

Saving Lives, Alleviating Suffering, & Building a Healthy, Strong, & Safe Community for All

London's Health & Homelessness Response: Highly Supportive Housing Plan

A pathway to help the most marginalized Londoners move safely inside, become stabilized and supported, and help them stay housed.

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Section 1.0

About London's System Response

The Whole of Community System Response

London is facing a dire health and homelessness crisis. There has been a dramatic increase in the volume and complexity of health and housing needs.

A Call for Change

Throughout 2022, Londoners from all sectors and backgrounds said loud and clear that something needed to change to save lives, to better deliver healthcare and housing, and to address the whole of community impacts of this crisis.

In all, more than 200 leaders from all backgrounds and areas of expertise, representing 70 local organizations, came together over three summits in November and December 2022 and January 2023 with a pledge to do things differently. The summits were convened collaboratively by the City of London, CMHA Thames Valley Addiction and Mental Health Services, London Health Sciences Centre, London Police Service, Middlesex London Health Unit, Middlesex-London Paramedic Service, and St. Joseph's Health Care London.

A System Response

This call for change led to the development of London's Whole of Community System Response. This is a critical and transformational plan for London that has been developed to respond urgently to the health and homelessness crisis.

The Whole of Community System Response will support the entire community – those who are most marginalized, those working in the system, and those trying to provide support, including businesses and community members who also experience the impacts of this crisis.

Foundational Anchors: Hubs and Housing

The Whole of Community System Response is anchored in two foundational elements – hubs and housing – to support the highest acuity Londoners to move safely inside, help them get stabilized, wrap around them with supports, connect them to the right housing, and help them stay housed.

The creation of 24/7 Hubs assists individuals to come indoors and receive person-centered wraparound care. Hubs aim to transition individuals into Highly Supportive Housing, built on the acknowledgement that housing is healthcare and a fundamental human right.

Information about the Whole of Community System Response can be accessed on the [City of London's GetInvolved.London.ca](https://www.cityoflondon.gov.uk/get-involved) site. More information about Hubs can be found

in the sub-section below and in the [Hubs Implementation Plan](#). A plan for Highly Supportive Housing is the focus of sections 2.0 – 7.0 of this document.

Hubs

Hubs are a network of multiple, purpose-designed locations offering comprehensive services to help the most marginalized unhoused Londoners move safely indoors, stabilize, access supports, and become sustainably housed.

Every interaction at a Hub is an active and intentional effort to enable an individual's next steps toward Highly Supportive Housing. Each Hub serves 25-35 people and is population specific.

Hubs are intended to have a feeling of community, with drop-in supports open 24/7 where anyone can walk in the front door, access immediate basic needs and stabilization support, and be connected to services and the next steps in housing. The full [Hubs Implementation Plan](#) and an [FAQ](#) about Hubs can be accessed via the City of London's GetInvolved.London.ca site.

The Fund for Change

The Health & Homelessness Fund for Change is administered by London Community Foundation, powered by the generosity of London's business and community leaders and enabled by a transformative gift by a London family who wishes to remain anonymous but who has pledged \$25 million to seed the fund, with an additional \$5 million in matching dollars to encourage others to give. A volunteer fundraising committee is working with the anonymous donor and London Community Foundation to raise the matching funds, which will grow the Fund to a total of \$35 million. The Fund for Change will be a critical part of making the first three to five Hubs a reality through funding for capacity and other emergency needs. More information about the Fund for Change is available at movementforchange.ca.

Section 2.0

About the Highly Supportive Housing Plan

A Strategic Pathway

The Highly Supportive Housing Plan is a strategic implementation pathway that represents the culmination of 12 months of intensive sector-driven collaboration. What makes this plan unique is that it is built upon insights and inputs from practitioners, individuals with lived and living experience, and subject matter experts; it has benefitted from the collective insights of individuals representing multiple sectors, including land and housing development, healthcare, housing service providers, architects, frontline staff, mental health and addictions, youth services, developmental services, and Civic Administration.

Alignment With Other City of London and Community Plans

The Highly Supportive Housing Plan supports and aligns with the City of London Strategic Plan 2023 – 2027. The Highly Supportive Housing Plan also aligns closely with the Hubs Implementation Plan, integrating the same definitions and a similar structure to support consistency across the Whole of Community System Response.

The construction and conversion of new and existing units to affordable and Highly Supportive Housing can take significant time. Leveraging the many different programs can bring more units to market sooner. The Highly Supportive Housing Plan is aligned with, but a separate strategy from the [Roadmap to 3,000 Affordable Units for the City of London](#). These plans can work in tandem where affordable units are constructed under this roadmap, but also include units for Highly Supportive Housing. With more affordable units on the market, it may be possible to prevent individuals from entering homelessness and living unsheltered, which can reduce the need for supportive units. In addition, this plan is also aligned with the City's [2019 – 2024 Housing Stability Action Plan](#) that is legislatively required through the *Housing Services Act* and will also be updated in 2024.

Feedback from community members gathered through the intensive community engagement process to develop the Hubs Implementation Plan and feedback from individuals with lived and living experience also serve as the foundation of this plan.

As new plans and frameworks are developed (e.g., the Indigenous Housing Framework) and current plans are updated (e.g., the 2019 – 2024 Housing Stability Action Plan), the Highly Supportive Housing Plan will be reviewed and revised to continue to align with emerging and evolving community needs and directions. Engaging with Indigenous partners and community members is critical to ensure community priorities are actioned in the Highly Supportive Housing Plan. Without ongoing and meaningful input and alignment between Indigenous partners and the Whole of Community System Response, the Highly Supportive Housing Plan will not be successful.



The Intention of This Plan

With a focus on the development of 600 Highly Supportive Housing units in the next three years, this plan is designed to be flexible and open to various Highly Supportive Housing projects. Therefore, it is not a detailed operational plan, but a series of minimum practices and recommendations that can be adopted by Highly Supportive Housing projects. With continuous monitoring of Highly Supportive Housing developments, gaps will be identified so that future developments can meet emerging community needs. The successful implementation of this plan requires financial support from all levels of government.

Section 3.0

Introduction to Highly Supportive Housing

About Highly Supportive Housing

Highly Supportive Housing provides 24/7, onsite support to assist individuals at risk of or experiencing homelessness to achieve housing stability.

Highly Supportive Housing helps people live and thrive in the community. It offers a combination of affordable housing and supportive services. Encompassing the values of the Whole of Community System Response, Highly Supportive Housing offers an ecosystem of culturally appropriate, resident-centred and directed, 24/7 onsite comprehensive service to individuals experiencing barriers to housing and healthcare.

Core components of Highly Supportive Housing include assisting residents to maintain their housing, improving physical and mental health, increasing income and employment, ensuring satisfaction with services and housing, and fostering social and community connections.¹

A question that is often asked is, “What is the difference between Highly Supportive Housing and Supportive Housing?” Highly Supportive Housing and Supportive Housing are essentially the same in design and standards, with both offering 24/7 onsite support. The main difference is that Highly Supportive Housing requires a more intensive ratio of staff to participant support, of 1:10 or lower, based on the needs of individuals in Highly Supportive Housing.

Who Needs Highly Supportive Housing

Individuals eligible for Highly Supportive Housing are typically those who lack housing and who face a multitude of co-occurring, complex medical, mental health, and/or substance use issues.²

Highly Supportive Housing targets the demographic of individuals for which traditional housing has been unsuccessful. The purpose of Highly Supportive Housing is to ensure marginalized individuals have access to 24/7 onsite supports they need to successfully maintain housing and make positive gains in their overall life stability.

The primary focus is to ensure each Highly Supportive Housing project is designed for success so that individuals who are experiencing homelessness and have unmet housing needs and unmet needs related to physical health, mental health, or addictions recovery are supported in an environment conducive to addressing these unmet needs.

Highly Supportive Housing is part of the housing continuum. Not everyone experiencing homelessness needs the same level of support. Similarly, not everyone experiencing homelessness requires Highly Supportive Housing. Highly Supportive Housing will be offered to those who need 24/7 onsite supports to build their housing stability skills.

While Highly Supportive Housing is for individuals with the highest acuity, buildings with Highly Supportive Housing units may be mixed acuity. This means resident selection will be dependent on each specific project and may prioritize a blend of both high and low-acuity community members depending on the density of a project. For example, in a 10-unit project, all residents may be of the highest acuity, whereas in a 100-unit building, there may be mixed acuity.

Who Is Involved in Highly Supportive Housing

In Highly Supportive Housing, there are owners, operators, developers, partners, and residents. Each of these groups have roles within Highly Supportive Housing, including:

- An *owner* owns the building where the Highly Supportive Housing program operates.
- An *operator* operates the Highly Supporting Housing program and implements Highly Supportive Housing programming.
- A *developer* builds the building where Highly Supportive Housing operates.
- A *partner* provides services onsite within Highly Supportive Housing.
- A *resident* lives in a Highly Supportive Housing unit and participates in Highly Supportive Housing programming.

Why We Need Highly Supportive Housing

The need for Highly Supportive Housing in London has been growing as more individuals grapple with housing affordability and health challenges. Increasing the supply of Highly Supportive Housing in London is essential to meet the growing need.

By addressing the complex needs of individuals, Highly Supportive Housing offers a stable foundation for personal growth, recovery, and the development of the necessary skills for individuals to live in a housing continuum, living more fully in their individual life experiences.

By equipping people with the tools they need to exit and avoid homelessness and improve health and wellbeing, Highly Supportive Housing reduces interactions with expensive systems such as emergency rooms and corrections facilities. An independent review of 12 Canadian Highly Supportive Housing programs concluded that Highly Supportive Housing reduces involvement with addictions, the criminal justice system, and emergency services. It also increases successful tenancy, improves overall health, increases family reunification, reduces negative behaviours associated with substance use, reduces evictions, and increases employment.³ In addition to reducing the human impact of

homelessness, studies demonstrate that Highly Supportive Housing adds new jobs and grows the social sector workforce.⁴

Ending the Experience of Homelessness

Highly Supportive Housing gets individuals safely inside, out of encampments, off the streets, and in supportive homes. It is a critical service that equips vulnerable individuals and families to establish housing stability, improve health and wellbeing, and live independently in the community.

Providing access to affordable housing with supports is a proven solution to ending homelessness and helping individuals with complex health challenges to thrive. Studies have shown that Highly Supportive Housing interventions are effective in both reducing homelessness and achieving housing stability.⁵ For example, in a study of Strachan House, a Highly Supportive Housing project in Toronto, 96% of tenants remained stably housed.⁶

Improved Health and Housing Stability

Highly Supportive Housing decreases preventable deaths. It also results in improved health and lowered acuity.

Primary aims of Highly Supportive Housing are that residents feel safe and secure, that their basic needs are being met, and they are supported to move toward independence, for example, doing their own sourcing, securing, and cooking of food.

Highly Supportive Housing is also an important part of our healthcare system, reducing hospitalizations and helping people avoid the negative health impacts associated with unaffordable, low-quality, or no housing.⁷ This means less stress on healthcare services, emergency services, and social systems, and greater financial and human resources available to address other community needs as a result of healthcare cost savings.⁸

There are multiple studies that demonstrate the positive health and housing outcomes attributed to Highly Supportive Housing. For example:

- Participants in the At Home/Chez Soi national housing study residing in Highly Supportive Housing saw reductions in their use of services, such as those provided by family physicians, medical specialists including psychiatrists, mental health workers and case managers, and other service providers, and outpatient visits to hospitals.⁹
- In a study of Woodfield Gate, an Indwell building in London, Ontario, researchers from Western University concluded that Highly Supportive Housing is an effective intervention for reducing behavioural disorders and meeting behavioural health needs. These outcomes exceeded expectations for improvements in behavioural disorders, given that most participants had experienced housing precarity for many years and had high support needs, which included major mental illnesses and substance use disorders.¹⁰
- In an independent review of a Highly Supportive Housing program in Sault Ste. Marie, results demonstrated hospital admissions for mental health were reduced

by 60% and hospital days stayed by residents were reduced by 90%. Further, police interventions were reduced by 85% and crisis calls were reduced by 100%.¹¹

For residents living with mental health and addiction challenges, rapid access to supports as illness progresses or crisis occurs is a well-established best practice. Early intervention decreases the level of crisis, prevents hospitalization, and supports individuals to maintain their recovery plan. The timeliness of support is more challenging if supports are off-site, non-existent, or only available through hospital emergency services. Highly Supportive Housing with 24/7 onsite support, therefore, provides better options to sustain resident wellbeing in a timely manner.¹²

Improved Sense of Community

Highly Supportive Housing involves residents, staff, and community partners. Residents in Highly Supportive Housing will be welcomed, inclusive of their race, culture, gender, or spirituality, with adaptations made to meet cultural needs. Strong family and/or natural support connections will be encouraged, if appropriate and where requested, with these relationships supported and fostered by the programming within Highly Supportive Housing. The result will be a rich and diverse community within and around Highly Supportive Housing.

An improved sense of community was echoed in the At Home/Chez Soi national housing study, which demonstrated that getting people into Highly Supportive Housing produced improvements in community functioning and quality of life. The acquisition of stable housing gave participants hope and confidence and it provided opportunities to take on new social roles that expressed a positive social identity (e.g., volunteering, attending school, becoming peer workers) and engage with positive social contacts by reconnecting to family or natural supports and/or connecting to supportive communities.¹³

Further, the Woodfield Gate study concluded that Highly Supportive Housing is an effective intervention for engagement of residents in more community activities, such as attending a movie or concert, participating in sports or recreation, meeting people at a restaurant or coffee shop, participating in a community event, participating in a volunteer activity, or going to the library.¹⁴

Enhanced Whole of Community Wellbeing

Over the next three years, 600 Highly Supportive Housing units will be developed in London. There will be more supportive spaces to help ensure the needs of individuals are met in ways and at capacities that do not currently exist. This means there will be fewer vulnerable people experiencing unsheltered homelessness on London's streets, and the associated impacts to community and businesses will be reduced.

A Continuum of Substance Use Support and Treatment

Highly Supportive Housing will provide a continuum of care and support to those using substances with an evidence-based approach. The continuum of substance use support seeks to connect community members with the exhaustive array of evidence-based supports and interventions. This continuum acknowledges all evidence-based supports and evidence-based treatment options as working collaboratively to support individuals in achieving safety and improved quality of life. This continuum spans the breadth of known and to-be-known services, from distributing new equipment to addiction treatment.

Foundational to this approach are the values of self-determination, autonomy, and choice. These values aim to support community members in achieving interrelated goals of staying alive, meeting basic needs such as food security and hygiene, improving quality of life, improving mental and physical health, increasing self-efficacy, stabilizing substance use, and increasing connections to support services.

Supports along the continuum seek to address and work with the social and structural determinants of health (SDH) for marginalized populations. Services strive to develop and adapt an ongoing understanding of how the SDH affect an individual and their goals. The above listed goals are the foundational goals of substance use support and treatment, but will interact with and be dependent upon goals of:

- Housing security
- Seeking physical safety
- Accessing physical health and mental health services
- Decreasing justice system involvement
- Liberation from gender-based violence impacts
- Safety from the impacts of racism and colonialism
- Cultural reconnection
- Engagement with social supports
- Income security
- Family or natural support unification
- Community belonging
- Educational attainment
- Life skills development
- Employment

The continuum will support all people through their goals of prevention, support, stabilization, and treatment. The continuum recognizes that the self-determined goals of abstinence and harm reduction are equally valued and interrelated goals of care.

“It is also important not to create an artificial distinction or opposition between harm reduction and treatment for substance use. Since harm reduction approaches support the needs of people who use drugs and meet people where they are, harm reduction also supports assisting people to seek out treatment when and if they feel that they might benefit from it. In fact, the success of harm

reduction programs at helping people who use drugs to access treatment has been documented.”¹⁵

Supports will be available for people who use any psychoactive substance, including but not limited to alcohol, opioids, amphetamines, cocaine, and marijuana. Inclusivity of this nature acknowledges that substance use is fluid, and many folks will use more than one substance over the life-course or at a given time. Supports will be developed and implemented based on review of the existing and evolving scientific literature base. Quality improvement will be ongoing, accounting for this evolving evidence base and the knowledge of experts and people with lived and living experience. The development of an ecology of knowledge that equally values science and experience seeks to uphold a high standard of equity, self-determination, and community development.

Reduced System Costs

Marginalized community members are more likely to use costly emergency, social, health, and criminal justice systems because their health and wellbeing becomes extremely compromised while living on the streets.

Evidence of the economic benefit can be found in the At Home/Chez Soi national housing study. Researchers found that for every \$10 invested in Highly Supportive Housing for individuals with the highest needs resulted in an average savings of \$21.72 related to health care, social supports, housing, and involvement in the justice system. Solving homelessness with Highly Supportive Housing makes sense. Not only does it save money, but it is also doing the right thing.¹⁶

Highly Supportive Housing residents also require permanently affordable homes to transition to as their support needs change. As some residents of Highly Supportive Housing recover, their support needs decrease and they can live successfully outside of Highly Supportive Housing contexts. Successful movement out of Highly Supportive Housing and along the housing continuum free up opportunities for other individuals who need Highly Supportive Housing. Residents generally require ongoing affordability support and other supports that can be rapidly reintroduced when they are needed.¹⁷

Pathways Into Highly Supportive Housing

Highly Supportive Housing projects will use a strategic, system-wide solution to intake to help the most marginalized Londoners move into Highly Supportive Housing.

Similar to Hubs, Highly Supportive Housing will use a coordinated intake approach to standardize intake practices that leverage existing provincial and federal frameworks, such as Coordinated Access. This ensures community priorities are being met and that careful consideration is given to matching individuals to Highly Supportive Housing.

Proven to be an effective way to serve people with housing challenges, a coordinated intake approach is not a program; rather, it is an integrated process that streamlines access to resources in a community.¹⁸ It offers a consistent and comprehensive way to assess each individual’s current situation, the acuity of their needs, and the services they

currently receive and may require in the future, considering background factors that contribute to risk and resilience.

A coordinated intake approach helps communities to:

- Ensure fairness and prioritize people most in need of assistance.
- Assist more people to move through the system faster.
- Reduce the number of new entries into homelessness.
- Improve data collection and quality.

Without a coordinated intake approach to service delivery, people experiencing a crisis must navigate a complicated web of connected but uncoordinated services. They often must tell their story multiple times and place themselves on several waiting lists to secure the housing resources needed to resolve their challenges. Without a person-centred approach, people are often mismatched with resources. This can lead to poorer housing outcomes, continued diminished quality of life, and inefficient use of limited resources. Under these circumstances, it may take longer for people with the most complex needs to find and secure permanent housing with appropriate supports. While they wait, they may access many crisis-oriented services to meet their basic needs or be excluded from service altogether, prolonging their homelessness.¹⁹

A coordinated intake approach will also provide the community with an opportunity to have continued ownership of the Highly Supportive Housing intake process. The system alignment will assist in reducing the number of various waitlists that an individual needs to apply for and ensure appropriate pathways so that those with the highest needs get equitable access to Highly Supportive Housing.

While specific intake practices will be designed as part of the operational plan for each unique Highly Supportive Housing project, referral pathways to Highly Supportive Housing will come from a variety of sources, including the most prevalent one which will be Hubs.

What We Heard About Highly Supportive Housing From Individuals With Lived and Living Experience

Through the Lived & Living Experiences Fall/Winter 2023 Final Report, individuals with lived and living experience shared their perspectives on Highly Supportive Housing. This included the themes of accessible layout, affordable unit options, basic life skills sessions, flexible floor plans for diverse family structures, green spaces and landscaping, healthcare and mental health services, multi-purpose community rooms, public transportation access, resident engagement programs, and safety and security considerations. For the full report, please see Addendum A.

The Highly Supportive Housing Plan incorporates each of these recommendations in Sections 4.0 and 5.0 to address the needs and preferences of the community and foster vibrant and inclusive living spaces that can enhance the wellbeing and self-sufficiency of all residents.

Section 4.0

Functions of Highly Supportive Housing

Why Consistent Functions

The vision of Highly Supportive Housing includes a consistent set of functions across multiple projects to ensure quality and consistency in delivery and management of 24/7 onsite support, regardless of site, location, or operator. While some Highly Supportive Housing projects may include functions that are specialized to the unique needs of a target population, there is an expectation of consistent delivery across the system.

This section details the specific Highly Supportive Housing functions, which are:

- Identified and defined by subject matter experts at the Housing Implementation Table;
- Shaped by feedback from individuals with lived and living experience;
- Informed by the Hubs Implementation Plan and corresponding community engagement; and
- Refined and approved by the Housing Implementation Table and the Strategy & Accountability Table of community leaders.

All functions consider the input of those with lived and living experience and will continue to be shaped by the input of those with lived and living experience.

The following definitions are used:

- **Minimum Practices:** These are the *expectations* of service delivery, which are in place to support effective 24/7 onsite support and operations of Highly Supportive Housing.
- **Additional Project/Program-Specific Considerations:** These are *recommendations* of service delivery that may be integrated depending on the Highly Supportive Housing project or program.

Basic Needs

Definition

The basic needs function is focused on food and access to amenities such as a shower and a place to rest. Depending on the project, laundry and food access (including food and hygiene products) will be available on site or off site. In the context of the Whole of Community System Response, food security is about ensuring people have the resources to access food and a heavy focus on support to help people become independent and stable in their access to food. Meeting basic needs is seen as immediate stabilization support within housing, a means to build relationships, and a way to support residents to maintain their stable housing.

Minimum Practices

- Residents are housed in a unit that includes a space to sleep, access to clean water, a washroom, a shower, and access to laundry facilities.
- Education about food security and accessible food options and choices that are culturally relevant/resonant, including where to access food resources and information about healthy foods and how to cook them, is part of the programming.
- Support to access food banks or grocery apps/stores, etc. is made available if no food programs, such as a shared food cupboard, exist on site.
- Kitchen amenities are included within Highly Supportive Housing projects.
- Pathways to basic life skills programming are integrated based on individual needs and supports for skill building and independence are offered to support autonomy and self-efficacy.

Additional Project/Program-Specific Considerations

- Meals may be included as part of Highly Supportive Housing programming.
- A community around food is created that includes:
 - Integrating community meals;
 - Building food-based partnerships (e.g., field trips to community gardens);
 - Providing community garden space on site, if space allows; and,
 - Offering individualized programming to suit the needs of residents.
- Finance-related support is available, such as budgeting, money management, navigation of financial systems, etc.
- Educational sessions on basic life skills for residents (e.g., financial literacy, cooking classes) are organized to empower residents with essential skills to enhance their self-sufficiency and quality of life.

Community Engagement and Relationships

Definition

The community engagement and relationships function refers to both the community within the Highly Supportive Housing structure and the community in which that structure exists (e.g., surrounding neighbourhoods). To ensure the principle of whole of community is integrated within the work of Highly Supportive Housing, programs will proactively engage with surrounding neighbourhoods, and neighbours will have ongoing opportunities to positively engage, work to resolve conflict, and provide feedback. This will include private community members, neighbourhood groups, BIAs, businesses, and agencies. To support a vibrant, inclusive community within Highly Supportive Housing, shared spaces and programs will support relationship building among residents and foster a sense of community and belonging.

Minimum Practices

- Community integration is facilitated through connections with local community resources and relationship-building activities within the Highly Supportive Housing site and with neighbours.
- There is a balance of resident rights versus collective rights through multiple channels (e.g., policies, agreements, etc.).
- Security considerations are built into the design to create a sense of safety (e.g., intercoms, fobs, etc.).
- Routine unit inspections are conducted with a focus on safety. An expectation and comfort from residents that staff will be in their units on occasion (with notice) exists, while balancing this with respect for privacy and a sense of home.
- The development of support networks is promoted both within and outside the Highly Supportive Housing community.
- Communication and engagement occur between Highly Supportive Housing providers, residents, and neighbours.
- Avenues are created for residents to voice their suggestions and concerns by facilitating resident engagement programs to ensure the building remains responsive to residents' evolving needs.
- A sense of belonging is fostered within Highly Supportive Housing and within the broader community to provide a sense of safety through:
 - Communication and engagement;
 - Intake conversations that include strengths-based and interests-based components;
 - Staff being highly skilled in resident engagement and striving to build relationships;
 - Resident-led and resident-informed programming being provided based on residents' interests;
 - Diverse programs and community spaces, such as shared kitchens, multi-purpose community rooms, and outdoor/indoor green spaces with seating areas, which serve as venues for workshops, resident community meetings,

- and social functions and provide residents with opportunities to connect with each other and foster a vibrant, inclusive community;
- Property management being attuned to building/property upkeep;
- Staff being visible and accessible; and
- Fire safety procedures and fire safety education and training being built into the programming with the support of the London Fire Department.
- Staff are trained in social prescribing practices and refer residents to local, non-clinical services that are chosen according to the resident's interests, goals, and gifts to empower residents to improve their health by developing new skills, participating in meaningful activities, and becoming more connected to their communities.

Additional Project/Program-Specific Considerations

- Regular internal community meetings occur to promote positive relationships within Highly Supportive Housing programs.
- Awareness and partnerships are developed with emergency services.
- Tenant integration includes communicating clear Highly Supportive Housing community expectations.
- An understanding that Highly Supportive Housing requires an occupancy agreement and it is not the same as regular private market residential tenancies.
- Residents are offered opportunities to take on compensated part-time roles within the Highly Supportive Housing program, such as gardening, yard work, or cleaning up the surrounding neighbourhood.

Culturally Safe

Definition

This function is based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare and social service systems. The aim is to create an environment free of racism and all types of discrimination where everyone feels safe and engaged. This involves ongoing assessment of dynamics between service providers, organizations, and residents. It is a commitment to ongoing learning, education, and adaptation. This function is also focused on accessibility through a variety of translation and interpretation services (e.g., AODA, multiple languages, sign language, audio translation), with consideration for low literacy in communications (person to person and signage), including simplification of jargon/terminology, and referrals to language classes as appropriate.

Minimum Practices

- There is provision of mandatory, ongoing, and adaptive cultural sensitivity training for support staff working with residents within Highly Supportive Housing.
- Support staff liaise with community agencies to provide phone/video translation and interpretation, legal, and settlement services.

- Intentional conversations occur about culture, needs, and expectations, with ongoing work to accommodate language, literacy, and accessibility of materials and services.
- Strong working relationships are developed with external agencies, allowing residents to meet with agencies who have cultural expertise.
- Equity language is included in all program documents.
- A formalized process exists to promote involvement in the local community, including providing equitable access to City-run programming.
- Flex space is used for culturally specific needs, activities, and traditional practices.

Additional Project/Program-Specific Considerations

- Access to outdoor space/land is provided.
- Culturally-led programming is made available.

Family and Natural Supports

Definition

Highly Supportive Housing provides holistic care to residents and their families. It recognizes that recovery and stability rely on a resident connecting with outside supports or having the ability to have their family and/or natural supports included in their lives and their housing. This means including a space for family and/or natural supports visiting and/or residing in Highly Supportive Housing.

Minimum Practices

- There is a high level of partnership with family-based and/or natural support providers.
- Connections are made with culturally appropriate supports/agencies with expertise in the background and culture of the individual and their families and/or natural supports (e.g., Indigenous-led parenting programs).
- A community room is made available where residents can invite their families and natural supports to visit in a space outside of their unit.

Additional Project/Program-Specific Considerations

- Additional considerations are determined based on the demographics of the site (e.g., flex space for childcare based on the needs of the building, considering there might be family specific Highly Supportive Housing projects).
- Support is available for residents to identify resources in the system for reunification.
- Parenting information and parenting classes are provided.

Harm Reduction

Definition

Harm reduction is a continuum of supports that focuses on mitigating the potential harms of substance use and the structures which create harm for people who use drugs. In Highly Supportive Housing, this is enacted through the substance use continuum of care, from the distribution of harm reduction equipment to referrals for evidence-based treatment and support programs to maintain or establish a connection to recovery. It emphasizes the dignity of the individual, accepting them where they're at, avoiding judgement, and working to challenge existing systems and policies that create more harm (e.g., criminalization of drug use).

Minimum Practices

- Resident-led safety planning around substance use is conducted.
- Crisis plan(s) are developed.
- There is education of staff, agencies, and community about harm reduction, including a shared understanding of harm reduction.
- Standard Operating Procedures are in place around care planning.
- Naloxone training for staff and residents is provided and Naloxone is available on site.
- Clinical supports are on site to support accessible health care.
- Safer use kits and disposal are available.
- Residents are assisted to access a continuum of recovery options.

Additional Project/Program-Specific Considerations

- Daily check-ins regarding safety, needs, and education are conducted.
- Onsite, in-person visits by addiction workers and/or groups are facilitated.

Low-Barrier

Definition

Low-barrier service relies on well-articulated and agreed upon expectations of organizations, staff, and residents to maintain communication, collaboration, and safety. Low-barrier can often be misconstrued as a term for 'no rules' when it actually reflects a high standard of care, mutual respect, and shared accountability. In housing, this is not simply about physical design. This is a foundational way all work is done, from facility design to supporting staff, ongoing assessment, and adjustment of spaces. It ensures mechanisms are in place that allow for residents and staff to assess and address barriers as they arise and acknowledges there are unforeseen circumstances and a fluid environment which necessitates adaptability and evolution. Housing itself does not ensure equitable access. A broad and generous understanding and definition of accessibility is required that focuses on how housing opportunities position around an

individual. This includes adapting to housing needs and supporting individuals as they move across the housing continuum in and out of Highly Supportive Housing.

Minimum Practices

- A defined process exists to work through conflict and crisis.
- Staff are highly skilled and trained in trauma-informed care.
- Appropriate policies exist, and staff are effectively trained to respond to all levels of risk.
- Highly Supportive Housing operators and partners demonstrate resilience and a high capacity to respond effectively to emerging and evolving needs.
- Projects are inclusive of couples, individuals with pets, and gender-diverse individuals.
- Education is provided about any agreements that exist within the project.
- Continued support is available to obtain ID, income, and other required assistance.
- Damage deposits may be required prior to move-in.
- Staff support system navigation to connect residents to other housing opportunities, services, etc.
- Partnerships between agencies exist to offer Highly Supportive Housing units through a coordinated intake process to individuals being released from custody, individuals leaving the hospital to no fixed address, individuals who have been identified by groups like the Situation Table or Circle of Support, and other community-identified priority populations.
- Partnerships with emergency services exist to meet resident needs (e.g., fire education, community paramedicine).
- Strong partnerships with behavioural support teams (e.g., Developmental Services Ontario, Regional Support Associations) are established to support the most complex individuals and effectively triage and flow resources to these individuals in a timely manner to provide adequate support.
- Each unit is personalized to consider the risks of the person.
- A mix of unit sizes and rental rates are available to cater to various income levels to meet diverse economic needs.

Additional Project/Program-Specific Considerations

- Program meetings occur to create opportunities to meet as a collective within the Highly Supportive Housing building.
- Options are available to access external mediation services.
- Accessibility features (e.g., ramps, elevators, wider doorways) are built into projects to ensure community members of all abilities can move freely on the premises.
- There is flexibility for ‘paper readiness’ as a prerequisite to be offered or move into housing (e.g., once an individual is offered a unit within Highly Supportive Housing, assistance is to be provided toward paper readiness). Paper readiness is defined as having all required documents to apply for and move into housing.

Non-Resident Guest and Visitor Management

Definition

This function requires the establishment of guidelines and procedures for managing guests and visitors in Highly Supportive Housing (e.g., staff presence at entrance points, a sign-in log, escorting guests, security technology like fobs), which will be program-specific.

Guests are specific to a resident, where the resident by association has given permission or access to the guest to enter the building, their unit, or their common space regardless of their intent or outcome. Guests may become unwanted, and processes should be in place so that residents have support in removing guests who are no longer wanted.

A visitor may not be specific to a resident and may not have a specific association with any one resident when gaining access to the building. Visitors may be associated with the operations and programming of Highly Supportive Housing. Visitors may also be unwanted. Processes should be in place to control the access of visitors and to make known the presence and identity of visitors to the Highly Supportive Housing community site. Processes should also be established to help the prevention of unwanted visitors from entering the building and to support the departure of unwanted visitors.

A plan will also be developed to address instances where unwanted individuals who are not visitors or guests access the building.

Minimum Practices

- Staff are available to support visitor and guest management.
- Policies are in place for each Highly Supportive Housing community to ensure the safety and wellbeing of all residents, while allowing for flexibility for residents to make their own decisions related to guests and visitors.
- Established guest and visitor policies exist that have been developed with input from residents and include clear processes if the policy is broken.
- Criteria exists for the use of no-trespass orders to be established.
- Education is provided about what a safe guest and visitor is, identification of risk factors with tenants, and continued assessment and ongoing education.
- There is availability or accessibility of staff for 24-hour supports, which may look different for each project.

Additional Project/Program-Specific Considerations

- Building access and security systems are in place to navigate guest issues, such as secure entry, camera systems, security presence, a staffed front desk, etc.
- Best practices for guest management are included in occupancy agreements, where occupancy agreements exist.
- Positive neighbourhood relations are established to support guest and visitor management that impacts the external community.

- Diversion Workers/System Navigators are available for those guests and visitors who are regularly attending Highly Supportive Housing and housing deprived (e.g., preventative for unit takeovers and supportive to individuals without housing).

Quick Access and Intentional Connections to Acute and Primary Care

Definition

This function is focused on providing episodic care and primary care for community members in Highly Supportive Housing. Care provided may include but is not limited to wound care, foot care, managing medications, nursing assessments, primary care, and mental health care, which may include access to psychiatry (on-call) and access or referral to the harm reduction and substance use continuum of support and treatment.

Minimum Practices

- Connections are made to ambulatory psychiatric supports.
- Overdose prevention protocols and supports are in place.
- The harm reduction and substance use continuum of care is implemented, from distribution of harm reduction equipment to referrals for evidence-based treatment and support programs.
- Connection to interdisciplinary primary care is facilitated.
- Referrals to home-based care and supports are made, including:
 - PSW availability 24/7;
 - Nursing availability 24/7; and
 - OT availability within 5 days of referral.
- Referrals to acute care with support and follow-up are provided.
- There is collaboration with local healthcare providers to establish onsite or nearby healthcare and mental health services to provide residents with convenient access to primary care and preventive health services.

Additional Project/Program-Specific Considerations

- Episodic health care may be offered to residents.

Transitional Support Services

Definition

This function outlines transitional support services to help residents successfully move into or out of Highly Supportive Housing and along the housing continuum. Through ongoing assessment and reassessment, individuals will be matched to the most appropriate housing to meet their needs and preferences. The goal is to ensure there is not an abrupt start or end to Highly Supportive Housing when moving from or into other

types or forms of housing. Individuals maintain some individualized support as they move through the continuum of housing and a plan is in place. Movement along the housing continuum will occur in partnership with other services.

Minimum Practices

- Onsite, 24/7 supports are provided for individuals.
- Relationships are developed with health and housing programs so that residents in Highly Supportive Housing and service providers are familiar with the models of specialized supports that exist in the community.
- Goals are set by residents, and a checklist with touchpoints exists.
- Pre-existing supports remain in place during the transition into housing for a period to improve the continuity of care (e.g., Circle of Support, ACT team, etc.).
- Strength-based resident-driven plans and goals are established to support an individual's whole health needs (physical, spiritual, mental, emotional, environmental, social, cultural, economic, etc.).
- Staff support smooth and successful transitions between hospitalization, incarceration, housing, etc., including supportive move-ins.
- Education is provided about renters' rights, if undertaking a lease.

Additional Project/Program-Specific Considerations

- Access or referral to education, volunteer opportunities, and job/skills training programs is facilitated.

Transportation Assistance

Definition


Through this function, residents are offered transportation assistance, such as bus passes or support in accessing transportation services, to help residents access essential services, employment, education, and other community resources.

Minimum Practices

- Walkability or proximity to bus routes is considered with respect to where Highly Supportive Housing buildings are placed, including having accessibility to bus routes, food banks, grocery stores, and other community programs (e.g., drop-in centres, meal programs, places of worship, healthcare, etc.).

Additional Project/Program-Specific Considerations

- Support is available to coordinate transportation or purchase bus passes.
- Shuttle services or a minivan are offered to access hospitals, appointments, mental health services, grocery stores, and food banks where possible and sustainable (through partnership or funding).

- 
- Staff accompany residents on the bus to support skill building. Staffing models need to be in place to allow for this type of in-community support.
 - Highly Supportive Housing is built in areas with easy access to public transportation options to make commuting more convenient and contribute to a reduced reliance on private vehicles.

Section 5.0

Physical Space Design of Highly Supportive Housing

The following design guidelines optimize Highly Supportive Housing access, facilitate privacy and dignity, and ensure positive neighbourhood relations. Highly Supportive Housing developments may be purpose-built or retrofit projects. The implementation of the design guidelines will be largely dependent on the type of project or Highly Supportive Housing program, with new build projects having more opportunities to align with the design guidelines. Design guidelines include the input of those with lived and living experience.

Exterior/Common Space

- The building visually fits into the community around it and considers the design and aesthetics of the neighbourhood.
- Protected space exists for residents that is balanced with it being a welcoming space in the surrounding neighbourhood.
- The building is located close to community spaces and is walkable to community resources.
- The building design considers accessibility (e.g., elevators with the capacity to fit walkers, wheelchairs, bariatric residents, and stretchers), where possible.
- Access to green space exists (e.g., rooftop areas or common areas with potted plants, nature posters, proximity to green space or parks, raised gardens, etc.), where possible in a given location.
- Secure outdoor storage is available for scooters, e-bikes, bicycles, etc.

Main Floor/Entrance

- Residential units are on the second floor or above, however, first floor units may be made available depending on the project and the needs of residents.
- Mixed-use spaces are on the ground floor, such as spaces for staffing, programming, etc.
- Secured entrance with staff presence exists.
- Flexible spaces are provided where safety is created through transparency.
- Clear and friendly signage is present.
- Pest treatment equipment/space for clothing or furniture is available with direct entrance apart from high traffic areas.
- Free parking is available on site.

- Secure and confidential spaces are available within the building (e.g., multiple exits) for staff.

Security/Safety

- Buildings are designed to promote safety for everyone entering the building, including the ability to know who is entering and exiting the building.
- Secured floors and doors are in place that can easily be rekeyed by staff.
- A Fire Safety Plan for the building, developed in collaboration with the London Fire Department, is in place.
- Ten-year sealed battery back-up smoke alarms are included. Tamper-proof design is to be considered. The installation of photoelectric smoke alarms is recommended, in appropriate locations, to avoid any potential nuisance alarms.
- Security features such as well-lit pathways, surveillance cameras, secure entry points, and visitor sign-in are used to make residents feel confident in their surroundings.

Storage

- Secure storage is available where residents can safely store ID and documents.
- Secure storage for staff and their personal items is provided.
- There is sufficient storage space, but not so much to allow hoarding.
- Storage space for donations and other supplies is available.

Unit

- Highly durable materials are used in units.
- Good sound and pest barriers are implemented in the design.
- Good HVAC is in place to limit unwanted smells from travelling across units.
- Signage, resources, and materials with key contact information are provided (e.g., fridge magnet).
- Bathrooms with drains in the floor are built to prevent flooding.
- Kitchens have safety elements on the stove and the ability to power off stoves externally if there are any safety concerns.
- Tamper-proof smoke/fire detectors that reduce nuisance alarms are installed.
- The building complies with AODA standards and provides accessible units.

Furnishings

- Units are furnished with bed bug-proof, durable furniture, where possible.
- A communication device is built into the unit so residents can call out if needed.
- Means to prepare food safely (e.g., stove, microwave, etc.) are provided depending on the project.
- Means to store food safely on site exist (e.g., fridge) depending on the project.
- A TV is provided, where possible.
- In-unit storage is included.
- An accessible tub is provided in some units, bathrooms with a shower are installed in some units, and a regular tub is installed where programs support family units with children.

Services/Amenities

- Communal kitchens, communal food cupboards, etc. are built into the design.
- Access to internet/Wi-Fi is available throughout the building.
- There is staff presence and availability in a designated space, preferably on the main floor.
- Space is available to distribute free items to residents, when available.
- There is a covered outdoor common smoking area, where possible.
- Clinical space to provide health supports is available on site.
- Computer and telephone service is offered in common areas.
- Dedicated administrative space is available.

Section 6.0

Costing and Budget

To make new Highly Supportive Housing developments viable, multiple funding programs are required for the same development to realize deep affordability. Facilitating this ‘stacking’ of programs is key for growing Highly Supportive Housing. Deeply affordable rents require capital grants, rent supplements, and/or ongoing operating subsidies.²⁰


Capital Cost Needs

Capital costs depend on the degree of construction required, the type of construction, and the overall size of the project. According to the Ontario Large Municipalities Chief Building Officials 2023 cost schedule, construction costs range from \$240/ft² to \$320/ft.² Local industry experts confirmed that costs are reaching \$300/ft², with land being separate from this amount. Office and existing residential conversions are in a similar ballpark of \$300/ft². The main benefit of a conversion is the repurposing of existing buildings and infrastructure, which can reduce the social cost of new construction to a neighbourhood. In many cases, a conversion can also revitalize an area.

Operating Cost Requirements

A one-size fits all operating budget for Highly Supportive Housing does not exist. The building location, design, density, and population served will play a major role in establishing an operating budget. Operating costs for Highly Supportive Housing vary based on the size and scope of the services being offered. Although there is anticipated to be a significant savings in the per-resident costs from the Hubs, the intensity of supports and level of acuity served in the building will have a direct impact on the operating budget. The higher acuity focused building (highest Highly Supportive Housing level) will have a similar operating cost, but a higher per-unit distribution because of the lower number of apartments provided. In comparison, a building that operates as Highly Supportive Housing with fewer of the highest acuity individuals may be able to accommodate a higher staff to resident ratio.

For example, a higher-unit density building (more than 20 beds) has lower costs, and a lower-unit density building (less than 10 beds) has higher costs, which is often due to economies of scale and the necessary fixed costs such as utilities, preventative maintenance, etc. Where agencies can operate multiple sites in London, there is an opportunity to develop operating economies of scale that allow for a centralized management model, with onsite supports aligned to the populations in the buildings.



Resident costs (e.g., travel, food, etc.) are variable and will scale differently depending on occupancy. Price inflation in food, household supplies, travel, utilities, insurance, telephone service, building costs, and staffing costs drive increased operating costs annually.

An example operating budget is included in Appendix A. **Cost estimates for an operating budget will vary depending on the specific Highly Supportive Housing project.** A competitive procurement process will derive the final operating costs for each project.

Section 7.0

Moving Forward

Through Council’s 2023 – 2027 Strategic Plan for the City of London, a clear direction was given to city staff to find ways to build more housing across the housing continuum, which could include transitional, supportive, affordable, or market housing. To facilitate this work and make connections between building owners, developers, or operators, the City of London established a procurement process where partners in the development of these housing types are being identified.

The procurement will have three annual windows where potential partners can submit a proposal for how they will contribute to Council’s vision and bring more housing to the local market. After being successfully qualified, the organization will be retained on a list of potential partners for up to three years and be invited to bid on future opportunities aligned with the City’s various housing programs, including Highly Supportive Housing as part of the Whole of Community System Response. The City of London’s role in the future projects will be specific to the site and could include development planning, developer, building constructor, or a role as a funding partner for capital and/or operating dollars.

Currently, several Highly Supportive Housing projects have been identified and tabled as prospective projects, recognizing some are in differing stages of development, and more costing and financing work needs to occur for most of those identified. The Housing Implementation Table also continues to identify projects in the housing pipeline to find opportunities for Highly Supportive Housing units.

In October 2023, London Community Health Sciences Centre and London Cares Homeless Response Services opened 25 Highly Supportive Housing units at 362 Dundas Street and Indwell opened 44 Highly Supportive Housing units at 403 Thompson Road. These units are an exciting step forward toward more housing projects within the community as organizations collectively aim to bring online 600 Highly Supportive Housing units over the next three years.

Highly Supportive Housing providers will be required to participate in monitoring, evaluation, and reporting activities. The impact and performance of the Highly Supportive Housing Plan will be evaluated through the Whole of Community System Response evaluation framework.

Appendix A: Draft Operating Budgets

Actual Highly Supportive Housing costs will be dependent on the specific project.

Highly Supportive Housing projects vary considerably in size, design, density of units, and tenant composition, therefore, operating budgets will vary based on those and other variables. However, an example has been provided below using an average of existing Highly Supportive Housing project costs. The budget does not include wraparound support from partners. Within the budget, a 1:10 staff to participant ratio has been used as a minimum. However, some projects may require a lower staff to participant ratio (e.g., 1:5) to meet participant and program needs.

Table 1: High Density/High Support Model With 30 Units

INCOME		
Item	Amount	Description
Rental Income	\$374,400	Assumes 18 units at market rent of \$1,200 and 12 units at 70% of average market rent at \$800. Rents are inclusive of rent supplements and tenant contributions.
Less Vacancy Loss	\$3,744	
Total Income	\$370,656	
EXPENSES		
Item	Amount	Description
<i>Building Expenses</i>		
Insurance	\$8,500	
Property Management	\$15,000	
Utility Costs	\$34,000	
Reserve (7%)	\$25,900	
Building Operating Costs	\$186,000	Includes grounds maintenance, utilities, waste removal, security and fire alarm systems, pest control, repairs, unit turnover, etc.
Mortgage	\$544,000	Principal and interest
<i>Total Building Expenses</i>	<i>\$813,400</i>	
<i>Program Expenses</i>		
Staffing	\$1,182,600	Includes 1:10 staff ratio, which means 3 staff, 24/7 on site providing supports.
Leadership & Administration	\$210,000	Includes leadership, HR, finance, etc.
Program Costs	\$255,600	Includes food, transportation, etc.
<i>Total Program Expenses</i>	<i>\$1,648,200</i>	
Total Expenses	\$2,461,600	
NET OPERATING	-\$2,090,944	Not inclusive of grants, incentives, donations.

Appendix B: List of Organizations Involved

The following organizations are part of the Housing Implementation Table:

- Alice Saddy Association
- Anova
- Ark Aid Street Mission
- Atlohsa Family Healing Services
- CMHA Thames Valley Addiction and Mental Health Services
- Family Service Thames Valley
- Home and Community Care Support Services
- Humana Community Services
- Indwell
- Ingersoll Support Services Incorporated
- London Abused Women's Centre
- London InterCommunity Health Centre
- London Cares Homeless Response Services
- London Community Foundation
- London Development Institute
- London Health Sciences Centre
- London & Middlesex Community Housing
- City of London
- London Police Service
- London Society of Architects
- Mission Services of London
- Middlesex London Ontario Health Team
- Pathways Employment Help Centre
- Regional HIV/AIDS Connection
- Salvation Army
- Sanctuary London
- Street Level Women At Risk
- St. Leonard's Community Services London and Region
- St. Joseph's Health Care London
- Unity Project for Relief of Homelessness in London
- VON South West Region
- YMCA of Southwestern Ontario
- Youth Opportunities Unlimited

Appendix C: End Notes

¹ *Addressing health outcomes through supportive housing.* (2023, February 13). National Conference of State Legislatures. <https://www.ncsl.org/health/addressing-health-outcomes-through-supportive-housing#:~:text=Supportive%20housing%20is%20associated%20with,25.2%25%20reduction%20in%20associated%20spending>

² *Addressing health outcomes through supportive housing.* (2023, February 13). National Conference of State Legislatures. <https://www.ncsl.org/health/addressing-health-outcomes-through-supportive-housing#:~:text=Supportive%20housing%20is%20associated%20with,25.2%25%20reduction%20in%20associated%20spending>

³ Din, Z., Katsivo, L., Murray, J., Petrillo, J., & Suttor, G. (2018, April). *Promising practices: 12 case studies in supportive housing for people with mental health and addiction issues.* Addictions & Mental Health Ontario, Wellesley Institute, & Canadian Mental Health Association Ontario. <https://www.wellesleyinstitute.com/wp-content/uploads/2018/04/Promising-Practices-in-Supportive-Housing-Resource-Guide.pdf>

⁴ Leon, S., Suttor, G., & Klingbaum, A. (2022, March). *Toronto Supportive Housing Growth Plan: Funding Analysis.* Wellesley Institute. <https://www.wellesleyinstitute.com/wp-content/uploads/2022/02/Funding-Analysis.pdf>

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⁶ Din, Z., Katsivo, L., Murray, J., Petrillo, J., & Suttor, G. (2018, April). *Promising practices: 12 case studies in supportive housing for people with mental health and addiction issues.* Addictions & Mental Health Ontario, Wellesley Institute, & Canadian Mental Health Association Ontario. <https://www.wellesleyinstitute.com/wp-content/uploads/2018/04/Promising-Practices-in-Supportive-Housing-Resource-Guide.pdf>

⁷ Din, Z., Katsivo, L., Murray, J., Petrillo, J., & Suttor, G. (2018, April). *Promising practices: 12 case studies in supportive housing for people with mental health and addiction issues.* Addictions & Mental Health Ontario, Wellesley Institute, & Canadian Mental Health Association Ontario. <https://www.wellesleyinstitute.com/wp-content/uploads/2018/04/Promising-Practices-in-Supportive-Housing-Resource-Guide.pdf>

⁸ *Addressing health outcomes through supportive housing.* (2023, February 13). National Conference of State Legislatures. <https://www.ncsl.org/health/addressing-health-outcomes-through-supportive-housing#:~:text=Supportive%20housing%20is%20associated%20with,25.2%25%20reduction%20in%20associated%20spending>

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- ¹⁰ Oudshoorn, A., Van Berkum, A., Rolfe, A., Marshall, C., Krywucky, A., Crockett, M., Caxaj, S., Thuemler, N., Gilliland, J., McLean, S., Ezukuse, V., Ariba, Y., & Befus, D. (2022). *Indwell: Making supportive housing work for Canada's most vulnerable. Final report*. Western University. <https://www.abeoudshoorn.com/wp-content/uploads/2023/03/Indwell-Project-Final-Report-Feb-9-2023.pdf>
- ¹¹ Din, Z., Katsivo, L., Murray, J., Petrillo, J., & Suttor, G. (2018, April). *Promising practices: 12 case studies in supportive housing for people with mental health and addiction issues*. Addictions & Mental Health Ontario, Wellesley Institute, & Canadian Mental Health Association Ontario. <https://www.wellesleyinstitute.com/wp-content/uploads/2018/04/Promising-Practices-in-Supportive-Housing-Resource-Guide.pdf>
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- ¹³ Goering, P., Veldhuizen, S., Watson, A., Adair, C., Kopp, B., Latimer, E., Nelson, G., MacNaughton, E., Streiner D., & Aubry T. (2014). *National At Home/Chez Soi final report*. Mental Health Commission of Canada. https://www.mentalhealthcommission.ca/wp-content/uploads/drupal/mhcc_at_home_report_national_cross-site_eng_2_0.pdf
- ¹⁴ Oudshoorn, A., Van Berkum, A., Rolfe, A., Marshall, C., Krywucky, A., Crockett, M., Caxaj, S., Thuemler, N., Gilliland, J., McLean, S., Ezukuse, V., Ariba, Y., & Befus, D. (2022). *Indwell: Making supportive housing work for Canada's most vulnerable. Final report*. Western University. <https://www.abeoudshoorn.com/wp-content/uploads/2023/03/Indwell-Project-Final-Report-Feb-9-2023.pdf>
- ¹⁵ City of London. (2023, July). *London's health & homelessness response: Proposed hubs implementation plan*. <https://getinvolved.london.ca/37610/widgets/155577/documents/110476>
- ¹⁶ Homeless Hub. (2021). *Addressing chronic homelessness*. Canadian Observatory on Homelessness. <https://www.homelesshub.ca/solutions/prevention/addressing-chronic-homelessness>
- ¹⁷ Leon, S., Suttor, G., & Klingbaum, A. (2022, March). *Toronto Supportive Housing Growth Plan: Funding Analysis*. Wellesley Institute. <https://www.wellesleyinstitute.com/wp-content/uploads/2022/02/Funding-Analysis.pdf>

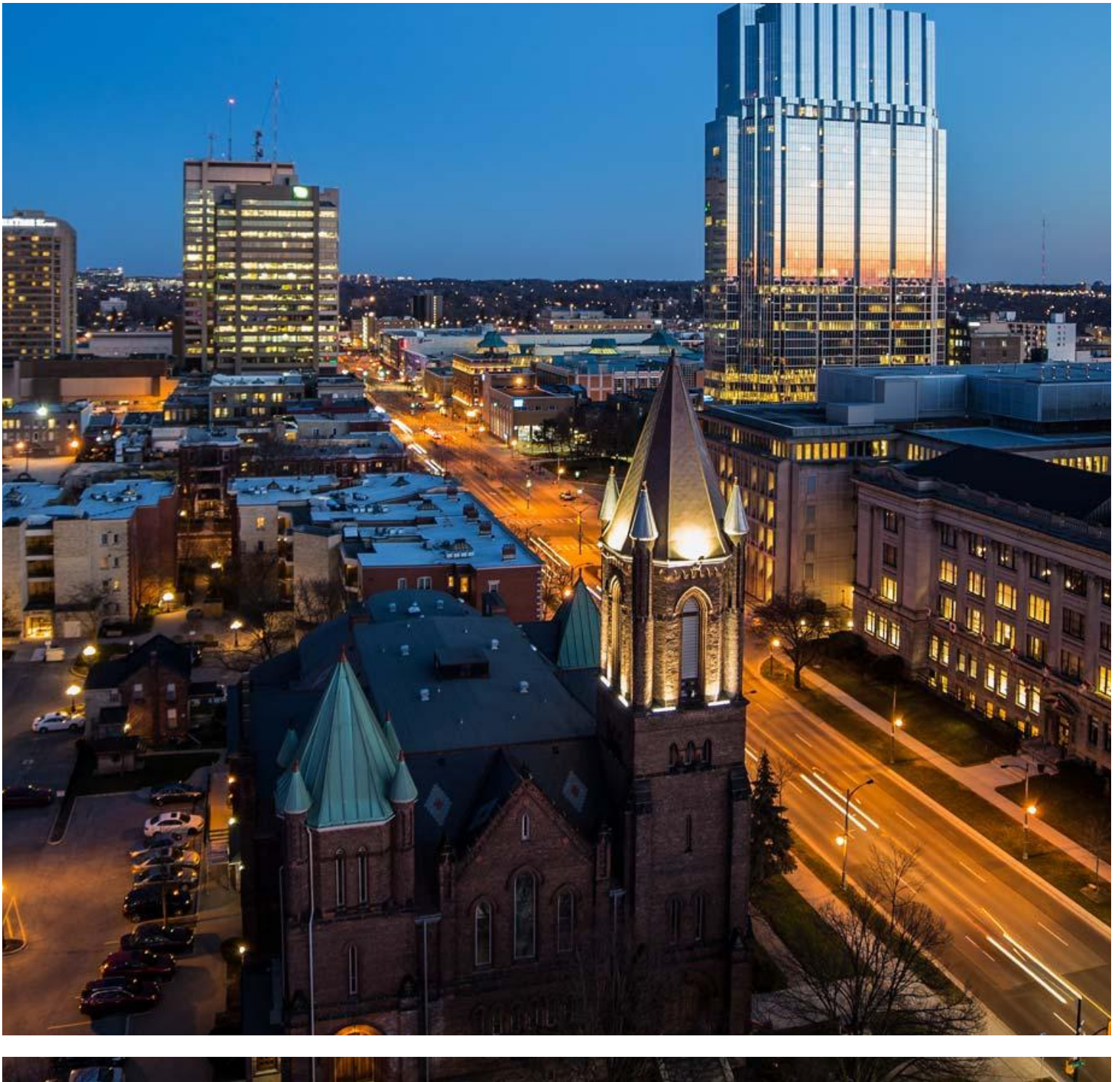
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²⁰ Leon, S., Suttor, G., & Klingbaum, A. (2022, March). *Toronto Supportive Housing Growth Plan: Funding Analysis*. Wellesley Institute. <https://www.wellesleyinstitute.com/wp-content/uploads/2022/02/Funding-Analysis.pdf>



Addendum A: Lived & Living Experiences Fall/Winter 2023 Final Report



LIVED & LIVING EXPERIENCES FALL/WINTER 2023 FINAL REPORT

08 DECEMBER 2023



PREPARED BY:
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DANICA FACCA PHD(C)

PURPOSE

The City of London's Whole of Community System Response was designed using a harm reduction and trauma informed approach to support community members of all backgrounds who are marginalized and experiencing homelessness by providing pathways to health services and housing that meets people where they are without judgment and offers culturally safe, low barrier, and inclusive support.

The City of London solicited participation from community members who have lived or living experience with homelessness to engage in consultation sessions to provide vital input that will inform the design and implementation of supportive housing.

The purpose of this summary is to summarize information collected from the community members in the following areas:

- Current needs and areas of improvement
- Current services being used
- Current barriers of service use
- Key features for supportive housing
- Key takeaways and recommendations for supportive housing



METHODS USED

A qualitative approach (individual and focus group interviews) was used to understand community members' current experiences of homelessness and their interaction with community supports within the London area. Focus groups and/or individual interviews were conducted by experienced staff members across **6 local organizations** which currently support community members experiencing homelessness. The nature of inquiry within the focus groups and individual interviews was to identify current services community members experiencing homelessness rely on for support, current barriers of this service use, and key services or features to inform the design and implementation of supportive housing. The focus group and individual interview guides were semi-structured, and community members were provided an honorarium.

DATA COLLECTION AND ANALYSIS

Data collection processes across individual and focus group interviews was mixed: some focus groups were audio-recorded and transcribed verbatim for analysis, while others captured data through reflexive hand-written notes. Data collection took place between **July and October 2023**. In total, **5 focus groups and 22 individual interviews were conducted with 49 community members**. Appropriate qualitative analysis techniques were carried out. An iterative, thematic analysis approach was used by researchers at St. Joseph's Health Care London. Members of the research team analyzed all transcripts and notes. Thematic codes were tracked in a tabular matrix using exemplar quotes from interview transcripts to enrich thematic findings where applicable.



FINDINGS

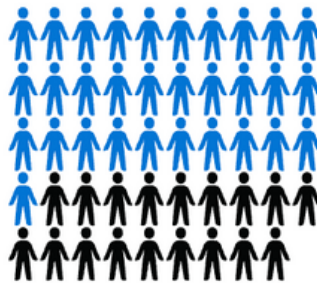
COMMUNITY MEMBERS'
EXPERIENCES

DESCRIPTIVE CHARACTERISTICS

Participants were invited to complete a demographic survey following the interview. To date, sociodemographic characteristics of **49 community member participants** have been captured and analyzed below (see Appendix A). Of those 49 participants:



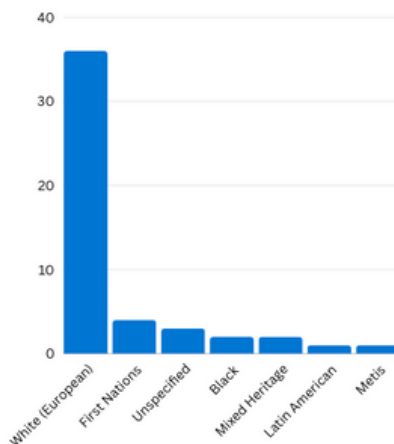
Average age across was **39 years old** (range of 26–64 years old)



Majority of participants (63.27%) identified as **male**

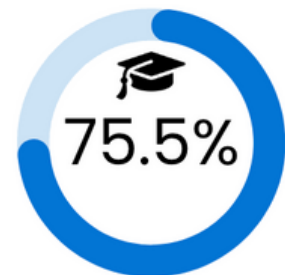


Most participants (67.35%) identified as **heterosexual**



Approximately two-thirds of participants (74.5%) identified as **White (European)**

Most participants (75.5%) had received a **high-school diploma and/or post-secondary education**



English was the preferred language across all participants (100%). Over three-quarters (83.67%) of participants identified their primary residence within an **urban area**.

CURRENT NEEDS & AREAS OF IMPROVEMENT

During the focus group discussions, community members openly shared their current needs and highlighted examples of where more support is desired.

Current needs identified by community members included:

- Lack of beds/space in shelters
- Lack of affordable housing options
- Lack of accessible housing options

Areas of improvement identified by community members included:

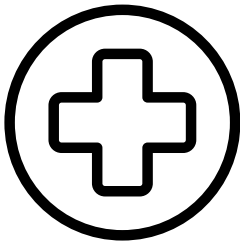
- Increased accessible housing options (e.g., apartments) for those living with physical disabilities
- Increased accessible transportation options (e.g., accessibility friendly taxis) to healthcare facilities like hospitals
- Increased beds/space in shelters
- Increased mental health training for staff working with those who have mental health or addiction needs
- Increased mental health resources
- Increased support with accessing transitional housing
- Increased support with job searching and government-based assistance programs (e.g., Employment Insurance, Ontario Disability Support Program)
- Increased support with securing identification documents (e.g., health cards, birth certificate, license)



WOMEN-IDENTIFYING COMMUNITY MEMBERS NOTED THE IMPORTANCE OF INCLUDING GENDER-SPECIFIC SPACES (I.E., WOMEN ONLY) TO IMPROVE SAFETY FOR THOSE WHO ARE SEX WORKERS OR SEEKING SUPPORT FOR GENDER-BASED SEXUAL VIOLENCE.

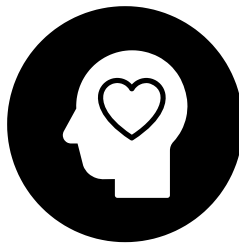
CURRENT SERVICE USE

Community members expressed their current service use by discussing the organizations and networks where they prefer to go to for various areas of support and the specific contexts in which they find these supports valuable and essential. The organizations community members identified demonstrates the **diverse nature of support** required to meet the intersectional needs of this population which ranged from basic living needs (i.e., shelter, food, essential items) to healthcare needs, inclusive of mental healthcare, harm-reduction addictions support, and outreach services for those experiencing gender-based sexual violence.



HEALTHCARE SUPPORT:

LONDON INTERCOMMUNITY HEALTH CENTER
METHADONE CLINIC
NEEDLE EXCHANGE
PARKWOOD INSTITUTE
REGIONAL HIV/AIDS CONNECTIONS



MENTAL HEALTH SUPPORT:

CANADIAN MENTAL HEALTH ASSOCIATION
MY SISTER'S PLACE
REACH OUT CRISIS LINE
STREETSCAPE



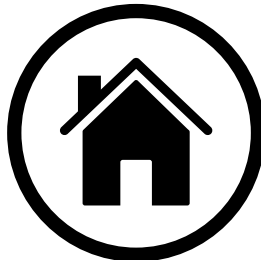
TRANSPORTATION SUPPORT:

HOME BUS
MOBILITY FIRST



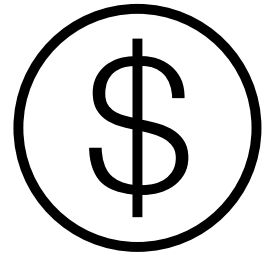
FOOD SUPPORT:

519 PURSUIT
ARK AID
ATLOHSA
FIRST BAPTIST CHURCH
GOODWILL RESOURCE CENTRE
LONDON CARES
SAFE SPACE
SANCTUARY LONDON
SISTERS OF ST. JOSEPH'S HOSPITALITY CENTER
ST. VINCENT DE PAUL
ST. JOHN THE DIVINE



HOUSING SUPPORT:

HOUSING STABILITY BANK
LONDON CARES
MEN'S MISSION
MY SISTER'S PLACE
SAFE SPACE
STREETSCAPE
STREET LEVEL WOMEN AT RISK- COLLABORATIVE
THE SALVATION ARMY
UNITY PROJECT

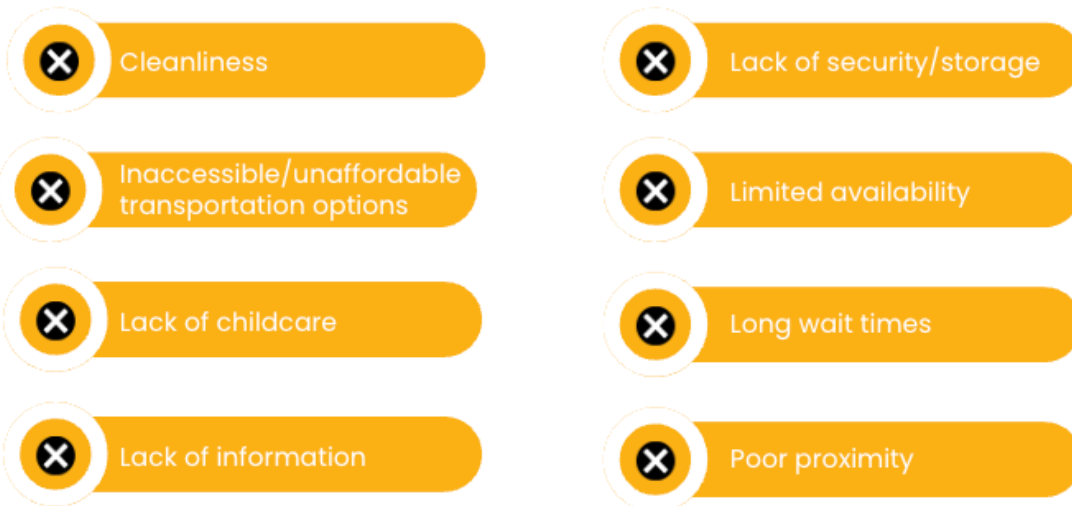


FINANCIAL SUPPORT:

COMMUNITY HEALTH CENTER
JOHN HOWARD SOCIETY OF LONDON
SANCTUARY LONDON

CURRENT BARRIERS

Main barriers community members identified facing included:



Lack of comprehensive and/or consolidated information of current resources was a barrier for some as they relied on **“word of mouth”** communication to inform their options of where to go to for support. In other cases, long waiting lists to get a bed led others to go **“back on the streets”**.

For those who found themselves lucky enough to get a bed, lack of security and/or shared rooms dissuaded them from staying as they felt uncomfortable in spaces where there was no security and/or space to lock up their personal belongings that, while on the surface may appear to look like “junk,” carry a deeper meaning from a survival standpoint. Additionally, some community members noted that experiences of **discrimination based on gender identity and expression** made accessing supports unsafe for them.

“ A LOT OF PEOPLE...HOARD THINGS BECAUSE THERE'S LIKE A SCARCITY ANXIETY...THEY GET WORRIED LIKE 'OH, I'M GONNA LOSE THIS [OR HAVE IT STOLEN IF I STAY]' ”
(COMMUNITY PARTICIPANT)

SUPPORTIVE HOUSING SERVICES & KEY FEATURES

Community members shared their perspectives on key services and/or features to be considered for supportive housing design. Overall, they expressed a strong desire for supportive housing that included **wrap around health and social support services as well as community spaces to foster a sense of belonging:**

- Accessible unit options and transportation options to and from site
- Communal child/family-friendly spaces
- Community recreation room (e.g., games, tv)
- Designated smoking areas
- Designated prayer room
- Grocery delivery support
- Exercise/fitness room
- On-site financial aid/management support
- Green space/outdoor garden space
- Healthcare resources/support (e.g., personal support workers)
- Heating/cooling system
- Mental health resources/support (e.g., crisis counselling, addictions support)
- Laundry facilities
- Onsite meal preparation/service options
- Onsite security personnel
- Outdoor barbecue/cooking area
- Personal and shared (e.g., roommate) unit options
- Pet friendly unit options
- Secured entry with guest sign in
- Wi-Fi access

SUPPORTIVE HOUSING SERVICES & KEY FEATURES

When asked to describe what supportive housing means to them, community members overwhelmingly shared that a sense of belonging, community, and inclusion would make this kind of living arrangement worthwhile. For some, this would mean having “a loving place where you can bring your family to” (Community Participant) or quite literally a place where they could point to and say “this is my home and this is where I belong” (Community Participant).

“DESPITE THAT WE ALL COME FROM DIFFERENT CULTURES, RELIGIONS, JUST [HAVING] YOUR [OWN] SPACE TO PRACTICE YOUR BELIEFS [WOULD BE WELCOMING].”
(COMMUNITY PARTICIPANT)

An inclusive community within this context for some community members meant having dedicated spaces that acknowledge diverse cultural and religious practices, for example, the inclusion of a prayer room.

When discussing services and possibilities of community programming within supportive housing, **many community members advocated for the inclusion of education and/or services to support the development of basic life skills** like cooking, financial literacy, laundry, media literacy, and navigating health care services. For community members who do not have trusted family members or an established network of support, developing basic life skills and executing daily tasks like budgeting or making healthcare appointments that others take for granted can be difficult and isolating.

“AN ENVIRONMENT [WITH] NO PREJUDICE [AND] LABELS, [A CHANCE] TO BE PART OF A COMMUNITY AGAIN.”
(COMMUNITY PARTICIPANT)



SUPPORTIVE HOUSING DESIGN

KEY TAKEAWAYS & RECOMMENDATIONS

Similar to Hub design recommendations, community members' shared perspectives on supportive housing echoed desires for wrap around **housing, healthcare, and social service supports**. This feedback underscores the importance of designing supportive housing that **prioritizes *affordability, timely on-site supports, community integration and engagement*, but not at the cost of quality or resident independence**. Collaboration between project stakeholders and the community will be fundamental in co-shaping housing options that truly serve as a landmark of community-driven design.

SUPPORTIVE HOUSING DESIGN

KEY TAKEAWAYS & RECOMMENDATIONS

- **Accessible Layout:** Prioritize accessibility by building ramps, elevators, and wider doorways to ensure community members of all abilities can move freely on premises.
- **Affordable Unit Options:** Incorporate a mix of unit sizes and rental rates to cater to various income levels to meet diverse economic needs.
- **Basic Life Skills Sessions:** Organize educational sessions on basic life skills for residents (e.g., financial literacy, cooking classes) to empower residents with essential skills to enhance their self-sufficiency and quality of life.
- **Flexible Floor Plans for Diverse Family Structures:** Design units that accommodate various family structures, including single individuals, couples, families with children, and multigenerational households.
- **Green Spaces and Landscaping:** Integrate gardens, outdoor cooking and seating areas into the building's surroundings to provide residents with opportunities to connect with nature and each other.
- **Healthcare and Mental Health Services:** Collaborate with local healthcare providers to establish on-site or nearby healthcare and mental health services to provide residents with convenient access to primary care and preventive health services.
- **Multi-Purpose Community Rooms:** Design communal spaces to serve as venues for workshops, community meetings, and social functions, to enhance the building's environment as a hub for social engagement.
- **Public Transportation Access:** Build in areas with easy access to public transportation options to make commuting more convenient and contribute to a reduced reliance on private vehicles.
- **Resident Engagement Programs:** Create avenues for residents to voice their suggestions and concerns by facilitating resident engagement programs to ensure the building remains responsive to residents' evolving needs.
- **Safety and Security:** Implement security features like well-lit pathways, surveillance cameras, secure entry points, and visitor sign-in to make residents feel confident in their surroundings.

APPENDIX A

Sociodemographic characteristics of community member participants

Demographic characteristic	Total Number of Participants (N = 49)	
	<i>n</i>	%
Biological Sex at Birth		
Male	34	69.39%
Female	15	30.61%
Gender Identity		
Male	31	63.27%
Female	12	24.49%
Prefer not to answer	3	6.12%
Non-binary	2	4.08%
Other	1	2.04%
Sexual Orientation		
Heterosexual/Straight	33	67.35%
Prefer no answer	6	12.24%
Queer	3	6.12%
Bi-sexual	3	6.12%
Two-Spirit	2	4.08%
Gay	1	2.04%
Lesbian	1	2.04%
Racial/Ethnic Identity		
White (European, North American)	36	74.47%
First Nations	4	8.16%
Unspecified	3	6.12%
Black	2	4.08%
Mixed Heritage	2	4.08%
Latin American	1	2.04%
Metis	1	2.04%
Education		
Highschool	30	61.22%
Unspecified	5	10.20%
Grade 9 or less	5	10.20%
College or University Degree	4	8.16%
Trade or Technical School Certificate	3	6.12%
No formal education	2	4.08%
Born in Canada		
Yes	40	81.63%
No	4	8.16%
Prefer no answer	4	8.16%
Unsure	1	2.04%
Primary Residence		
Urban	41	83.67%
Rural	5	10.20%
Unspecified	3	6.12%