1	
30-39	2	
40-49	4	
50-59	1	
Health related limitations related to housing needs as identified by participants:		
FASD	2	
Mental Health	3	
Physical Health	4	
Brain Injury	2	
Learning Disability	4	
Hepatitis C	1	
Addictions and Alcoholism	6	
Number of moves one year prior to and during the study:	Prior Year	Study
One Move		1
Two Moves		2
Three Moves	0	1
Four Moves	1	1
Five or more moves	1	1
	2	3
	4	
Housing Supports:		
Connected to Services	4	
Intermittently Connected to Services	5	

4.3 Issues Identified by the Study Group

In all, the eight people in the study group had twenty-two significant health-related problems that served as barriers to obtaining and maintaining housing. No individual reported only one problem, and the implications for designing services that can meet this complex range of needs are clear.

Table 4.2: Supports and services accessed by the Study Group

Types of supports/services accessed	Number of individuals accessing services/supports
Upper Room Mission (food and clothing)	2
Alcohol and Drug services	3
Central Okanagan Brain Injury Society (COBIS)	3
Vernon and District Resource Centre (VDRC)	3
Salvation Army Food Bank	6
RCMP	2
Assisted Living	1
Family Physician (MD)	4
Victim's Assistance	1
Street Clinic	4
Canadian Mental Health Association (CMHA)	1
Foetal Alcohol Spectrum Disorder services (FASD)	2
Family	1
Church	3
Training for Health & Employment Opportunities (THEO)	1
First Nations Friendship Centre (FNFC)	1
Women's Center	2
Transition House	1
Mental Health (Interior Health Authority)	2
Health Unit (Interior Health Authority)	1
Landlord	2
Emergency Shelter	1
Ministry of Human Resources (MHR)	5
Friends	8
NeighbourLink	3
Dentist	4
One-to-One (project) Worker	8

As seen in the list of supports and services identified by the study group over the eight months (Table 4.2), the study population relies on both formal supports - e.g., government sponsored resources and voluntary sector services - as well as on informal supports, including friends. Family is rarely available as individuals identify “I’ve burned them out”, “they can’t cope with my behaviour”, and “I need my own space, my own way of doing things.” Friends were identified as being important, with the influence of friends assessed on a continuum from healthy and positive to harmful. On the positive side, friends were cited as those people who “share my experiences,” and “have been there or are there now”. “They are

the people I know from the streets.” Faith based organizations provide both formal supports – e.g., as in providing money and food to people and in providing opportunities for volunteer work – as well as informal supports for those who are participants of a church and are able to participate in church groups and activities.

Table 4.3 presents the study group participants’ descriptions of issues they face, and the human and material resources they require to deal with those issues. Caution must be taken to avoid trying to deal with the issues in isolation of each other. As noted earlier, this population’s issues frequently overlap and confound people’s ability to maintain their housing. They consistently experience crises – related to shelter, food, medications, violence, etc. - in the day to day task of living, and this persistent state of instability affects their perceptions from day to day. Any one of the identified supports is unlikely to address the variety of problems, nor will any one support be able to keep pace with the pace of changes in need – often on a daily basis – that are experienced by members of this population.

It is also critical to remain cognizant of the unique humanness of individuals within this population. All too often they are treated as a cohort and decisions are made – e.g., that the “answer” to their housing needs is shared accommodation – that are completely at odds with the challenges they are facing. Stabilizing housing for this population means addressing far more than simply finding them four walls and a roof. They need help to sort out the multiple issues with which they are dealing, to identify which components they can manage themselves and, most importantly, to identify with which components they require assistance in order to move toward healthier, more stable living situations.

No order of priority is assigned to the issues listed in Table 4.3 as “each day presented new challenges” and what might be a priority one day was “not even on the radar screen” another day. It is very important that those working with the study group population be sure that they and the people with whom they are working have a shared understanding of terms such as “homelessness” to avoid misunderstandings. For example, a member of the study group population was asked whether or not he considered himself to be homeless. “No!” he replied. “Today I have someplace to go. Two weeks ago I was living in the park for a few months”. Within a month of making these statements, this person had left his accommodation and was seeking another place to live. This trait of “living in the moment” without the will or ability to think ahead is commonly encountered in this population.

The often bewildering range of issues with which members of the study population are dealing are not discrete – they frequently overlap and undermine the person’s ability to keep sheltered. Being officially diagnosed as having a disability can mean that a person is ‘attached’ to a service, for example, the outreach worker with the local brain injury society. However, most people in the study had multiple problems and were unclear to whom they should turn for problems. In particular, without a designated caseworker who was readily available and accessible, people were confused as to how a service could assist them, especially in regard to housing issues.

Several in the study group agreed with the statement made by one of the group who said, “there are enough people [i.e., service providers] around but they are all over the place.” This point is critical since study group participants made it clear that they need someone to help

them navigate through the various support systems that are in place. The importance of building a network of supports was summarized by one of the participants as follows: “My team [consisting of the brain injury society outreach worker, this project’s One-to-One Worker, and friends] keeps me on the straight and narrow...helps me build up tools for now and the month ahead...it’s the fear of what might happen in the coming month that is worse than what is going on in the present.”

An example of the kind of confusion experienced was provided by a discussion the study group had about the eligibility criteria for local affordable housing units for people living with mental illness. Some of the units are operated by a non-profit society and others by the public health system: “Why are some people covered and some are not? They should look at the fact that people have a disorder and need support.” It was suggested that the respective agencies review their criteria for eligibility for various types of housing. At the same time the participants expressed concern for those people who, while not having a diagnosed mental illness, are still in great need of affordable housing: “We all have mental health problems!”

Problems arise with the discrimination they face from landlords: “I was raised in poverty. It takes all my effort to not look like it. I don’t want people to know but I have to let the landlord know.” And “You look desperate- they can smell it on you - if we didn’t have to beg for a place where we can get our stuff done, we would be way more productive.”

Table 4.3 Problems Identified by Study Group in Obtaining and Maintaining Housing

Issue	Problems Resulting from the Issue	
Having Disabilities	<ul style="list-style-type: none"> • Appropriate physical, psychological and social space in housing • Limited problem solving and life skills 	<ul style="list-style-type: none"> • No advocate • Lack of supports for unique needs of each person's multiple disabilities
Service and Resource Issues	<ul style="list-style-type: none"> • Housing without services attached is not useful • Gaps in services • Too many services, not sure when to go where • Services not available • Not being connected to a service • Not having a case Worker 	<ul style="list-style-type: none"> • Need a focal point for services • Need an advocate to help navigate services and housing • Services need to work together • Outreach services required • 24/7 access drop in, call center for services/resources • Need mediation between landlord, services and tenant
Prejudice Against Tenants	<ul style="list-style-type: none"> • Discrimination based on gender, disability, behaviour, being poor, race/ethnicity, age, transience 	
Tenants Rights	<ul style="list-style-type: none"> • Require someone to help understand and access current information regarding entitlements related my rights and responsibilities 	<ul style="list-style-type: none"> • RTA not understandable • RTA office not accessible • Getting damage deposit returned
Landlords	<ul style="list-style-type: none"> • Landlords need to be screened • Landlords need education • Landlords need to respect tenant rights 	<ul style="list-style-type: none"> • Landlords need to work within the RTA • Landlords need to be accountable for their behaviours
Financial Challenges	<ul style="list-style-type: none"> • If receive Persons with Disability (PWD) designation, there should be services and resources that go along with the money • Not enough to live on, too much needed for housing itself • Money available needs to reflect changes in cost of living 	<ul style="list-style-type: none"> • Affordable and accessible RTA arbitration (\$50) • Financial management and banking for the poor, people with disabilities and homeless people • MHR rules and Workers keep changing
Affordable and Adequate Housing	<ul style="list-style-type: none"> • Need subsidies • Need subsidized housing 	<ul style="list-style-type: none"> • Housing registry • Include utilities
Safety and Security in Housing	<ul style="list-style-type: none"> • Landlord needs to monitor illegal & other activities at their property • Private entrances 	<ul style="list-style-type: none"> • Not basement or first floor • Security systems
Inappropriate Accommodation	<ul style="list-style-type: none"> • No roommates, sharing of common areas • Private entrance 	<ul style="list-style-type: none"> • Match my lifestyle to housing • Size and 'layout' of housing
Clean and Maintained Accommodations	<ul style="list-style-type: none"> • Healthy environments (no mould, mice) • Providing cleaning supplies & equipment, laundry, vacuum • Landlord needs to be responsible for their property 	<ul style="list-style-type: none"> • Maintaining equipment • Smoke alarms, carbon monoxide detectors
Transportation	<ul style="list-style-type: none"> • Can't get to appointments • Services spread around town • Poor public transportation 	<ul style="list-style-type: none"> • Expensive to take the bus • Inability to navigate bus system due to cognitive impairment
Communication	<ul style="list-style-type: none"> • Landlords need to communication their expectations consistently • Access to telephones for local calls 	<ul style="list-style-type: none"> • Service providers working with me and the landlord, and each other • Listening to my concerns and being accountable to me
Appropriate Opportunities	<ul style="list-style-type: none"> • A place to go during the day • Appropriate education based on my needs and how I learn 	<ul style="list-style-type: none"> • Job creation, realistic based on what I can handle
Pets	<ul style="list-style-type: none"> • Need pet friendly places 	
Choices	<ul style="list-style-type: none"> • All people have some choice in where and how they live • Need some control in my life with support 	

4.4 Support Needs Identified by the Study Group

When the study group members were asked what would make it possible for them to attain and maintain housing, they quickly identified key issues of housing affordability, safety and security, appropriateness and physical condition, i.e., clean and well maintained. The need to have choice in their housing was important, but even more critical was the need to have supportive services in place. This again points to the reality that providing housing for people with multiple challenges involves much more than simply locating a unit they can afford – without appropriate and ongoing supports in place, many members of the study group population are doomed to continue the pattern of housing breakdowns.

Each person in the study group has multiple barriers to housing. Having a disability without receiving relevant supports is a “recipe for disaster”. As their primary source of income, the Ministry of Human Resources becomes a focus of concern. Study group members’ comments include, “We need enough to survive,” and, when asked what more is needed: “Someone at MHR who gives a shit! That would be good.”

The study group pointed out that, while a “team” is needed to provide support for the many needs that arise, it is crucial to have one person in place who can act as a case worker or ‘point-person’. Several of the study group participants supported need for a “mediator”, someone who would communicate both with a landlord and a tenant on a regular basis to see how things were going and help resolve issues if and as they arose:

My memory is short. I need someone to keep things moving, checking, to talk to both of us. Find out, does the landlady have issues, then talk to her, talk to me regarding my

ideas...a mediator! I must have one! If my landlady and I get in any arguments, it's easy to have things go wrong – a mediator would help.

As another of the participants noted, someone playing this kind of role would have a powerful emotional impact on people: “Support is a big thing – someone to go to to let your emotions out – and if you don't have someone you go nuts.”

In reality, the term mediator may be misleading if defined too narrowly in the sense of being someone that reconciles differences between disputants. The function being described by the participants could perhaps be more accurately described as an “interpreter”, i.e., someone who could bridge the distance between two culturally and linguistically different groups. This person would understand the “language” and norms of each group (in this case, the legal and social norms of behaviour, the constraints facing each party, etc.) and, thus, would be able to alleviate the miscommunication and confusion that often leads to serious problems. The mediator would be aware of what resources a person was eligible to receive, make connections with available services, keep track of what roles the other team members are “playing”, and intervene when necessary to prevent “little” problems from growing into the big ones that result in housing breakdown.

Participants also frequently commented about the insufficient money they received to cover basic needs for a month. Consensus was that monies should be given weekly or biweekly, not just in a lump sum once a month. It was felt that expecting people to budget when there was insufficient money to begin with was ridiculous:

Budget with *what*? How many people *without* disabilities can do that? It's hard when you are poor, it's hard to make ends meet. Once you get paid, you pay off debts and start all over again, building up debts to get through the next month.

Table 4.4: Study Group Identification of Needed Supports for Housing

Issue	Supports Required
Having Disabilities	<ul style="list-style-type: none"> • Having enough money for more than survival • Having someone to support us, work with us • Having a team to address our various needs
Services and Resources	<ul style="list-style-type: none"> • Mediator to help us understand questions and answer them properly • Having a team of supports to address multiple needs • Having a 'point-person', someone who bridges services and supports
Prejudice Against Tenants	<ul style="list-style-type: none"> • Landlords need education about disabilities and poverty
Tenants Rights	<ul style="list-style-type: none"> • Need for information to be presented in an understandable fashion so that tenants understand their rights.
Landlords	<ul style="list-style-type: none"> • Some sort of 'screening' mechanism for landlords, so that people aren't expected to live in slum conditions
Financial Challenges	<ul style="list-style-type: none"> • Have income assistance paid out, e.g., once a week rather than once a month • Having enough money left over once rent and food is accounted for
Affordable and Adequate Housing	<ul style="list-style-type: none"> • Confusion regarding eligibility for subsidized housing and receipt of subsidies • Screening landlords • A housing registry to monitor what's available at what cost and at what quality
Safety and Security in Housing	<ul style="list-style-type: none"> • Safe, secure and affordable housing. On site manager who can keep riff raff from coming to the door. • Support to dissociate oneself entirely from everyone who hangs around the downtown core, in order to remain stable and safe.
Food Security	<ul style="list-style-type: none"> • Having food, having the right kind of food
Inappropriate Accommodation	<ul style="list-style-type: none"> • Stop pushing people to live in group situations. • Accommodation appropriate for people's disabilities, whether they be physical, mental, cognitive or spatial
Clean and Maintained Accommodations	<ul style="list-style-type: none"> • A landlord who keeps an eye on things – no drugs, etc. That makes a difference. • Have the health department be more proactive in going after landlords who offer substandard housing.
Transportation	<ul style="list-style-type: none"> • Have services and resources accessible.
Communication	<ul style="list-style-type: none"> • Having a voice.
Pets	<ul style="list-style-type: none"> • Allow pets in units
Choices	<ul style="list-style-type: none"> • Having a choice. Need to offer people a range of housing options.

Food security is a concern for all. One participant presented at many sessions with bags of full of "stuff" she went around obtaining from various sites in town:

When you've got no food you've got nothing. The whole point of having a place is to be safe...but still have to go out and scrounge around for food, do illegal stuff. Some people have special diets or need vitamin supplements required for their health, not affordable on their subsidies.

Having enough food and the right kind of food was seen as having a direct impact on behaviour, outlook and coping in general and, thus, on housing.

The need to offer people choices in accommodation was seen as critical for this population, especially given the range of disabilities they deal with: "Herding us together like cattle into one place isn't working." In many cases, living in a group situation isn't safe. Having roommates and sharing common spaces can be very difficult for most people in general. Yet, is often presented as an acceptable alternative for members of the study population despite the fact that the multiple issues with which they are dealing often make their relationships with others complex and fractious. In a group setting, those relationships tend to be with others who are also experiencing multiple difficulties including troubles with relationships, communication, managing the activities of daily living and extreme poverty. The importance of having one's own space rather than having to interact with others in your 'home' environment is seen as being very important.

Transportation is an important consideration for the study group. Services are spread out across town, rather than being easily accessible from the downtown core, the area in which most participants in the study group are housed. A classic example of the nature of transportation problems arose with the implementation of a new drop in service alcohol and drug services. The service is located in the local health unit, which is located on the outskirts

of the city. When informed to the new service, one participant commented: “You mean in Timbuktu? [*i.e., the Health Unit*]. Druggies have short attention spans – how many people will you run into before you get all the way up there? If you’re “mixed up” [*e.g., due to mental illness, brain injury, substance abuse*] a bus ticket doesn’t help. I can walk ½ block and meet a crack dealer. I have trouble getting to the needle exchange and it’s downtown.”

4.5 Summary

The study group participants were appreciative of the opportunity to provide their input into the issues with which they dealt on a daily basis. Through the eight months with which they were involved in the research, it became increasingly clear just how valuable their perspectives were in helping to define realistic and effective supports for improving their housing situations. They were realistic about the challenges they faced, and confident that the suggestions they were making would be effective in helping them stabilize their housing situations. The solutions they offered were based on what in many cases was a lifetime of experience trying to navigate a myriad of resources and services that only loosely constitute a ‘system’ of supports for this population.

While all the study group participants valued their independence and their right to exercise choice in their housing arrangements, they also recognized that their particular circumstances necessitated varying levels of support in achieving/maintaining that independence. What they wanted to avoid at all costs was the tendency to “lump” them together rather than being cognizant that, while in broad terms many of their issues were similar, each remained a unique individual with a unique combination of strengths, needs and problems.

SECTION 5: THE LANDLORDS

5.1 Introduction

This project is unique in that it explicitly recognizes the critical role of the low-end private rental market in providing housing for members of the study group population. It acknowledges the need to focus attention on the ways in which the function of that market can be supported and/or enhanced to better meet the shelter needs of that population. The private sector landlords who participated in focus groups and in one-to-one interviews were critical sources of information for the project. Their combined years of experience plus the variability in the nature and extent of their involvement as landlords provided the research team with important insights into the challenges inherent in housing the study group population in the private rental sector.

5.2 The Landlords

Fourteen private sector landlords were interviewed during June and July 2004. A pilot interview with the landlord of a low-rental fourplex was used to test the semi-structured interview schedule developed by the project team before the main body of the interviews began.³⁸ The value of using a pilot in this Action Research context was that, since it was used at an early stage of the research process, it helped shape and guide the ongoing direction of the subsequent research with landlords. Thus, we make explicit that the pilot interview data is incorporated in the final data analysis.

³⁸ This was the only group for which the research team used a pilot test of the interview schedule. It was considered to be unnecessary for the service providers since the Steering Committee was comprised of service

Table 5.1 summarizes information about the length of time the landlords in the sample had been involved in offering housing to the study population. Landlords in the study had a combined total of 207 years of experience in providing housing to individuals who were considered hard to house due to some form of disability. As well as holding properties in Vernon, a few landlords had also worked with this population in Alberta and Ontario.

Table 5.1: Length of time as a private for profit landlord (n=14)

Mean years as a private sector landlord	14.8
Range of years of the study sample	1.5-35
Years as a private sector landlord	
0-10	8
11-20	0
21-35	6

The landlords generally rent to single tenants between the ages of 19 to 64 years of age who are receiving social assistance, disability pensions or who are living on minimum wage. The landlords house individuals who by choice or design must seek accommodation that is at the lowest cost. Many of these individuals have mental health issues, drug and alcohol addictions, brain injuries, FASD and/or other cognitive impairments. The majority of accommodations are located close to the downtown core for easier access to supports and services. Increasingly, it is difficult to find vacancies in any of these places and, when accommodation does become available, landlords have waitlists of prospective tenants from which to choose.

The overview of landlord properties does not represent the total picture of private sector accommodation provided by these landlords or by others not participating in the study. For

providers; in the case of the study group, it was both ethically and logistically impossible to employ a pilot test.

example, some landlords hold other types of rental properties. Some landlords will not accept couples. Some will accept pets, others not. A few landlords prefer to rent only to women, while others increasingly want to rent to older persons who, in the landlords' experience, are less inclined to cause difficulties, take better care of their units and are quieter and more stable financially. Creating a quiet safe place ensures a minimal turnover of tenants. Table 5.2 is based on the responses of 13 landlords (one landlord did not want this data included in the report).

The 13 landlords represented here (a fraction of the total number in the community) owned and/or managed a total of 325 rental units. By comparison, there are fewer than 600 social housing units in the entire Greater Vernon area. The number of units offered by the landlords who participated in this study ranges from a low of 2 to a high of 96. Five landlords offer a total of 21 units (2, 3, 4, 5 and 7 units respectively) while three have 51 rental units (15, 16 and 20 units respectively), while three operate a total of 253 units (27, 36, 47, 47 and 96 units respectively). Unit prices range from \$300 to \$600 per month. Rooms and bachelor suites are the lowest priced, ranging from \$300 to \$425 per month. One bedroom units range from \$350-\$500 while rents for two bedroom units go up to \$600 per month.

Table 5.2: Private Sector Landlord Rental Accommodation Summary

Range of units per landlord	Number of landlords	Total number of units available
1-10	5	21
11-20	3	51
20-100	5	253

Monthly rent for the lowest end units usually includes utilities, water, garbage, heat and lights. Cable may be provided, as may access to a telephone. Rooms are furnished, albeit

sparsely. Shared bathrooms (with up to five persons per bathroom), kitchens and common spaces are the norm in rooming house situations, causing difficulty in negotiating the use of shared spaces and facilities for tenants and, by extension, for landlords. Nine of the properties have on site managers or caretakers. While others have no on-site management, a number of properties are monitored through the landlords 'cruising' the building sites to ensure peace is maintained, or by having intercom systems and/or secured and locked entrances to the building. One landlord charges extra for having 'guests' stay over for extended times because of water costs (the provincial Residential Tenancy Act allows landlords to charge extra for additional persons staying at a renter's apartment).

In a relatively small community such as Vernon, landlords offering low-end rentals 'get to be known' by service providers and individuals as having accommodation affordable to individuals within the study group population. All the landlords interviewed had been approached over the past year to offer housing to people who fit the description of the study group population. Fifty percent of the landlords reported being approached regularly and, in some cases, 50% to 75% of their units were rented by tenants from the study group population. The other half of the landlords had been approached less regularly in the last year, ranging from two to ten times.

All the landlords recognized that service providers and others viewed them as a 'resource' for housing tenants whose issues might make them less than ideal tenants. One landlord noted that he frequently receives calls from professionals seeking apartments for "mental health individuals." Others expressed the belief that there are "far too many people requiring

low income housing, those people having behavioural, mental health or other problems. There just isn't enough housing available.”

Taken in conjunction with the comments of service providers and the study group itself, it is clear that the low-end private rental market is seen to be a major – and, in reality, *the* major – source of housing for members of the study group population.

5.3 Tenancy Issues

The landlords identified a relatively wide – but, across interviews, relatively consistent – range of issues that, in their experience, led to problems when housing tenants from the study population. Table 5.3 summarizes those issues.

Landlords offered a variety of responses when asked how they assess whether or not a person will be a suitable tenant. As noted earlier, there was great variation in the length of time that different landlords had been ‘in the business.’ One thing that was very clear is that those who are relatively new to the business often have great difficulty in appropriately screening and managing ‘problem’ tenants. The comment, “As a landlord who is in this for business, I want the best tenant who is the least problematic and the most financially secure,” was reflected in various forms by virtually all those interviewed. However, finding those tenants seems to require a combination of skill, intuition, experience and, often, luck!

Table 5.3: Issues Encountered in Housing Tenants from the Study Group Population

Problem	Issues
Property	<ul style="list-style-type: none"> • Non-deliberate damage, i.e., not knowing how to care for property

	<ul style="list-style-type: none"> Deliberate damage, i.e., to the unit, outside building
Rent	<ul style="list-style-type: none"> Not paying rent Paying rent late
Shared Accommodations	<ul style="list-style-type: none"> Roommate incompatibility Shared common spaces, i.e., kitchen, bathroom Lack of respect for privacy, others' possessions
Neighbours	<ul style="list-style-type: none"> Discrimination by non-study group tenants Not knowing how to live in close contact with others, i.e., violating societal norms of coexistence
Associates	<ul style="list-style-type: none"> Moving in Dropping by Staying over Threatening others
Behaviours	<ul style="list-style-type: none"> Inappropriate behaviours physical (dirty, unkempt) Emotional/mental (hollering, suicide attempt) Criminal (taking/selling drugs, prostitution) Cognitive (inability to problem solve)
References	<ul style="list-style-type: none"> Verifying reference checks Discovering who will make a 'good' tenant Prior evictions and problems
Residential Tenancy Act	<ul style="list-style-type: none"> Not helpful to landlords as rights are in the tenants favour
Police	<ul style="list-style-type: none"> Limited accessibility Limited action taken
Agencies, Services and Service Providers	<ul style="list-style-type: none"> Accessibility for landlord and for tenant Confidentiality Maintaining tenant in housing
Communication	<ul style="list-style-type: none"> Inability to access tenant Enforcement of 'house' rules Landlord-tenant interaction

While many landlords do a credit check, they note that this isn't really effective as almost all members of the study population have poor or non-existent credit ratings. Also, for many, "if it's finances it's not a problem", i.e., they expect that the people renting their units will be living on very low incomes and, thus, may have poor credit histories. Given the often chaotic lives of the study population, personal references aren't appropriate, nor are references from prior landlords who "may just want to get rid of the a bad tenant. Then I feel duped."

However, if a landlord knows the prior landlord, a phone call may suffice to rent out the unit.

With two exceptions, all of those interviewed had refused to rent to members of the study group population at least once in the preceding year. The most common reasons cited by landlords for refusing to rent to someone are:

- Reputation for being a troublemaker (the major reason given to refuse to rent to someone. This information could be gained from other landlords, other tenants, a “bad name” list circulated amongst some landlords, and/or other sources).
- Involvement with illegal activities (most frequently drug trafficking and prostitution).
- History of frequent moves, which indicates to a prospective landlord “something is wrong.”
- Rent is not paid on time.
- Aggressive behaviour (toward landlord and/or toward other tenants).
- Cocaine, heroin and other drug use.
- Alcohol abuse.
- Welfare fraud.

Ultimately, landlords acknowledge that they had to go by their “own gut and heart, tempered through what they can handle and their knowledge of resources in the community.” One woman who has successfully ‘cleaned up’ and stabilized the apartment building she manages since taking it over several years ago, credits her careful screening process for preventing problems: “they [problem tenants] did not want to stay anyway. The no drugs, pets or parties rule does not go over well with many looking for a place to rent.” Several other landlords noted the importance of having well-established rules and regulations that are explicit and essentially non-negotiable. The rules, a) create a structure of acceptable behaviour and expectations of all tenants, b) help all tenants learn from each other, and, c) provide a “safety net” so that transgressions can be dealt with. Comments includes, “I’ll bend the rule slightly, sometimes, but it comes to a point where no ands, ifs or buts will be excused and out they go, ” and, “I’ll support [*tenants from the study group population*] if they don’t disturb other tenants.”

A consistent thread through the discussions with landlords was the need for more open and honest communication between landlords, tenants, service providers, RCMP and MHR staff.

Landlords seemed to accept as a given that getting accurate and complete information from the study group population is inherently problematic and unlikely to improve. However, they expressed extreme frustration and anger at the absolute refusal of MHR to share any information with them that might help them or their tenants: “Renting to someone receiving income assistance is a 3-way contract between the tenant, landlord and MHR – but, once MHR gets the landlord’s signature [*on the rental contract*], the landlord is forgotten.” In the landlords’ perspective, excessive concern over tenants’ right to privacy hampers the potential ability of MHR to form partnerships with landlords that would help to stabilize housing situations, e.g., by identifying issues that have surfaced in the past to cause housing problems for a client. The landlords were also angry that MHR refuses to notify them of a client’s intent to move out without giving the landlord notice, a frequent source of landlord-tenant disputes over damage deposits.

The reasons landlords gave for tenants moving out of their units can be grouped under three categories:

- Positive personal choice;
- Negative personal choice; and
- Being asked to leave/being evicted.

“Positive personal choice” refers to instances in which tenants move on to better circumstances, possibly due to finding more affordable and appropriate accommodation to meet their needs. Members of the study group population may also move on for the same types of reasons as any other person would have, for example, for a change of scenery/environment, to move to another region and/or to move in with friends. Tenants may also feel their physical or emotional safety is in jeopardy, such as in cases where drug

trafficking is taking place in other units in a building, and thus would choose to move to a healthier setting. In these cases, the landlords indicated they would provide a positive reference and, most likely, damage deposits would be returned.

“Negative personal reasons” were described as being those factors in the tenants’ lives, including their own behaviours, that impact on them in a negative manner. Thus there are *intrapersonal*, *interpersonal* and *societal or extrapersonal* factors having negative consequences on the tenant.

Intrapersonal factors: Members of the study population were seen to move about without much thought going into the decision, getting behind in rent due to inability to a) follow a budget, b) understand the consequences of their own actions, and/or c) cope with day to day tasks. Landlord comments included, “they just make up their mind, they’re moving and they’re gone,” and, “some leave because the oven needs cleaning and they don’t know how or don’t want to clean it. Others are just unhappy.”

Interpersonal factors: The actions of others frequently have an impact on these tenants. Drug dealing and trafficking, and acquaintances coming over at all hours and getting the tenant into ‘hot water’ with the landlord and other tenants are just two common examples of the negative influence of others on the members of the study group population. A third example is that of inappropriate tenant behaviours that negatively impact on neighbours, resulting in an unpleasant environment and, potentially, leading to eviction.

Extrapersonal factors: the major extrapersonal factor identified by landlords is the lack of services, supports and resources available to assist the members of the study group population to maintain their housing: “Providing housing without supports is useless.” The study group population experiences multiple barriers in accessing and maintaining housing. They require help in a wide range of areas including: caring for themselves and their units; getting along with neighbours; avoiding victimization by associates; budgeting to meet needs on a limited budget; and, learning how to draw upon existing services and resources.

Some tenants are, of course, asked to move on by the landlord. Any of the negative factors above may result in this outcome. Many of the landlords interviewed have developed their own mutual agreement form between the landlord and the tenant that recognizes that the tenancy will legally terminate at a specific time.

“Forcing” a tenant to leave can be a risky business. While landlords reported that most tenants who were asked to leave did so peacefully, it is not uncommon for some to “seek revenge” on the landlord by vandalizing the unit and/or building either before or after they leave.

5.4 Supports Landlords Identified for Themselves

Most (though not all) of the landlords involved in the study identified the need for resources both for themselves and for their tenants to help maintain the stability of housing arrangements. However, they were able to identify only a very limited number of existing

resources of which they were aware. In fact, several of them listed the RCMP or nothing at all. This is an area in which further exploration is needed to determine how the community might work more closely together to weave a network of housing supports that will maximize the potential of the private rental sector to house vulnerable tenants.

Collectively, landlords identified the following agencies and supports that they have drawn upon to assist in tenant-landlord issues:

- Canadian Mental Health Association (CMHA);
- Crisis Response Team (CRT) through the Health Authority;
- Residential Tenancy Act (RTA);
- North Okanagan Handicap Association (NOHA);
- RCMP;
- MD (tenants' personal physician);
- Mental Health-Health Authority;
- Women's Transition House;
- Howard House;
- Emergency Housing;
- Food Bank;
- Management Company;
- On-site managers; and
- Themselves.

While they may not have been accessing significant external resources, for the most part the landlords were very clear about the types of supports they believed would help them to successfully house members of the study group population. Table 5.4 summarizes the solutions landlords suggested to address common problems in housing members of the study group population.

While there was general agreement that there are 'slum landlords' in the community – i.e., landlords who consistently take advantage of members of this very vulnerable population –

there was an even stronger sense that landlords are underappreciated and unfairly smeared. People – service providers, police, members of the public and tenants – are perceived as having little or no understanding of, or sympathy for, the challenges with which landlords must deal on a daily basis. The financial “hits” landlords commonly take – whether due to tenants leaving without giving proper notice, tenants damaging their units, cleaning costs when units are left in a filthy condition, etc. – were frequently noted as being a major and ongoing problem. Suggestions to address the problem included having MHR pay rents directly to landlords without the tenants’ consent, more fairness toward landlords in the Residential Tenancy Act, and some sort of funding mechanism to compensate landlords for damages that result from their agreeing to rent to “difficult” tenants.

Landlords expressed a unanimous desire for change in the way in which MHR communicates – or, more accurately, does not communicate – with landlords. Increased sharing of information was seen as critical to ensuring landlord’s interests, the health and safety of other tenants and the successful tenancy of members of the study group population. It was noted that many of the study group population receiving income assistance were receiving disability assistance – however apart from the very modest additional amount of money that comes with such a designation, there appeared to be no supports or monitoring strategies in place to assist these people to cope with their disabilities. Suggestions made by landlords included the need for a service to help people with light housekeeping and laundry, budgeting and other lifeskills, day programs that would provide people with meaningful engagement and increased access to detox and other addictions programs.

Those landlords with experience in housing tenants to whom a support worker was attached – generally through the public mental health system - were unanimous in stating that the existence of such a person generally led to problem free tenancies. While the support workers were there to assist the tenants, they also acted as sources of information, advice and support for landlords. This led to discussion of the value of having an independent person or persons to act as a liaison for landlords, to serve as a central source of information, support and problem-solving.

Table 5.4: Proposed solutions to problems as identified by landlords

Problem	Solution(s) Proposed by Landlords
Property damage: 1. Deliberate 2. Non-deliberate	<ul style="list-style-type: none"> • Something to redress my expenses when a tenant/client does damage to my property, above normal wear and tear. • External Mediator • Have someone come in to help with the cleaning and light housekeeping
Rent late or not paid	<ul style="list-style-type: none"> • Rent paid directly to landlord by MHR • Tenants need more money for rent & food • The community needs more subsidized housing.
Shared Accommodations	<ul style="list-style-type: none"> • Mediation • On site manager
Neighbours impacted	<ul style="list-style-type: none"> • External mediator • External monitor
Associates	<ul style="list-style-type: none"> • Tight security (e.g., intercoms and secure entrances) • Rental agreements stating “one person only” allowed to live in unit • Clear and consistent rules
Behaviours	<ul style="list-style-type: none"> • More support/support workers for target population • A & D support/ a detox center
Lack of References	<ul style="list-style-type: none"> • MHR to share more information with landlords re: tenants residential history
Residential Tenancy Act	<ul style="list-style-type: none"> • Eliminate ‘bias’ against landlords, e.g., difficulty in evicting problem tenants, requirement to store abandoned goods for three months
RCMP	<ul style="list-style-type: none"> • Better training for the RCMP in how to deal with study population tenants • Quicker response time – “take landlord problems more seriously” • Beat cops, on foot or on bicycle, who are visible and relate to street people
Agencies, Services and Service Providers	<ul style="list-style-type: none"> • Landlords appreciate tenants who have a ‘support worker’ and access to resources for their ‘problems’ • More check-ins by support workers to help people with finances & life skills • Someplace for people to go in the daytime, and have meaningful things for them to do work wise that is realistic for them • Contact with someone for me as the landlord, a support agency, not based in one existing agency but someone with a broad mandate across all problems I encounter as a landlord with this population An emergency support worker on call. A person of trust
Communication	<ul style="list-style-type: none"> • Development of more partnerships • More two-way relationship

Problem	Solution(s) Proposed by Landlords	
	<p>between landlords and service providers</p> <ul style="list-style-type: none"> • Centralized information source for target population and landlords, to call for advice if they are confused and need direction (study population), or if they need to know what services and supports might be available for tenants (landlords). • Have MHR communicate with landlords in order to prevent/ resolve problems before they escalate • Have MHR let landlords know that someone is planning to move out of a unit • More sharing of information with landlords by support workers, etc. about tenants' issues that may impact the health and safety of other tenants/the landlords/the buildings 	<p>between RCMP and landlords, e.g., they are slow to respond to landlords' calls but "not a week goes by that they don't call a landlord asking for information on someone's whereabouts."</p> <ul style="list-style-type: none"> • Let landlords know in advance that the tenant has had problems and is being helped, e.g., "if the person can't stand noise, we would try to make sure they had an apartment away from the elevator or stairway." • Greater understanding and appreciation of the challenges landlords face as well as the efforts they make to help tenants.
Landlords	<ul style="list-style-type: none"> • Crack down on the "bad landlords in town as I don't want people to think that way of me." "There are a lot of bad landlords in this town – don't return damage deposits, they have bad reputations of taking advantage of tenant (from the study population 	

5.5 Summary

The private rental market is just that – a market. Landlords enter into the business for a variety of reason but, at the base, the desire is to earn a profit. It is in their interests to make the business work as smoothly as possible, to reduce the demands on their time and attention and to minimize the costs associated with problems with tenants.

The landlords who participated in the interviews and focus groups for this project can be loosely grouped into three categories:

- Strictly for profit business.
- For profit business with a "heart" for assisting people in need.
- Martyrs to the cause of assisting people in need.

The approach taken by landlords in each of the categories is indicative of their motivation. If

the motivation is strictly for profit business, then there is little or none of the flexibility required to help members of the study group population deal with their issues. If the motivation is a sense of sacrificing one's own comfort and peace of mind by becoming enmeshed in the issues, then housing situations can become very chaotic and unstable both for tenants and for landlords. If the motivation is as a for profit business but with the desire to help, within reason, people who are struggling to cope on a day to day basis, then there is a much greater chance that stability may be achieved.

Perhaps the clearest message that emerges from the discussions with landlords was the need for a change in attitude on all sides. If the goal is to maximize the potential of the private rental sector to provide safe, stable housing, then it is critical to foster a sense of partnership between landlords, tenants, MHR, RCMP and other service providers in working together to assist people to achieve that goal. As the situation stands, both landlords and members of the study group population are more or less left on their own to deal with complex, multi-faceted problems. Without a consistent, coordinated effort, it is unlikely that they will be able to avoid the cycle of housing breakdown that is a recurrent feature in the lives of the study group population.

SECTION 6: DISCUSSION

6.1 Introduction

As noted in the introduction, this study was organized around four key research questions:

1. What are the range and nature of the issues facing both individuals and landlords when trying to establish stable housing for people who are living with significant levels of social and psychological impairment due to mental illness, brain injury, FAS/FAE and/or other causes (the study group population)?
2. What are the ‘critical issues’, i.e., one or more recurrent themes identified in question 1 above, that are the primary contributors to the breakdown of housing arrangements for the study group population in the private rental market?
3. What supports and interventions do both the study group population and the landlords identify that address the critical issues related to the breakdown of housing arrangements?
4. What is required to augment and/or reconfigure supports currently or potentially available to individuals and landlords in order to enable members of the study group population to find and maintain suitable housing?

This section will address those questions in order using the information that was gathered during the course of this research project.

6.2 **What are the range and nature of the issues facing both individuals and landlords when trying to establish stable housing for the study population?**

Not surprisingly, there were both similarities and differences in the nature and content of the responses given to this question by study group members, landlords and service providers.

Money

Lack of money was identified by each group as being a significant problem in securing housing, although landlords and, to a much lesser extent, service agencies, were also likely to identify poor budgeting skills and/or the inability to follow a budget as being a key finance issue. In this regard, there is very much a distinction between, on the one hand, focusing on understanding the financial challenges hand as being systemic ones related to the poverty within which people with cognitive impairments often find themselves ghettoized, and, on the other hand, “blaming the victim” for his/her inability to “budget”. This is part of the bigger question of how and where society defines the boundary between giving people the ‘choice’ to live independently and failing to provide critical supports to vulnerable members of our communities. ‘Independent’ may all too easily be interpreted as ‘ignorable’, thus resulting in the failure to provide the supports – including adequate financial supports – that, in this case, the study group population requires to stabilize housing situations.

Lack of financial resources presents additional barriers for the study group population. For example, the Residential Tenancy Act now requires that those seeking arbitration to settle disputes (commonly, disputes over non-return of damage deposits) pay a \$50.00 fee, an amount that is well beyond the ability to pay of the vast majority of study population members. During the course of the project the One-to-One Worker discovered that the Ministry of Human Resources could, in fact, cover this cost for its clients. However, very few MHR clients were made aware of this.

Safe, Appropriate, Affordable Housing

All three groups reported concern over rising rents and increased demand on available low end rental units in the rapidly growing city of Vernon. As in so many other rapid growth communities, housing that is within the price range of those living on income assistance or working part time (or even full time) at minimum wage jobs, is a growing problem in Vernon. The study group population is finding it more and more difficult to find any accommodation that is affordable to them. Service providers reported feeling a sense of panic in their concern over how to keep their clients housed, as rents continued to rise, formerly low end rental buildings are ‘strata converted’ in response to rising demand for condos, and income assistance rates remain as low (and, in some cases, even lower) as they were in the early 1990s. Landlords noted that, whereas as recently as five years ago it was a renters’ market and they had to pretty much take whichever tenants they could get, in most cases they now had wait lists. As a result, landlords could be much more selective about – and much more ready to evict – “problem” tenants than was previously the case.

The safety and appropriateness of the housing that is available is also a big concern. Both the study group and service providers spoke of very poor housing with infestations of mice and mould, little or no security, rampant crime (drug dealing, prostitution, vandalism, theft), broken down appliances, missing doors and other sub-standard conditions. Transportation was often problematical, with tenants caught in a bind: if they chose to move away from the downtown area in order to escape “bad influences”, they often found themselves in housing that was also physically removed from the most basic services such as groceries and laundry facilities.

The feasibility for the study population of sharing accommodations – which, given the rising rental costs is increasingly becoming a necessity – was also an issue of concern to the study group, service providers and landlords. In many cases, people do not have the basic skills and cognitive control (e.g., over anger and other impulsive behaviours) that would allow them to live easily in a self-contained apartment within a larger building, let alone to live with one or more roommates. The extra challenges of trying to negotiate day-to-day interactions and compromises with roommates who have their own set of issues is simply beyond the powers of many of the study group population.

Landlords noted frequent problems with “roommate incompatibility”, inability to manage sharing of common spaces (e.g., kitchens and bathrooms) and a general lack of respect for others’ privacy and possessions. Some landlords expressed amazement at the degree to which they were called in to mediate disputes between tenants, over issues which, in the eyes of the landlords, should have been easily managed by the tenants themselves. It is important to keep in mind that “trouble with associates” – i.e., problems that originate not so much with the tenants themselves, but with the friends and acquaintances they have over to their units – was consistently noted as a major problem affecting housing stability. “Solving” the affordability issue by forcing people to live together is likely not a truly viable solution for many if not most of this population.

Finally, in any consideration of “appropriate” housing, it is important to recognize that the study group values the joint concepts of choice and independence in housing. For example, the oldest participant in the study, who ultimately ended up living in a private care home,

stated that he believed in living independently. Although he readily acknowledged the improvement in his physical health and comfort level as a result of being placed in that home, he was unhappy with his independence being taken away because of his health condition and longed to live on his own again. He valued his privacy and ability to come and go as he pleased, not giving into his physical limitations. All of the study group participants expressed this same desire for independence and choice in their housing. The challenge facing them and those who wish to help them achieve housing stability, is that of integrating the desire for independence and choice with the need to provide supports that will address the very real issues faced by the study group population.

Non-profit housing

While not a focus of this research, a number of differences between rental units owned/operated by non-profit society and private rental sector housing were identified by the study group. Six characteristics of non-profit housing they identified are:

- non-profit housing is seen as existing to provide affordability in rental housing;
- there is an assumption that landlords/managers of non-profit housing units are more ‘progressive’ and understanding regarding the study group;
- the assumption is made that there will be supports in place to help people succeed as tenants;
- the assumption is made that there is a mandate to seek additional funding for projects and supports within the housing units, e.g., child related programs;
- subsidized housing is viewed as being more safe and secure as ‘things are more closely monitored’ than in private housing arrangements.

Despite the generally more positive view of non-profit housing expressed by these characteristics, several of the study group noted that the fact that a rental building is ‘non-profit’ is no guarantee of a positive living environment: “you can get a good landlord in the private market and a lousy one in subsidized housing. I didn’t feel safe as there was drug

dealing going on.” Some of the study group found the rules and regulations they had encountered in non-profit housing to be reassuring, while others found them to be intrusive and in violation of the privacy of tenants. In reality, it appears that many of the issues that the study group population encounters with finding and maintaining housing surface in both the private for-profit and non-profit sectors. While a non-profit model may address issues of affordability, no one non-profit housing development is necessarily equipped to deal with other issues any more than are units in the for-profit sector.

Discrimination

The issue of discrimination faced by the study group population was identified by each group, but in a slightly different context by each. The study group described landlords discriminating against them based on their gender, disability, poverty, race, age and unstable housing background. Service providers identified some of the same points of discrimination, but were much more likely to identify specific qualities or behaviours of the study group population – e.g., poor hygiene/housekeeping, poor appearance, bad teeth – as generating the discriminatory behaviour. Landlords, on the other hand, mentioned discrimination in the context of other tenants’ attitudes towards members of the study population.

Unquestionably, the study group population faces discrimination predicated on characteristics over which they have little or no control. In many cases they have faced such discrimination their entire lives (e.g., the man with severe FASD who, as a child, was always called “retard” in school; the woman whose landlord made nasty comments about her reliance on income assistance). In other cases, the “discrimination” is probably better

categorized as negative reaction to behaviours that violate standard norms of co-existence, such as failure to respect other tenants' privacy and/or possessions, generating excessive noise or, very commonly, having 'problematical' associates who come by and disrupt the peace and security of other tenants. Service providers noted that many people in the study group population are unable to understand how their own behaviour affects others and, therefore, themselves. Anger, poor impulse control, confusion, inappropriate boundary issues, an inability to understand others' perspectives – any or all of these, alone or in combination, can create a hostile atmosphere for the study group population, without their having any awareness or understanding of their own role in creating that hostility. Even in cases where they do understand the “cause and effects”, they are often unable to manage the behaviours that are leading to the problems.

Access to Services and Resources

In each of the three groups, the issue of access to appropriate services was identified as being a problem for both the study group population and for landlords. The study group noted problems both with a lack of services as well as with the confusing array of services available – or potentially available– to them. In a similar vein, landlords for the most part did not appear to be aware of any services that they might access for themselves and/or their tenants to mitigate any problems they experience. The study group identified the need for “mediators” to help them navigate through the network of services, including housing – given that most landlords noted that they themselves were unaware of and/or had no idea how to connect with potential resources, it seems likely that such a service would be of benefit to landlords as well.

Service providers listed their own and other services and supports that they believe are available to the study population. However, it is difficult to assess just how fully aware they are of the degree of difficulty which this population has in actually accessing those services (see Appendix 15 for a visual representation of the reality facing the study group population). Many, if not most, of the service providers must themselves observe fairly restrictive criteria regarding who is eligible to receive their services. In fact, the resulting exclusion of the study group population from service eligibility as a result of such criteria was one of the original issues that generated the idea for this research project.

The study group population, by nature of their cognitive impairments, often have extreme difficulty in managing the basic tasks of day to day living, let alone the added burden of trying to negotiate through complex service delivery systems. The need for an ongoing external support person or body – referred to variously as an “external brain”, a “prosthetic brain”, a “team” or a “mediator” – is mentioned in the literature and by service agencies, landlords and the study group. This person(s) would act as a “point person”, someone who served as a central organizing agent to ensure that people and services were linked in an appropriate manner. The push to “foster independence” (or the reticence of government and other bodies to take responsibility for assisting vulnerable people) has led to a situation in which many people with cognitive impairments are, in effect, set up for repeated failure as they struggle on their own to manoeuvre through a hostile and bewildering landscape.

The study group and landlords alike commented on how much better the study group population does when attached to support workers. Landlords noted the irrationality of the

income assistance system if failing to address the needs of the study group population: “if they have a PWD (person with disability) designation, obviously they have some problems, so why doesn’t MHR provide them with the support they need?” While there are programs and supports available within the community, many of the study group population do not fall within the mandates of any one agency and, thus, are not eligible to access those services. Even in cases where they do qualify, the support workers may be struggling to manage huge caseloads, dealing with the dilemma of rising rents (and, thus, increasing difficulty in finding housing for their clients) and generally be unable to provide the level of support required.

Information and Advocacy

If we accept the old adage that “knowledge is power”, then it is clear that the study population is at one more disadvantage in managing their day to day circumstances. The Residential Tenancy Act, ostensibly there to protect them is, in most cases, far too complex and difficult to access to be available to them. With the only Residential Tenancy Offices now located in the Lower Mainland, there is little opportunity to discuss problems face to face with someone, particularly given the cutbacks to provincial community advocate contracts of the last few years. Many of the study group population cannot afford to maintain a telephone and, therefore, picking up the telephone and dialing a number for help becomes an immediate challenge. In the Greater Vernon area, MHR increased the challenges clients face in accessing information and assistance when, in 2003, the Ministry closed its local basic income assistance offices and opened a centralized call centre in Kamloops (c. 130 kilometres to the north). Income assistance recipients and advocates/community workers alike report wait times on the phone lines that can be up to 45 minutes or more. This can be

extremely challenging for clients who, for example, have no telephone of their own (a common issue for the study group population) and who must rely on using pay phones or other phones if/when they can find them. The complex menu of options of the automated telephone system also presents challenges to many individuals whose cognitive and behavioural impairments make it impossible for them to negotiate the system.

The study group and the project One-to-One Worker also noted the very different treatment that landlords, MHR staff and other “officials” give to calls made by clients/tenants vs calls made by the One-to-One Worker or other community workers/advocates. Calls made by the former were treated dismissively and with little to no information being provided, while calls from the latter almost always resulted in much greater cooperation and more courteous treatment. Further adding to difficulties, in some cases officials require people to provide written requests or explanations of their situations; often members of the study group indicated they were too intimidated to do so, whether because they lacked writing skills and/or because they feared (justifiably or not) that putting something in writing would leave them open to retaliation. In these situations, the assistance of the One-to-One Worker proved to be invaluable.

These examples given above are indicative of the power systems in place that act – deliberately or not – to make information least accessible to those who are most vulnerable and, thus, those often most in need of that information. As a study group member commented, “How do I ask for my rights if I don’t even know what to ask for or how to ask for it?”

As noted earlier, frustration over lack of information was also very evident amongst landlords. They expressed extreme frustration and anger at the absolute refusal of MHR to share any information with them that might help them or their tenants. From the landlords' perspective, excessive concern over tenants' right to privacy hampers the potential ability of MHR to form partnerships with landlords that would help to stabilize housing situations, e.g., by identifying issues that have surfaced in the past to cause housing problems for a client. The landlords were also angry that MHR refuses to notify them of a client's intent to move out without giving the landlord notice, a frequent source of landlord-tenant disputes over damage deposits.

6.3 What supports and interventions do both the study group and the landlords identify that address the critical issues related to the breakdown of housing arrangements?

Support Services

Each group clearly identified the need for enhanced one-to-one support services for the study group population. Landlords are very appreciative of situations in which tenants have a 'support worker' and access to resources to help them manage their problems. Several of the landlords interviewed currently housed tenants with assigned support workers, and noted that in those cases the tenancies were virtually problem free. They and others see a great need for more check-ins by support workers to help the study group population with finances, lifeskills and general problem solving. They also identified a need for someplace for study group population members to go in the daytime, with meaningful activities – employment or volunteer work - that is realistic for them given their individual challenges. Isolation and loneliness can predispose many people to vulnerability to addictions and exploitation by

those around them.

Related to the preceding, the study group were very clear on the need for what they termed “mediators.” It is important to note the sense in which they are using this term, as opposed to a narrow definition of someone who intervenes in a conflict situation. From the study group perspective, mediators are people who would check in with them regularly as well as checking in with their landlords. The mediators would be able to identify potential problems in the making and work with the tenants and landlords to resolve those issues well before any risk of breakdown in the housing situation. Some existing services may be able to provide this type of service on a limited basis to clients who meet their specific mandates. However, both landlords and the study group identified the need for such a service that operates independently of any one service or organization, with a mandate broad enough to deal with the range of people and issues that commonly arise for members of the study group population and their landlords.

Communication

The need for enhanced communication – in particular, communication from the Ministry of Human Resources - was noted by the study group, landlords and service providers. At present, MHR is seen as a ministry that is failing to realize its potential to provide adequate and appropriate supports and services for its clients and for landlords. In fact, the general consensus is that MHR’s policies and attitudes toward income assistance recipients and landlords are antithetical to achieving healthy outcomes for those on income assistance. In the words of a study group participant, “We need someone at MHR who gives a shit, workers

who make sure that someone on disability has what they need to survive.” Landlords feel shut out by MHR, noting that, even when they are trying to obtain information that might help an MHR client address issues and maintain housing stability, the Ministry absolutely refuses to share anything.

The discussions about mediators and the need for increased communication between MHR and others raises issues around privacy. To what degree would it be acceptable to share information about tenants with landlords and other parties? Not surprisingly, the study group expressed reservations around loss of privacy and, therefore, increased vulnerability to discrimination and exploitation. However, they were also supportive of the need for increased communication to take place at some level. What does seem indisputable is that, as it currently stands, the Ministry of Human Resources fails to operate in a way that would result in the best outcomes for the people it purports to serve.

The implications of MHR’s lack of interest in working collaboratively are striking. For example, in March 2005 alone, the total amount of shelter assistance issued in North Okanagan (2001 Census Division 37, which includes Greater Vernon and surrounding communities) was **\$877,359**.³⁹ If, in fact, housing funds of that magnitude are being dispersed without any coordinated plan – or, apparently, any desire to work collaboratively with communities to maximize the benefit of those expenditures – then it is clear that changes need to be made to rationalize the system.

6.4 What are the ‘critical issues’, i.e., one or more recurrent themes identified in question 1 above, that are the primary contributors to the breakdown of housing

³⁹ Andrew Wharton, Assistant Deputy Minister, Ministry of Human Resources, e-mail July 25th, 2005.

arrangements for the study population in the private rental market?

There is truly a bewildering array of issues that crop up and, ultimately, destabilize the housing arrangements of the study population. The relative weight given to each varies according to the respondent group, i.e., whether one is speaking to the study group, the landlords or the service providers.

“Associates”

The study group, service providers and landlords all identified difficulties caused by people who visit study group population tenants. In fact, these ‘associates’ are often seen to be much more problematical than are the tenants. When identifying problems with friends and acquaintances who they allowed into their units with often (for the tenants) disastrous consequences, the study group were far more likely to identify the main problems as being a lack of security in the building rather than their own inability or hesitancy to lay down and abide by ground rules to protect themselves and their housing. Service providers and some landlords, on the other hand, pointed to the inability of the study group population to set and observe boundaries, particularly when loneliness and isolation are such big problems for so many of them. One study group participant noted that she thought it was ridiculous for landlords to complain about the unsavoury type of friends/ acquaintances she and other members of the study group population attracted to their units: “I’m not going to have lawyers and bankers coming over...unless I’m a hooker!” However, the reality is that associates create a huge problem for many of the study group population, and are seen as a major cause of housing breakdown.

Discrimination and Exploitation

The study group were far more likely than others to identify discrimination and exploitation – particularly by unscrupulous landlords – as being key issues that led to housing breakdown, although service providers also noted that this population were subject to discrimination by landlords, particularly now that the rental market has ‘heated up’ in the region. The study group also identified a lack of the supports they require to empower themselves to stand up for their rights and negotiate appropriate housing solutions. Thus, when faced with landlords who, for example, refused to conduct routine building maintenance, deal with rodent infestations or address other tenants’ destructive behaviours, the study group participants felt powerless to remedy their situations in positive ways. The study group spoke of “corporate slumlords” whose primary interest was in getting money – including damage deposits – out of tenants, with no concern for the safety and cleanliness of the units they are renting out. Tenants often felt they had little choice but to leave or, possibly, to stop paying their rent, leading to eviction.

Addictions and Related Behaviours/Activities

Drug and alcohol abuse arose as significant issues in the view of service providers and landlords. Illegal drug use tended to be associated with drug dealing and prostitution, impacting not only the study group population themselves but also other tenants in the building, the building managers and the surrounding neighbourhoods. The landlords who appeared to be most successful in maintaining relatively quiet, stable buildings had zero tolerance for illegal drug/drug related activities.

Non-Payment of Rent

This was very frequently mentioned by landlords as a leading cause of eviction. While most noted that people in the study population had very little money to live on, there was also the feeling that, when it came to making decisions about where to spend the little money they had, paying their rent often fell well below other items (including purchase of cigarettes and alcohol) on the tenants' lists. Most of the landlords had learned to avoid this problem – at least in the case of tenants receiving income assistance – by insisting that the rent be paid directly to the landlord by MHR. However, this did not address the issue of MHR refusing to notify landlords when one of their tenants was cut off income assistance, or had notified MHR that s/he was intending to move at the end of a month.

In summary, although the four areas identified above emerge as critical issues, it is important to remain mindful of the interplay of these and other issues rather than attempting to point the finger to any one in isolation. Not surprisingly, the study group, landlords and service providers all have their own unique perspectives on the nature of these issues. In many respects it is the interplay of the issues, the services and the individuals involved that “makes or breaks” housing arrangements for the study group population.

6.5 What did the study group participants learn through their interaction with the One-to-One Worker?

One of the study group participants made this statement, which was supported by the others:

You can assume all the things you want (about our lives) but, if you don't actually talk

to the person who is going through things you can't really know what it's like, you won't understand.

This project's goal was to gain understanding of housing issues from the perspectives of those experiencing difficulties in obtaining and maintaining housing. The nature of the research approach meant that the project One-to-One Worker was not only able to capture the data presented above, but to work in ways that had direct impacts on the study group. Using a community development approach to enabling people to empower themselves, the One-to-One Worker was able to help participants understand and explore their choices and options and to link them directly with potential alternative sources of accommodation. In turn, the study group responded positively to the role played by the worker. In their usual experience, restrictions within agencies based on narrowly defined mandates combined with workload issues prevent service providers from supporting individuals when problems arise with housing in particular

Overall, there was a range of outcomes for the study group participants. All the participants required assistance in obtaining housing. Through the One-to-One Worker, that assistance was available and effective, and all eight people obtained housing with the help of the One-to-One Worker. Once housing was obtained, all participants required at least some supports to help them maintain their housing. When no other options existed, the One-to-One Worker was able to provide some of this support directly, with efforts targeted at working with the individuals to help them build their own capacity to make the system work for them. During their involvement with the research, the study group experienced a decrease in the number of moves each person made, and none of the eight was homeless during the eight months of the

one-to-one work, whereas prior to participation one person had been homeless for the entire previous winter.

However, despite the successes, some of the study group participants were not able to maintain the housing they acquired. The nature and level of support they required simply were not available within the community. For example, some required residential alcohol and drug treatment programs, while others required transitional and subsidized housing. It became abundantly clear that addictions and other health concerns needed to be addressed *before* sustainable housing situations could be established. Until options based on the needs of these people are provided, many of them will remain homeless, with all the negative impacts this has on their own lives and on the fabric of the communities within which they live.

Some of the specific outcomes for the study group participants are as follows:

- One participant was able to obtain housing but then lost that housing due to a lack of the range of supports available she required to maintain that housing.
- One participant was able to access a shared living situation, but again his support needs exceeded the capacities of the existing systems. His situation demonstrates the flaws inherent in expecting a group living situation to work for people with multiple barriers, without also providing extensive onsite supports.
- One participant felt that, through his involvement, he had become informed and aware of what is going on with the housing market for the study population: “There is so much on the table for people like me. The whole thing doesn’t make sense as to why it’s not working.”
- One participant described the benefits he had experienced as a result of the efforts of the One-to-One Worker as an advocate, i.e., someone who was there to make the system work for him, rather than someone who was trying to make him fit into the system. His experience was that “nobody even wants to know we exist” and that “when you (the One-to-One Worker) makes a call on my behalf you get results which

never happen when I try to take care of my own affairs.....You made things happen faster and to my advantage.”

- One participant felt validated and empowered by her involvement in the study. She learned to seek out the support she needed and to be proactive when being treated unfairly by others, especially landlords.
- In the case of another participant, pulling services together to help her maintain a roof over her head on a temporary basis was the best that could be done. Perhaps most articulately of all the participants, she expressed her need for an ongoing mediator, someone to help her navigate the difficulty of managing day to day living.

Several of the study group participants noted that they had learned new skills for addressing difficulties in housing situations. For example, in two cases participants were faced with major rodent infestations in their units which warranted complaints to the health department. The participants felt lucky to have places to live and were not about to jeopardize their housing by complaining to their landlord, even though they knew the housing was unsafe. With the support of the One-to-One Worker, they learned to identify when a situation was unhealthy and how and to whom to report the situation. Even when in one case complaints led to eviction, the participant was able to find better accommodation.

One participant most eloquently described the role of the One-to-One Worker as a critical element in the evolution of what he referred to as his “team.” The One-to-One Worker noted, “He called us ‘his team’ of support and said that, without the mediation that this project initially provided on his behalf, his remaining days would have been significantly different.”⁴⁰ Living with significant impairment as a result of brain injury, this man was at risk when living on his own without consistent support, and was repeatedly victimized. He

⁴⁰ This participant – code named “Doc” - died in hospital a month after the end of the action phase of the research. The landlord in whose home he had been residing for the previous 6 months was by his side when he

drank and associated with drug users. His physical condition deteriorated and he was constantly injuring himself when he fell. He had no money and was not on a disability pension, which would have helped to cover extra medical costs related to his disability. With concerted effort over a period of months, the One-to-One Worker worked across and with many service agencies – including the man’s family physician - to get him the help he required.

Finally, each of the study group participants stressed that they hoped this research would make a difference in their lives and the lives of others not in the study. They expressed concern that the end result of the study would be yet another report that will “sit on a shelf,” with no one “willing to listen to what we have to say about our lives and housing issues”.

6.6 What other things were accomplished during the course of the project?

In addition to the support given to the study group, the research team was able to accomplish a number of other tasks of note:

a) Production of the Vernon Survival Guide (Appendix 16).

During the project, it became clear that the study group population, service providers and landlords all experienced problems finding out what services were available in the community and how those services could be accessed. To help address the confusion, the One-to-One Worker developed a brochure to act as a ‘quick list’ of emergency services. The response to the brochure has been extremely enthusiastic, particularly from service providers working with the study group population. The Vernon and District Women’s Centre has

died.

undertaken responsibility for ensuring that this brochure remains updated and available.

b) *Presentation of the Helping Hands Shelter Project at the Canadian Conference on Homelessness, Toronto, May 2005*

Dr. Marilyn Mardiros, the Helping Hand project's "Research and Professional Practice Consultant", delivered a presentation on the e project and its initial findings at this national research conference at York University in Toronto. The conference drew 800 people from around the country and beyond attended for a three-day national, cross sectoral and interdisciplinary gathering focused on research and key policy issues. Response to Dr. Mardiros' presentation was very positive, with a number of request being made for copies of the final report.

c) *Social Sciences and Humanity Research Council Grant*

Dr. Mardiros spearheaded a proposal which resulted in the granting of a \$5,000.00 SSHRC grant to begin to develop a regional (Okanagan Valley) approach to addressing homelessness. Work will begin on the project this fall.

d) *Partners for a Safe and Healthy Downtown*

The Helping Hands project was one of the generating forces behind the creation of the *Partners for a Safe and Healthy Downtown* project. Sponsored by the Social Planning Council for the North Okanagan, with funding from the National Crime Prevention Office (Community Mobilization Program), this cross-sectoral initiative is looking at ways to develop real solutions to problems that impact on Vernon's downtown core, solutions that

include the provision of affordable housing options, alcohol and drug treatment and other services.

e) Generating informal linkages between private sector landlords and service providers

As one outcome of the project, the research team brought together a selection of service providers and landlords to discuss informal ways in which they might be better able to work together to stabilize housing for members of the study group population. At present, an informal system of referrals has been established between some service providers and landlords.

f) Generating discussion and sharing of information on homelessness between service providers in different sectors

An additional outcome of this project was the increased sharing of information between different service sectors about housing issues. The “service silo” phenomenon is evident in Vernon as in other communities – discussions of client housing issues were taking place in meetings of employment service providers , counsellors, medical staff, food programs, etc. – however, there was little or no cross-sharing of this information to build a coherent picture of the situation in the Greater Vernon area. Through involvement with this project, the research staff and Steering Committee members were able to act as links between the various service sectors, with the result that there is a much deeper awareness of the breadth of the issues facing our community.

6.7 Summary

This research project identified a number of issues that, alone and in combination, contribute

to the breakdown of housing situations for members of the study group population. Perhaps most striking is the recognition that many, if not most, of the problems that arise are manageable *if* appropriate supports are in place. For example, landlords with experience in housing tenants who were assigned community support workers spoke of the trouble free nature of those tenancies; the support workers were available to monitor situations, act as go-betweens, provide information and assistance to both tenants and landlords and, ultimately, to defuse situations before they reached a critical point. The study group noted the degree to which the support and guidance of someone like the project One-to-One Worker had helped them cope with what might have become critical situations and, in the process, helped some of them learn new skills for addressing problems in future.

Perhaps the crux of the matter is the way in which our society views the study group population which, in turn, shapes the way in which we respond to their needs. For example, the research team and Steering Committee discussed whether in fact the focus on promoting ‘independence’ is really a way to rationalize society’s desire to avoid allocating sufficient resources for the supports the study group population requires. At the same time, mainstream society would prefer these people to remain as invisible as possible. Clearly, the nature and level of impairments experienced by the study group population makes it critical that “independence” be viewed on a continuum, with people being provided the nature and level of supports they require in order to lead healthy, stable and meaningful lives.

With a severe lack of housing that is not only affordable but which lacks any kind of support mechanisms to assist tenants and landlords to deal with complex issues on an ongoing basis,

it is little wonder that the private rental sector continues to provide at best a mixed experience as a source of housing for the study group population. Again, this is not to point the finger at ‘bad’ landlords but, rather, to point out that abandoning people with severe cognitive impairments to the mercy of the private market place is hardly responsible social or fiscal policy. Abuse, exploitation, financial loss and human suffering are all logical outcomes of such an abdication of responsibility.

What is required is a multi-sectoral approach to partnerships – between government, service agencies, landlords and tenants – that will build on the strengths of the private rental market as a source of housing for the study group population.

SECTION 7: RECOMMENDATIONS

The range and severity of issues facing the study group is daunting. Yet this research project has identified a number of areas in which changes could be made that would significantly improve communities' ability to provide support to the study group population. Some of these changes would be difficult and costly to make, while others are relatively simple and cost neutral.

At the core of the recommendations is a need for society - service providers, public agencies, landlords and the general public – to re-examine the way in which we view and support – or fail to support – vulnerable members of our communities. The difficulties which the study group population experience themselves and cause for others are not surprising when one understands the context from within which they are operating.

All those who participated in this project – the study group, service providers, landlords and the project Steering Committee - contributed to our understanding of the issues that lead to poor housing outcomes for the study group population. They also provided insights into the most effective ways to begin to address those issues. It would be all too easy to focus solely on the needs and issues of the study group population and, thus, focus efforts solely on working with and supporting them. But, it would be a mistake to fail to realize that service providers and landlords are also, in many respects, operating in states of confusion and turmoil. If we are to realize the potential for communities to stabilise and improve the housing and life situations of the study group population, we must be ready to look at all

“stakeholders.”

The recommendations that follow arise from the experiences of the study group, the landlords and the service providers, and the knowledge they shared with the research team and with each other.

RECOMMENDATION 1

The provincial government, through the Ministry of Employment and Income Assistance (MEIA), is advised to review income assistance levels and increase them to a realistic and liveable level.

It is abundantly clear from discussions with the study group, service providers and landlords that the current income assistance levels are far too low to enable recipients to achieve the stability that would allow them to address core issues they face. This is particularly true in an area such as Greater Vernon, where a growing population and the rising cost of housing have exacerbated an already difficult situation. The inadequacy of income assistance rates has been described elsewhere, perhaps most notably in the Social Planning and Research Council of BC (SPARC) series “Falling Behind.” In the second of the reports, SPARC notes:

...maximum BC Employment and Assistance benefit rates remain too low to sustain anyone requiring income support.... Despite the fact that each of SPARC BC’s reports on income assistance has clearly demonstrated the inadequacy of benefit rates, income assistance remains a legislated form of poverty in BC. SPARC BC believes that reducing the poverty of persons receiving income assistance is a question of public and political will.⁴¹

The financial strain under which they are placed exacerbates many of the issues with which the study group population is already dealing. If they are fortunate enough to secure housing,

⁴¹ Long, Andrea and Goldberg, Michael (2002). Falling Further Behind: a comparison of living costs and

often the rent consumes more than the shelter portion of their income assistance cheques, forcing them to dip into their already inadequate support funds. As was pointed out by one of the project's study group participants, the potential of a housing unit to provide her with safety and security is undermined when she is forced to head out each day to 'scrounge' for food and other necessities.

Without access to financial resources that will allow them access to existing housing units while still providing enough income to pay for food and other necessities, the majority of the study group population will continue to live unstable and unhealthy lives. The costs of this 'legislated poverty' will continue to be borne not only by themselves but by their families, health and policing services, service providers, landlords and communities as a whole.

The low income assistance rates also have severe implications for the viability of the private rental sector as source of housing for the study group population. The flaw in a market model of housing is that the very poor cannot generate sufficient income to be an attractive market. As local economies heat up, as is happening in the Greater Vernon area, landlords will increasingly have access to other target markets. If the provincial government is not willing to recognize the need to provide vulnerable people with the means to access available housing resources the strain on those individuals and on the communities in which they live will continue to grow.

RECOMMENDATION 2

employment and assistance rates in British Columbia. SPARC BC. Vancouver.

Service providers and the Ministry of Employment and Income Assistance are advised to collaborate on increasing the study group population’s access to programs and ongoing support to help them with money management issues.

While recognizing the difficulties in expecting people to ‘budget’ below poverty incomes, the perception of service providers and landlords is that the study group population can benefit from being supported to stretch their limited dollars as far as possible. A range of service providers currently offer varying degrees of assistance with budgeting. It is recommended that, in partnership with each other and with MEIA, they explore ways to increase the capacity and accessibility of those services for the study group population.

RECOMMENDATION 3

All three levels of government – municipal, provincial and federal – are advised to make the development of affordable, supported housing units a priority, and back those commitments with adequate financial resources.

All three groups reported concern over rising rents and increased demand on available low end rental units in the rapidly growing city of Vernon. Further, there is a shortage of housing that provides the requisite supports for study group population members in need of ongoing monitoring and support. There are a number of ways in which the community might begin to address this critical need in addition to the previous recommendation addressing inadequate income assistance rates.

While this research focused on the private rental sector, it remained abundantly clear throughout that there will continue to be a need for more social housing to be built,

particularly social housing that is designed with ongoing program supports as integral to its function. It must be stressed that many of the study group population can and do manage in the private rental sector with the limited supports currently available. However, there are many others for whom a private sector situation is not realistic. These people require specialized housing with, in many cases, 24 hours onsite supervision. While cost is the barrier most often cited for not developing such housing, it is this study's contention that the costs of not providing such housing are much greater, whether measured in human terms, in terms of demands on health and other public services or in terms of the overall quality of life of the community.

The City of Vernon recently made a positive move toward providing concrete support for social housing development when it passed an affordable housing policy (January 2005). Among other measures, the policy established and financed an affordable housing reserve fund, as well as containing provisions for the city to provide municipally owned land for affordable housing development. At the time this report is being written, the task force is looking at how the policy will be implemented given sometimes competing interests (e.g., for seniors' housing; housing for lone-parent families) and issues of political palatability, i.e., there is a feeling that the public may be much more ready to see public funds spent on people whom they deem to be 'deserving' of public support.

RECOMMENDATION 4

It is recommended that the provincial government provide funding for the

establishment of a “Housing Stabilizer/Coordinator“ function for the Greater Vernon area to serve as a link between the study group population, landlords of low cost rental housing units, service providers and provincial and federal ministries.

This function, staffed by one or more individuals, would respond to the comments made by the study group, landlords and service providers when they spoke of the need for a “mediator.” The position would facilitate the successful placement of members of the study group population in existing rental accommodation (public and private for- and non-profit) in this area. The primary responsibilities of this function would be to:

- assist those at risk of homelessness to access existing rental accommodation;
- help the study group population identify and access needed sources of support;
- assist landlords to locate and house suitable tenants, including linking landlords with community resources that may be available to help support them and their tenants who are in need of such support;
- determine the degree to which the housing needs of the study group population in the Greater Vernon area can be met through adequate and appropriate use of existing low-income rental units;
- compile data to help improve understanding of the nature of local housing need as well as strategies by which those needs might begin to be addressed; and
- be a resource for those needing information about the Resident Tenancy Act and procedures to follow when met with housing related problems.

In reality, providing funding for this function would represent a ‘strategic investment’ of resources by funders. A service of this sort is critical to address the difficulty experienced by people with limited literacy and other skills when trying to find out about and access existing services and, thus, will increase the reach and effectiveness of those services. The intent of this function would not be to focus on the provision of direct support services but, rather, to act as an information and referral source, to provide advocacy where needed, and to flag

service gaps that are hampering housing success for the study group population. The service should be housed in an organization with a broad mandate to assist those in need of help, rather than one with the types of restrictive criteria that only exacerbate the difficulties the study group population has in accessing support.

RECOMMENDATION 5

It is recommended that a community education initiative be undertaken to challenge discriminatory attitudes toward those living in poverty and, in particular, those with cognitive and other health impairments.

The issue of discrimination faced by the study group population was identified by the study group participants themselves as well as by service providers and, to a lesser degree, by landlords. It became very clear in working with the project study group that they belong to a segment of society that faces widespread discrimination. While some of the discrimination is based on behaviours – something over which, due to a variety of medical and/or other factors, study group population members may have limited control – it is also based on pre-conceived notions and biases against people living in poverty and/or people living with cognitive impairments. Without improving the general community’s appreciation of the challenges faced by the study group population, it will be difficult to build the support necessary to implement some of the public policy changes (e.g., increasing income assistance levels; developing social housing) contained in other of these recommendations.

The issue of the discrimination this population experiences speaks to the way in which our society views vulnerable people in general which, in turn, shapes the way in which we respond to their needs. As noted in this report, it is critical to avoid the danger of promoting ‘independence’ as a way to rationalize society’s desire to avoid allocating sufficient

resources for the supports the study group population requires. The nature and level of impairments experienced by this population makes it critical that “independence” be viewed on a continuum, with people being provided the nature and level of supports they require in order to lead healthy, stable and meaningful lives.

RECOMMENDATION 6

It is recommended that provincial ministries – in particular, the Ministry of Employment and Income Assistance and Interior Health-Mental Health services – collaborate to provide additional resources to increase the number of one-to-one support workers for the study group population.

The study group and landlords gave a very clear message: providing one-to-one support workers makes an enormous difference to the study group population’s success in stabilizing their housing and overall life situations. At present, there are insufficient support workers to meet the demand in the community. Many of those who do exist are restricted by their organizations’ mandates to working with too narrow a subset of the study group population (e.g., those diagnosed with severe and persistent mental illness). What is required are more workers with mandates that encompass a broader definition of mental and cognitive health, and who have the training and flexibility to provide supports to those living with FASD, brain injury, mental illness and/or other issues. Such workers could be housed in one or more agencies with mandates that could accommodate this scope of work, e.g., the Canadian Mental Health Association or the Vernon Disability Resource Centre, both of which have broad mandates and already provide services to a cross-section of the study group population.

The provision of enhanced one-to-one supports is critical to addressing one of the primary needs of the study group population, i.e., access to information and advocacy services.

Lacking the skills, experience, confidence and credibility to access information on their rights and obligations, people either give up or get locked into a cycle of continuous conflict with the people and systems that surround them.

RECOMMENDATION 7

It is recommended that all three levels of government plus the non-profit and private sectors explicitly recognize the key role played by the private, for profit rental sector in providing housing to the study group population; and, further, that all stakeholders work collaboratively to devise ways to support and enhance the private rental sector's ability to provide stable, appropriate housing for that population.

During the course of this research, the research team was struck by the apparent dearth of formal investigation into the current and potential roles of the private rental sector in providing housing for the study group population. Regardless of attitudes about the appropriateness of putting the onus for providing housing for this vulnerable population in the hands of the private market, this is, in fact, the reality in Canada today.

Discussions with landlords, service providers and study group members, as well as review of the limited literature that was available, indicate that there are ways in which communities can enhance the capacity of the private rental market to provide safe, secure housing for the study group population. What is required is a multi-sectoral approach to partnerships – between government, service agencies, landlords and tenants – that will build on the strengths of the private rental market as a source of housing for the study group population.

Only a few of the issues that need to be addressed are:

- private rental sector being left to ‘pick up’ tenants whose anti-social behaviour has led to their being blocked or evicted from other housing options;
- a lack of support and training for landlords, including training and support from non-profit agencies on how to deal with anti-social behaviour;
- the need for housing policy to take account of the commercial needs of private sector landlords; and
- the need for clearer and better supported legislation regarding maintaining minimum standards for accommodation.

The models contained in Appendix 17 offer one approach to working more closely with the private rental sector. They are variations on public private partnerships forged between private market landlords, public agencies and non-profit service providers. The original concept comes from an arrangement with a private sector landlord (not part of this study) who for the past three years has formally contracted with the local health authority to make his apartment units available exclusively to clients of the public mental health system at set rents. In return, the mental health workers provide ongoing supervision and support to tenants, and ensure that the building runs smoothly.

RECOMMENDATION 8

It is recommended that federal and provincial agencies focus additional research efforts on the role of the private rental sector in providing affordable, appropriate housing to low income Canadians.

Key to devising effective ways to enhance the role of the private rental sector in housing the study group population will be further resources devoted to research on this issue. The Canada Mortgage and Housing Corporation (CMHC) study cited in the literature review states the case succinctly:

Research in this area has broader policy linkages to other priority research areas including government policy on assisted housing, social policy on poverty and housing need, the cost of housing and housing construction and renovation....To actually carry out research on this topic will require a great deal of detailed data collection and analysis...This is certainly a gap that has to be addressed if national housing policy hopes to protect the affordable, private-rental inventory.⁴²

In addition to “protection” of the private rental inventory the Helping Hands project would add the need for national and provincial housing policy to maximize the potential of that sector to provide safe, stable housing for a range of people who are experiencing difficulty in achieving housing stability. The lack in the affordable housing literature of in depth research on the private rental sector is puzzling and a situation that must be addressed as quickly as possible. CMHC, BC Housing and other such agencies are well placed to support such research.

In addition to “pure” research, research bodies should look toward funding additional action research projects including, for example, pilot projects that implement the models for public private partnerships with the private rental sector that are outlined in Appendix 17. A multi-faceted problem requires multi-faceted inquiry.

⁴² Bruce, D. and Carter, T. Literature Review of Socio-Economic Trends Affecting Consumers and Housing

RECOMMENDATION 9

It is recommended that federal and provincial agencies focus additional research efforts on FASD and, in particular, on models for establishing the range of supports and services adults with FASD require to live healthy lives.

This project was focused on those members of the study group population who, providing adequate supports are in place, are likely able to be successfully housed in the private rental market. However, both the literature and the experience of the Steering Committee and other service providers indicates that for those suffering severe FASD, the private sector may never be a realistic option.

As was noted in the literature review, research on community integration of adults with FASD notes that, when it comes to housing and daily living skills, “clients need lots of structure to make it through the day and stay out of trouble.”⁴³ Several members of the Helping Hands Steering Committee members had originally been part of a group that met for several months prior to the start of this project to discuss housing issues for people with FASD. As the Helping Hands project evolved these members recognized that private sector models would, in fact, likely never accommodate the intensive needs of their clients. These people require specialized housing with, in many cases, 24 hours onsite supervision.

FASD continues to surface as an issue of concern in discussions throughout the community service sector involving housing, employment, corrections, counselling and/or other sectors. Clearly our society is behind in trying to understand, let alone address, the severe and

Markets. CMHC. June 2003. p 80.

⁴³ Clark, Erica C. “Community integration and independence among adults with fetal alcohol spectrum disorder

permanent challenges the disorder presents both to those living with it and to their families, service providers and to the community at large.

RECOMMENDATION 10

It is recommended that members of the study group population be included in the development of new or enhanced services and supports, including supported housing.

In the words of one of the study group participants:

You can assume all the things you want (about our lives) but, if you don't actually talk to the person who is going through things you can't really know what it's like, you won't understand.

Both in working with the study group and in reviewing existing literature on best practices in providing housing for people within the study group population, the message is clear: the greater the degree of involvement service recipients have in designing and developing the services, the greater the likelihood those services will be effective. This is an ongoing learning process in which guidance, advice, support and expertise must be acknowledged from all parties. The reality is that communities will never reach a point in which services exist that are acceptable and accessible to all in need. However, the degree to which services truly meet the needs of those they are intended to help will be enhanced through involvement of those people.

The learnings of this research project are based substantially on the willingness of the study group to share their experiences and insights into the realities of their lives. The one-to-one meetings and focus groups employed by this project offer one model for working with and including people in the process of identifying ways in which to improve the quality of their

lives. Without the depth of understanding their perspectives offer, it is difficult to conceive of creating services that are truly responsive to their needs.

RECOMMENDATION 11

It is recommended that the Ministry of Employment and Income Assistance revisit its mission and mandate statements, and take steps to reconfigure its service provision to make it consistent with its stated principles.

On its website, the Ministry articulates its vision, mission and principles as follows:

Vision

The Ministry of Human Resources [sic] envisions a province in which those British Columbians in need are assisted to achieve their social and economic potential.

Mission

The Ministry of Human Resources provides services that move people toward sustainable employment and assist individuals and families in need.

Principles

In carrying out its mission, the Ministry of Human Resources is guided by the following principles:

- *personal responsibility*
- *active participation*
- *innovative partnerships*
- *citizen confidence*
- *fairness and transparency*
- *clear outcomes*
- *accountability for results*⁴⁴

Yet, it is difficult to reconcile the above statements with the experiences of the study group, service providers, landlords and the project one-to-one worker as expressed during the course of this research.

The active involvement and partnership of the Ministry is key to efforts to improve the lives of the study group population. The majority of that population relies on income assistance as

their primary source of financial support. Yet, in conducting this research, there was little evidence that the Ministry is interested in working in partnership with the community. This is particularly troubling to landlords, service providers and the income assistance recipients as they observe the Ministry spending vast amounts of money each month on shelter allowances, without evidence of a plan for ensuring the money is spent in a way that best serves the public good.”.

Again and again during the project, the research team heard that, rather than working with community partners or even with other government ministries, MEIA appeared determined to throw up barriers to collaboration.

As evidenced by the name change to explicitly include “Employment”, MEIA’s actions appear to be guided by a political and societal philosophy that views with suspicion and distaste those who “refuse” to “take responsibility for themselves.” What this project has shown – as has been shown in other studies in this and other provinces – is that most people are willing to take responsibility for themselves to a degree that is realistic given the issues with which they are faced. What they require are supports to assist them to achieve this. Rather than making life as difficult as possible for the study group population, MEIA needs to take a more collaborative and equitable approach to working with other community partners – including income assistance recipients, whose input is crucial in discussions on the nature of support, the ethics of information sharing, etc. - to determine how and where resources should be allocated and information shared to genuinely assist people to “achieve

⁴⁴ Retrieved July 2005 from <http://www.mhr.gov.bc.ca/ministry/vision.htm>.

their social and economic potential.” Flexibility is key to working with the study group population. At present, even in cases where MEIA staff might wish to support people in creative ways, they are hamstrung by “one size fits all” rules and regulations.

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