



Homelessness in Regina

Current Situation and
Solutions From Other
Communities

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Executive Summary

This report was prepared for Carmichael Outreach, a community-based organization that provides housing and support services to citizens of Regina. Objectives of the report are to provide an overview of the city's housing and homelessness situation (e.g., available housing, number of homeless individuals, barriers that homeless individuals face, and available support services) and to examine successful housing strategies of other municipalities.

With 1.9% vacancy rate and lack of adequate and affordable housing Regina is in the midst of the housing crisis. Although data on the city's homeless is incomplete, a research report published in 2010 indicates that approximately 4 500 unique individuals use an emergency or transitional shelter during a year. When we consider the hidden homeless the number of homeless individuals may be two to three times greater than the actual count.

Several Canadian municipalities including Moncton, Toronto, Montreal, Winnipeg, Calgary, Edmonton, and Vancouver have successfully housed homeless individuals by using the Housing First approach. With the Housing First approach homeless individuals are first housed and then given support services as needed. The use of this approach is supported by reports and research literature across North America. Research indicates that the Housing First approach is more successful at housing homeless individuals and more cost-efficient than the traditional Continuum of Care approach.

In order to house homeless individuals long-term and in order to prevent further homelessness Regina needs to look at other municipalities who have succeeded at the task. Based on the research, Regina would benefit from implementing a comprehensive plan that:

- consists of concrete goals and measurable outcomes;
- increases supply of affordable housing;
- utilizes the Housing First approach;
- promotes collaboration between community organizations, non-profit, public and private sectors; and
- recognizes housing as a human right.

Introduction

Purpose of the Report

This report was prepared for Carmichael Outreach, a community-based organization in Regina, Saskatchewan that supports individuals struggling with addictions, poverty, health issues, and overwhelming life crisis. The organization provides several emergency and harm reduction services. Carmichael is also one of the many organizations in the city that provide support to homeless and hard-to-house individuals. Their vision is "to be the open door and strong voice; embracing those in greatest need" (Carmichael Outreach n.d.).

This report has three main goals:

- To identify and present statistics on the current homelessness crisis in Regina;
- To outline housing initiatives and life skills programs within the city that help individuals who face multiple barriers to housing; and
- To present best-practices implemented by organizations in other communities in order to help homeless and hard-to-house individuals escape repetitive homelessness.

Homelessness as a Problem

Citizens of Regina and the city's community organizations are dealing with two major housing related problems. The first problem is general lack of housing. The second problem is lack of adequate housing. Both of these problems may lead to homelessness. At present there is no universal definition of homelessness amongst advocates, researchers and policy makers. The Canadian Homelessness Research Network (2012) defines homelessness as:

the situation of an individual or family without stable, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it. It is the result of systematic or societal barriers, a lack of affordable and appropriate housing, the individual/household's financial, mental, cognitive, behavioural or physical challenges and/or racism and discrimination.

Therefore, homelessness is rarely an individual's or a family's choice, rather it is the product of society's failure to ensure that every citizen has access to affordable and adequate housing. The European Federation of National Associations Working with the Homeless (FEANTSA) has also developed a comprehensive definition of what it means to be homeless (FEANTSA 2011). According to FEANTSA, homelessness may refer to *rooflessness* (when people are sleeping on streets or in emergency shelters), *houselessness* (when people are sleeping in shelters or institutions), *insecure housing* (when people are living in spaces where they face threats of eviction or violence) or *inadequate housing* (when people are living in an unfit or overcrowded space). Homelessness can also be described according to the length of time that an individual has been homeless.

Chronic homelessness refers to long term or repeated homelessness; individuals with chronic illness or addictions are more likely to experience this form of homelessness. *Cyclical homelessness* occurs when an individual has experienced a change in circumstances (i.e., loss of employment). *Temporary homelessness* is a short term homelessness that is the result of events such as natural disasters.

In addition to different types of homelessness, there are also different types of housing. Figure 1 below displays the housing continuum used by the City of Regina; the continuum consists of different types of housing options and ranges from homelessness to home ownership. Here we will also differentiate between affordable and social housing. Affordable housing is housing which costs less than 30 percent of before-tax household income (CMHC 2013a). It is provided by the private, public and not-for-profit sectors and it includes rental, ownership and cooperative ownership forms. It is a broad category of housing that includes emergency shelters, transitional housing, supportive housing, subsidized housing, market rental housing and market home ownership. Social housing is a more narrow category of housing (a subtype of affordable housing) and it may be provided through government housing programs by a regional housing authority, private non-profit, or cooperative housing corporation, or an Aboriginal organization (City of Regina 2013.; CMHC 2013a). Therefore, social housing can refer to emergency shelters, transitional housing, supportive housing or subsidized housing.

Figure 1. Housing Continuum

Non-Market Housing				Market Housing			
Temporary Accommodation		Permanent Accommodation					
Shelter Spaces	Transitional Housing	Supportive Housing	Non-Market Affordable Rental	Market Affordable Rental	Market Affordable Ownership	Rental	Ownership
Emergency Shelter	Short-term accommodation for people in transition	Congregate or independent living	Subsidized housing costs	No subsidies but incentives to build or purchase provided		No subsidies or incentives provided	

Source: City of Regina 2013.

Regina's Homeless Population, Available Housing and Barriers to Housing

The Extent of Homelessness

Trying to understand the full scope of homelessness in Regina is difficult due to lack of data or incomplete data. To date there has not been a serious attempt from the municipal government to count the number of homeless people in the city.

In 2009, Pathways Regina published four different fact sheets on homelessness that provided a snapshot of the usage of emergency and transitional shelters in the city throughout the year. Approximately 2000 different people stayed at a shelter and the average length of stay increased by 30% compared to start of the year (Pathways Regina 2009). In 2008, a group of researchers from the University of Regina started a three year homelessness study in the city (Greenberg et al. 2011). In order to collect data on homelessness, the research team partnered up with seven shelters who were part of the Homeless Individuals and Families Information

People who access shelters do so for the following reasons: domestic violence, young people without a viable family home, women with children with no other place to go, unsanitary current residence, overcrowding, expensive rent, lack of affordable housing or social housing support services (Greenberg et al. 2011).

System database (HIFIS: a federally developed database on shelter usage). Over the course of the study 4500 different individuals and/or families accessed emergency and/or transitional shelters for at least one day and on average for 56 days. From 2008 to 2011 the average occupancy of beds in the seven shelters rose from 187 to 270, a 44.5% increase. The number of individuals who used an emergency shelter bed went up from 907 in 2008 to 1411 in 2010. These individuals stayed for a shorter amount of time but returned more often. The number of individuals who used a transition shelter bed went up from 753 in

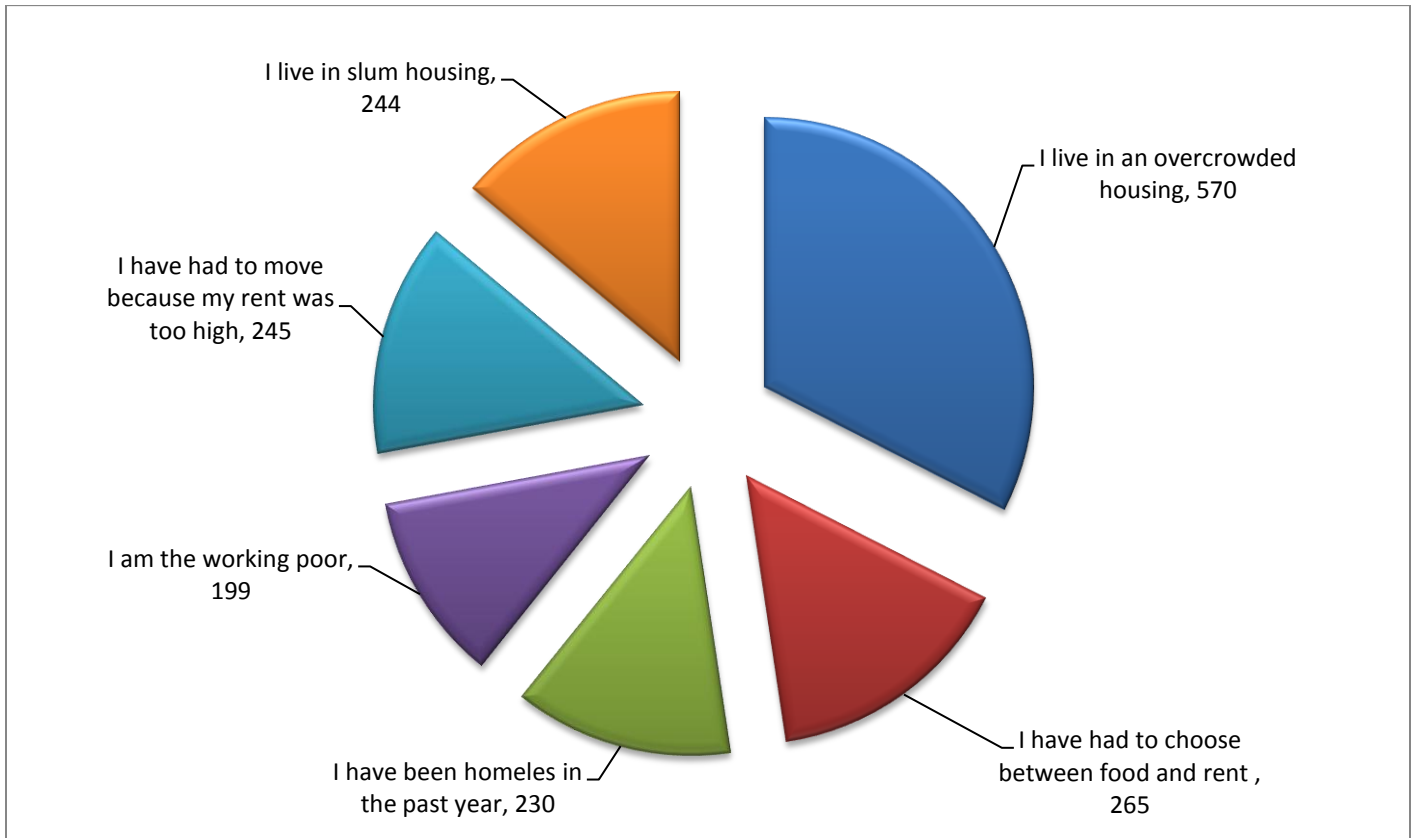
Inadequately housed families tend to be: young (77.4% are 16-24 years old), female (75%), Aboriginal (78.5%), have children (67.5%), and live on fixed low-income transfer payments (83.3%) (Greenberg 2010).

2008 to 818 in 2010. These individuals stayed longer in a shelter but were less likely to return. During the same time period all shelters operated at 92.9% of their capacity, on daily basis, regardless of weather conditions. For every three women in the shelter there were two men; however, as age increased men were slightly more likely to use shelters than women and there was also more shelter space available to women than men. In terms of young people (below 17 years of age), on average 11 youth at any time used a transitional shelter during each of the three years of the study. One of the important limitations of the study is that it did not include statistics from organizations that serve the mentally ill and people who are dealing with addictions. In addition to this, individuals and families who were "couch surfing" (i.e., spending the night on other people's couches due to lack of permanent housing) or living in unhealthy homes were not counted. According to

Greenberg and colleagues, this factor could double the number of homeless individuals. In a 2013 report, Canadian Alliance to End Homelessness suggests that for every individual that is in an emergency shelter and/or is unsheltered there are three additional individuals who are considered to be "hidden homeless" (Gaetz et al. 2013).

In May 2013 housing researchers, advocates and several community organizations that work with homeless people and people experiencing housing crisis organized the People's Housing Summit to bring to light first-hand experiences of homelessness and the housing crisis in Regina. Near the time of the event organizations such as AIDS Program South Saskatchewan, Carmichael Outreach, Newo Yotina Friendship Centre and Street Workers Advocacy Project polled their clients on matters pertaining to housing. Figure 2 displays the feedback from clients on a number of issues, including homelessness.

Figure 2. Housing Related Issues: Client Poll



Available Housing

According to the most recent statistics Regina's vacancy rate is at 1.9%, and 8.9% of Regina's residents are in great need of housing (CMHC 2013b; Gaetz et al. 2013). Availability of rental housing and especially affordable rental housing is very low (City of Regina 2013). This is due to an overall low number of rental housing units, as well as the fact that the number of housing units being built has not kept pace with the city's

population growth. In addition to this, shelters and temporary housing facilities are full and in some cases operating above their capacity. As mentioned earlier, not only is there a lack of available housing, but there is also a lack of good quality housing. According to the City of Regina, one in ten rental housing units in the city require major repairs. Main reasons for the poor condition of housing include: age of the housing units, previously stagnant economy did not encourage renovations, owners were not encouraged to invest in renovations due to low returns, and owners did not have a strong incentive to renovate units that could be easily rented out. Lastly, diversity of available housing is low. The most common form of housing in Regina is single detached housing. While this form of housing was in strong demand in previous years, changes in the city's population have decreased demand for this form of housing. Several segments of Regina's population are not well served with this housing because it does not meet their needs and it is not financially accessible to them:

- Recent immigrants;
- Temporary workers;
- Single individuals;
- Youth;
- Post-secondary students;
- Seniors;
- Single-parent households;
- Aboriginal households;
- Individuals with disability or special needs; and
- Individuals experiencing absolute homelessness.

Barriers Homeless Individuals Face

Homeless individuals face systematic, organizational and personal barriers that include:

- Poverty and low income;
- Lack of financial support for social housing from governments;
- A long wait time for subsidized housing units;
- Low capacity on behalf of some community organizations to provide one-on-one assistance to homeless individuals and families during their housing search;
- Lack of support programs to help out homeless individuals and families once they have been re-housed;
- Do not rent list:
 - A list of bad renters created by landlords, it only contains individuals' last names;
- Racism and discrimination (e.g., First Nations and Métis);

- Coming from a socioeconomically disadvantaged background;
- Not conforming with expectations of an agency or housing provider;
- Poor rental histories and no landlord references;
- Addiction issues, mental health issues, and brain injuries;
- Lack of social support system;
- Lack of experience seeking housing (e.g., being shy about talking on the phone or lacking confidence); and
- Language and cultural differences.

(CMHC 2005; Gaetz et al. 2013; Regina UAS Committee 2011).

Housing Initiatives and Life Skills Programs for Homeless Individuals

At least six organizations provide subsidized housing to Regina residents. Table 1 lists these organizations, the amount of housing they provide, and their target population. The city has twelve emergency and transitional shelters. Table 2 gives an overview of the services these shelters provide and people they support. In addition to services that before mentioned shelters provide, there are also numerous community organizations throughout the city that offer life skills training and support. Information about ten such organizations and the services they provide is listed in Table 3.

Table 1. Providers of Subsidized Housing

Provider	Amount of Housing	Target Population
Gabriel Housing	306 units	Métis individuals and families living in urban areas.
Ehrlo Housing	101 units	Low income families, single mothers, and individuals with chronic mental health conditions.
Namerind Housing	285 homes and a Patients' Lodge	Aboriginal people.
Mews Corporation	83	Families and older adults.
Regina Housing Authority	3000*	Individuals, families, and seniors.
Silver Sage Housing	452 units across province	Everyone can apply, but preference is given to the First Nations people living in urban areas.

*includes social and affordable housing units.

Sources: Ehrlo Housing n.d.; Gabriel Housing Corporation 2012; Namerind Housing Corporation n.d.; Regina and Area Support Services n.d.; Regina Housing Authority n.d.; Silver Sage Housing Corporation n.d.

Table 2. Regina's Emergency and Transition Shelters

Shelter	Target Population	Services Provided
Regina Transitional House	Women and children who have experienced abuse	Safe temporary housing, holistic counselling support and referral to community resources, risk assessment for children and parenting support and guidance, outreach program to support women in becoming independent, and cultural programming.
Isabel Johnson Shelter-YWCA	Women with/without children who have experienced abuse	Safe temporary housing, support and guidance, and optional group support services.
Wichihik Iskwewak Safe House (WISH)	Women and children who have experienced abuse	Safe temporary housing, individual and group support, traditional and western counselling and therapy, advocacy and referral, children's programming and outreach services.
Sofia House	Women and children who have experienced abuse	Safe temporary housing and supportive counselling.
My Aunt's Place-YWCA	Single women and women with children	Temporary housing, seek safe and affordable housing for clients (operate on Housing First model), and outreach services.
Waterson House/Centre-Salvation Army	Men	Housing and residential support.
Gemma House-The Salvation Army	Girls (ages 12-15)	Temporary housing and programming regarding self-esteem, sexuality, drug and alcohol abuse, conflict resolution and family matters.
Grace Haven-The Salvation Army	Pregnant or parenting teenage girls (ages 16-18) and their babies	Temporary housing and life skills training for parenting, household duties, budgeting and interpersonal skills (e.g., communication, conflict resolution, and becoming a "women of character").
YMCA's Residence	Male youth and adults	Housing, Residence, Healing and Addictions Program, and support in finding future housing and employment.
Men's Transitional Housing-Soul's Harbour Rescue Mission	Men	Emergency housing, provision of supper and clothing, life skills, faith-based, job skills and addictions recovery programs.
Women's Emergency Shelter-Soul's Harbour Rescue Mission	Women and children	Emergency housing, provision of supper and clothing, life skills, faith-based, job skills and addictions recovery programs.
Downtown Browne's Emergency Youth Shelter-Street Culture Kidz	Youth (ages 16-18)	Housing, personal support and skills development programming.

Sources: FHQTC n.d.; Government of Saskatchewan 2012; Kowalchuk 2007; Regina Transition House 2012; The Salvation Army 2013a, 2013b; Sofia House 2012; Souls Harbour RESCUE Mission 2013a, 2013b; YMCA of Regina 2012; YWCA Regina n.d.a, n.d.b.

Table 3. Provision of Life Skills Programming by Community Organizations

Organization	Target Population	Services/Training Provided
Rainbow Youth Centre	Youth (ages 11-19)	Development of communication skills, conflict resolution skills, job skills, skill building for parents, stress and anger management.
Aboriginal Family Services Centre	Aboriginal families and children.	Parental role and nurturance, basic life skills, coping skills, social skills, problem solving skills, and general support for youth, as well as adults, children, and parents with cognitive disabilities.
Family Services Regina	Individuals and families.	Teen parent programs, balancing work and family seminars, and life skills program.
Four Directions Community Health Centre	Individuals and families with cultural care provision for First Nations and Métis.	Healthy life skills and support for at risk pregnant women.
AIDS Program South Saskatchewan	Men, women, and children living with HIV/AIDS.	Life skills program for individuals and families (e.g., empowerment life skills and positive living).
Street Workers' Advocacy Project	People involved in street prostitution, including sexually exploited youth and youth at risk.	Life skills programming for sexually exploited youth and employment training.
Street Culture Kidz	Under-serviced youth.	Employment training, life skills and counselling.
All Nations Hope AIDS Network	First Nations, Métis, and Inuit families living with HIV/AIDS and Hepatitis C.	Aboriginal life skills sessions.
Canadian Mental Health Association-Regina	People with mental illness.	Employment and living skills.
John Howard Society of Saskatchewan	Youth (ages 16-19)	Leisure/recreational skills development, literacy, food preparation and handling, and employment readiness life skills through the Next Step Program.

Sources: Aboriginal Families Services Centre n.d.; All Nations Hope 2013; APSS, n.d.; Canadian Mental Health Association n.d.; Family Services Regina 2013; John Howard 2010; Kowalchuk 2007; Rainbow Youth Centre 2011; United Way Regina 2012.

Current Environment

This part of the report focuses on housing-related services provided by Carmichael Outreach, clients that access these services, the challenges and opportunities that the organization encounters on regular basis, and recent housing related trends in Regina and Saskatchewan. Carmichael's Acting Executive Director, Alaina Harrison, provided insight and information in regards to these topics.

Housing Support

The organization has two full-time housing coordinators. One of these positions is funded through the HIV Strategy by the Regina Qu'Appelle Health Region. This is a referral-based position; some of the clients come from three community agencies that are involved with HIV Strategy (e.g., AIDS Program South Saskatchewan, All Nations Hope AIDS Network, and Street Workers Advocacy Program) and other clients are referred through the RUHR, especially the Infectious Disease Clinic at the Regina General Hospital and Population and Public Health Services. The other position is a recent addition and it is funded by the City of Regina. This position works with drop-in clients and clients who are referred from agencies such as the Ministry of Social Services.

The staff provide basic help with housing services, which include:

- Creation and distribution of updated lists of available rental housing;
- Transportation to housing-related appointments;
- Assistance with obtaining financial statements, references and other documents required for housing applications;
- Assistance with filling out housing applications;
- Assistance in navigating the Office of Residential Tenancies; and
- Advocacy.

In addition to this, the staff also delivers housing workshops to the public and to other agencies.

The organization is not able to provide any financial assistance to its clients this year. In 2012, Carmichael received a \$10 000 Service Canada Grant through the Homeless Partnering Strategy and these funds were used for emergency housing needs (i.e., damage deposits, rent, and a couple stays in shelters/hotels). Eight families were housed as direct result of these funds.

Client Demographics & Statistics

From August 2011 to September 2012 Carmichael Housing Support Coordinator worked with 101 clients (Carmichael Outreach 2012). 46% of these clients were male and 54% were female. The average age for both

male and female clients was 41 years. The average and median age for females was 38 years. The average and median age for males was 43 years. Overall, 79% of clients received social assistance. Out of the 101 clients, 34 were able to find housing with help of the coordinator. By end of the report year, 13 of those clients were still housed, 8 were no longer in their initial housing, 10 were not reachable and 3 moved out of Regina.

Internal Strengths and Challenges

Carmichael Outreach can rely on four key strengths when helping their clients find housing:

- Knowledgeable and experienced staff;
- Patience and understanding from staff for the demographic they work with;
- Willingness to keep working with the clients even when it is difficult to keep in touch with them; and
- Ability to build good community connections with landlords, subsidized housing providers, and other agencies.

Internal challenges that may hinder Carmichael's ability to help clients find housing include:

- Inability to house people quickly due to low vacancy and the majority of clients being on social assistance (housing is too expensive);
- Inability to help clients with damage deposits due to lack of funds; and
- Lack of resources or staff to offer sufficient outreach to help people stay in their housing compared to just identifying available housing and getting clients into it.

External Supports and Challenges

When helping clients find housing Carmichael Outreach can rely on the following supports:

- The City of Regina, who funds the Housing Coordinator Position; and
- Subsidized housing providers (e.g., Silver Sage Housing, Namerind Housing, and Ehrlo Housing).

External challenges in providing housing support include:

- Ministry of Social Services' policies:
 - The Ministry does not provide cash or cheques for security deposits-the Ministry only provides a guarantee letter; many landlords do not accept this letter anymore; and
 - The social assistance amount for shelter allowance is not keeping up with market rental prices-Ministry of Social Services provides maximum of \$750.00 and clients have to come up with anything above this amount in the form of cash deposit to the landlord.
- Big deficit in the number of social and supportive housing spaces.

- The number of barriers that clients face, and difficulty contacting clients because they may not have an address, phone or means of transportation.
- Matters pertaining to landlords:
 - Due to market conditions landlords can afford to be choosy and they prefer to rent to employed individuals who have good references and who can pay security deposit upfront.
 - Some landlords may not follow some laws and bylaws knowing tenants may be less likely to report them for fear of losing their housing.

Housing Related Trends

The provincial and municipal governments have made several changes to their programs and policies regarding housing:

- Saskatchewan Housing Corporation has modified and narrowed its definition of affordable housing. It now states that "affordable housing is intended to be short-term until a family is able to afford to buy or rent a home in the private housing market. For seniors, affordable housing is intended for the long-term" (Saskatchewan Housing Corporation 2010).
- Saskatchewan Housing Corporation has also made changes to its Social Housing Program. These include changes in eligibility criteria, prioritization of applicants, changes to the rent scale, changes to the maximum rental rate, and changes to the minimum rental rates (Saskatchewan Housing Corporation 2012). Changes such as the removal of a rental rate cap and implementation of minimum rental rate may negatively affect the ability of some individuals to pay for their housing, and/or it may affect an individual's ability to purchase food and other life necessities.
- In 2011 the Government of Saskatchewan introduced *A Strong Foundation - The Housing Strategy for Saskatchewan 2011-19* and the *2011-12 Provincial Action Plan* (Saskatchewan Ministry of Social Services 2011). The two documents outline the government's strategy on housing and they focus on the whole housing sector in order to increase the amount of housing and affordable housing available to the public. However, the government has been criticized for not setting specific goals and timelines, for not setting aside significant amount of funding and for not doing enough to help out the most vulnerable individuals (Graham 2012).
- In 2013 the City of Regina released its *Comprehensive Housing Strategy* with the goal to "better align programs and assets with current and future housing needs, to coordinate with the new policies and programs of the Province, and to determine where the best areas are to stimulate and regulate the housing market" (City of Regina 2013, 2).

- In terms of housing trends, and as mentioned earlier in the report, there is an insufficient amount of multi-unit affordable housing being built to meet demands, and there is also a greater emphasis on single-family home ownership due to a better return on investment. Lastly, in recent years there have also been changes in the clients served. Staff at the Carmichael Outreach have seen and helped out an increasing number of newcomers to Canada and people who have moved to Saskatchewan from other provinces. This is not surprising given that the number of immigrants to Saskatchewan has grown from approximately 2 000 per year in 2005 to almost 10 000 per year in 2012 (Elliot 2012). During the same time period, the number of individuals moving from other provinces to Saskatchewan has grown from approximately 14 000 to approximately 23 000.

Programming Models for Hard to House Individuals

Traditional Approaches

In the 1980s, when homelessness was beginning to be recognized as a serious societal problem in developed countries, the most common response to the problem was to build emergency shelters (Fairmount Ventures Inc. 2011). As the number of homeless individuals continued to grow and there were not enough emergency shelters to help all of them, a new approach called "Continuum of Care" was implemented. With the Continuum of Care approach, also known as the "treatment first" approach, homeless individuals are usually first placed in an emergency shelter (Falvo 2009). They then move to transitional housing, and eventually to permanent housing. However, to acquire permanent housing individuals need to be deemed "ready" to be housed by service providers. This often includes a requirement to abstain from drug and alcohol use. Although this approach helped many individuals, it was not the best fit for chronically homeless individuals who struggled with mental illness and addictions since programs based on this approach had restrictive admission standards for this segment of homeless population (Fairmount Ventures Inc. 2011; Wong, Park and Nemong 2006). Due to the failure of the Continuum of Care approach to help chronically homeless and mentally ill individuals, a new approach was developed. This new approach is based on the Housing First model.

Housing First Model: An Innovative Approach

Background. The Housing First model emerged through the Pathways to Housing program in New York City (Pathways to Housing n.d.). The program was created in 1992 by Dr. Tsemberis, and its objective is to help out homeless individuals who are mentally ill and/or abuse substances (Fairmount Ventures Inc. 2011). The Pathways to Housing program has also been implemented in Washington (DC), Philadelphia, and throughout Vermont (Pathways to Housing n.d.). Furthermore, the Housing First model has been implemented in over 40 cities in the United States, as well as in communities in Canada, Japan, the Netherlands, Spain and Portugal.

The Housing First uses the opposite approach to that of the treatment first approach. It calls for provision of housing to homeless individuals first, and then for provision of support services as needed (Gaetz 2012). The rationale for the approach is that individuals are capable of making positive life changes if they have proper housing.

Although there are some variations among different Housing First programs, all of the programs share the following five characteristics:

- No housing readiness requirements: individuals do not need to prove that they are ready to be housed;
- Choice: individuals are given a certain level of freedom in selecting the location and type of housing they will occupy;
- Individualized support services: support services are offered and individuals choose what services they will use and to what extent;
- Harm reduction: there is an attempt to reduce risks and harmful effects that result from substance use and addictions, without asking for abstinence; and
- Social and community integration: support services help individuals to integrate themselves in the community.

Pathways to Housing. Philadelphia's Pathways to Housing program is one of the more recently implemented programs. It was created in 2008 based on the same program in New York City (Fairmount Ventures Inc. 2011). The program engages homeless individuals who are identified by the City's Department of Behavioural Health in cooperation with the Office of Supportive Housing and Project H.O.M.E.'s Outreach Coordination Centre. The program specifically targets homeless individuals who suffer from mental illness. The Pathways to Housing team is diverse, consisting of one psychiatrist, two registered nurses, six service coordinators, two certified peer specialists, two program assistants, one employment specialist, one clinical director, three housing and maintenance staff, one executive assistant, and one chief operating assistant. The program also cooperates with Thomas Jefferson University Health System and a primary care physician who sees clients once a week.

The process of being housed begins when the program's staff reaches out and engages homeless individuals in order to build a relationship. Individuals are accepted into the program if they are interested in receiving support and if they have a diagnosed psychiatric condition. They are assisted by staff in finding housing that will meet their needs. Housing is independent, scattered across the city and privately owned. It is leased to Pathways to Housing and clients sign use and occupancy agreement with the organization. To be able to provide housing to its clients, the program has developed a relationship with 150 landlords and housing

management companies. The organization provides furniture during move-in stage and the housing staff also takes care of repairs that may be needed following the move-in. Although the program's staff intervenes if there are any difficulties in landlord-client relationship, they encourage landlords and clients to maintain a healthy relationship on their own. In addition to housing services, staff helps the clients to set goals towards a recovery. Clients are offered access to a list of available services including traditional treatment, therapy, wellness group, job planning services and addictions support groups.

Canadian Examples. Several communities throughout Canada use the Housing First model. Some of the Housing First programs were implemented by municipal governments and some by community organizations. The overarching theme of all of the programs is to end homelessness, instead of just managing it.

Toronto. Toronto City Council implemented the Housing First model in 2005 through its Streets to Home program (Toronto Shelter, Support, & Housing Administration 2007). The program's mandate is to help out individuals who live in different outside environments - parks, under bridges, on sidewalks or in vehicles (De Jong 2007). These individuals are engaged by a mobile outreach team that operates outside of the downtown area, a multi-disciplinary mobile outreach team that operates within downtown, and also a youth team or an Aboriginal team (City of Toronto n.d.). Individuals who agree to participate in the program go through an assessment stage and then receive help in finding housing. They can choose where they want to live and they agree to pay the rent directly to the landlord. Sixty-eight percent of clients live in privately-owned units, while the rest live either in social housing or supportive housing units (City of Toronto n.d.; Falvo 2009).

The program provides multiple services including (City of Toronto n.d.):

- 24/7 downtown street outreach;
- 24/7 assessment and referral centre;
- Assistance in finding housing and at least one year support following the move-in;
- Support to private market landlords;
- Post-incarceration program to help those coming out of detention centres and jails;
- Employment support;
- Access to charitable organizations that provide furniture and other supplies needed for moving in; and
- Trusteeship program to help individuals manage their money.

Program relies on three components in providing support to clients (Falvo 2009):

- Elizabeth Street location, which is responsible for administration and coordination of the program;

- Volunteers who provide non-professional support; and
- Twenty-nine funded and eight non-funded partner agencies that provide a variety of support services.

Funding for the program comes from municipal, provincial and federal levels of government. The program's budget for 2008 was approximately \$8.7 million (Falvo 2009).

Calgary. In 2008, the Calgary Committee to End Homelessness created a 10 year plan based on the Housing First model (Calgary Committee to End Homelessness 2008; Calgary Homeless Foundation 2011). The plan called for cooperation between government, private sector, non-profit sector, faith community and the public in order to end homelessness. The committee entrusted Calgary Homeless Foundation to lead the effort.

The plan is divided in three phases. The first phase ran from 2008 to 2010, focusing on dealing with chronic homelessness and prevention. The plan is currently in the second phase, which runs from 2011 to the end of 2013. In this phase the focus is on making "deeper systemic changes" and modifying the plan based on the outcomes of phase one. The last phase will run from 2014 to 2018 and during this time the plan will undergo additional modifications to ensure that all the program's goals are met and that progress made is maintained.

The plan has four measurable outcomes:

- Elimination of family homelessness at 2 years;
- The retirement of half of the city's emergency shelter beds at 5 years;
- Eighty-five percent decrease in chronic homelessness at 5 years and complete elimination of chronic homelessness at 7 years; and
- A reduction in the maximum average stay in emergency shelters to less than 7 days by end of the 2018.

To achieve these outcomes the stakeholders set out to:

- Address the shortage of affordable housing;
- Provide support services and deal with root causes of homelessness (e.g., poverty, addictions, mental illness, and domestic violence);
- Improve access to services for homeless individuals; and
- Break down bureaucratic barriers to housing (i.e., barriers that prevent the homeless from being housed before they are deemed ready to be housed).

In order to implement the plan, Calgary Homeless Foundation has formed partnerships with non-profit agencies

across the city. These agencies take care of tenant referral, intake, income testing, social services supports and tenant related services (Calgary Homeless Foundation 2013). The agencies also make use of the foundation's property through leases or program funding. The foundation is responsible for managing assets and property. It distributes funding to 53 programs that are delivered by 26 organizations. Eighty four percent of funding comes from the Government of Alberta, with Alberta Human Resources providing \$30.07 million, Municipal Affairs providing \$1.12 million and Alberta Health providing \$2.00 million. The foundation is also in charge of the Government of Canada's Homeless Partnering Strategy funding which amounts to \$5.12 million for 2013. The foundation purchases property with the help of government funding (pays for the 70% of properties), and outside donations.

In an effort to better coordinate services and to monitor homelessness related factors, the foundation uses the Homeless Management Information System (HMIS). HMIS is a web software application that collects, shares and analyzes data on the city's homeless (Calgary Homeless Foundation 2013). As of 2012, 40 organizations and 70 programs were included in the system.

Vancouver. In 2008, Streethome, a community foundation in Vancouver created a 10 year plan based on the Housing First model (Streethome n.d.). The plan was the result of collaboration between corporate sector leaders, BC Housing, the City of Vancouver, Vancouver Coastal Health, and over 60 representatives from government and non-profit agencies.

The plan is identical to Calgary's 10 year plan in terms of the three phases. Phase one was implemented from 2010 to 2012; the plan is currently in its second phase and runs from 2013 to 2015, and the third phase will be implemented from 2016 to 2019. In each of these phases the foundation is focusing on three concrete goals and eight strategies to achieve those goals:

- Provide permanent stable housing with necessary support services.
 - Invest into supportive housing developments that use the Housing First model; and
 - Support policies and programs that will increase the supply of affordable housing and services that help individuals retain their housing.
- Prevent most vulnerable segments of population from becoming homeless.
 - Invest in supportive and subsidized housing for youth, families, and women escaping abuse;
 - Invest in innovative programs that target individuals who are leaving public institutions (e.g., hospitals and prisons); and
 - Support public policies and programs that lead to prevention of homelessness.

- Generate public support and commitment for permanent solutions to homelessness.
 - Increase public awareness and understanding of the underlying cause of homelessness, the proven approaches to solving it, and the need for widespread community involvement;
 - Increase levels of public, private and philanthropic investment in permanent and supportive housing and supportive services; and
 - Report on measurable outcomes of initiatives funded by Streetohome, including their cost effectiveness and impact on the lives of individuals.

Streetohome does not directly provide housing to homeless individuals but it supports community agencies that do so by providing funding. The foundation has been successful in raising funds. By the end of 2012 it was able to meet its goal of raising \$26.5 million (Streetohome 2013). The funds come from governments, private sector, foundations, community organizations and donors.

Edmonton. Edmonton is another Canadian city that has recently implemented a 10 year plan to combat homelessness. Homeward Trust is an Edmonton non-profit housing organization that is a significant part of the 10 year plan (Homeward Trust Edmonton 2013). The organization is responsible for bringing together non-profit organizations, governments and community members. It also coordinates housing and support programs offered by agencies across the city. It uses HMIS and the Efforts to Outcomes tool for case management purposes and to collect and analyze homelessness data. Homeward Trust operates based on the Housing First model.

The organization offers:

- Training on the Housing First model for community workers;
- Rental assistance for clients to help them pay part of the rent; and
- Furniture and appliances through the social enterprise Find.

Homeward Trust is funded by municipal, provincial and federal governments as well as businesses and community organizations. In 2012, the Federal Government contributed \$6.4 million, the Government of Alberta contributed \$2.1 million, and the City of Edmonton contributed \$1.2 million (Homeward Trust Edmonton 2013). The organization uses these funds to acquire housing and to fund programs offered by other agencies.

At Home/Chez Soi. In 2009 Mental Health Commission of Canada (MHCC) began a four year long project

called At Home/Chez Soi (MHCC 2011, 2012a, 2012b, 2012c). MHCC studied provision of housing and support services to homeless and mentally ill individuals in five Canadian cities: Vancouver, Winnipeg, Toronto, Montreal and Moncton (MHCC 2012a). The project's main objective was to compare the Housing First approach with existing approaches and services, and to find out what works best for different people in different cities. In order to accomplish this, the project studied two groups of participants. One group received services based on the Housing First model and the other group received regular services available within their community.

Each project site also examined issues that were important for the local context:

- Vancouver: congregate housing and individuals with substance use issues;
- Winnipeg: services provided using traditional Aboriginal approaches;
- Toronto: ethno-racial specific services;
- Montreal: the Housing First services in community and institutional environments; and
- Moncton: services in rural communities.

Most of the housing occupied by previously homeless clients is privately owned rental housing. Across the five cities service providers work with 260 landlords in order to house their clients. In addition to housing services, the clients are offered support services to help them achieve their personal recovery goals. All of the services are voluntary, tailored on an individual basis, and culturally appropriate. Clients can choose to receive Intensive case management, outreach and brokerage support for individuals in the community that is offered 12 hours a day or Assertive Community Treatment, support for individuals with serious mental health issues that is available 24 hours a day. Provision of housing and support services varies across the five cities. Table 4 on the next page summarizes the characteristics and responsibilities of housing teams in each city.

Table 4. Housing Teams' Size, Roles and Unique Circumstances

	Montreal	Toronto	Moncton	Winnipeg	Vancouver
Team Size	5	3.5	2	2 FTE	1.2 FTE
Landlord Agreements	Formal	Formal and Informal	Formal and informal	Formal and informal	Formal and Informal
Unique Housing Features	-Limited housing in popular areas. -Unique relationship with provincial and municipal governments. -Some clients are housed in social housing in addition to private housing.	-Large geographic area of Toronto. -24 hour transit service is important. -Advanced renting agreements with landlords mean that interested clients need to only do a unit inspection.	-Smaller rental market with smaller buildings allows for development of relationships with landlords. -Small city size means that clients can be labelled making it more difficult to house them.	-Lowest vacancy rates in project and lack of affordable housing. -Unique needs of Aboriginal population. -Strict Residential Tenancies Branch. -Many clients abuse substances, solvents and alcohol.	-Small housing team. -Housing and service teams are separated but cooperate. -Support teams search for housing with clients based on available stock.
Team role	-Housing team works directly with clients and service teams. -Housing team takes clients to see housing, sign leases, deals with moves, re-housing, evictions and damages.	-Service team takes clients to see housing, sign leases and deals with moves. -Housing team is only involved in re-housing if there are ongoing problems and damages and it may view a unit to note damages.	-Housing team takes clients to see housing, sign leases, deals with moves and assists with re-housing. -Service team may take clients to see housing if necessary.	-Service teams and Housing Plus take clients to see housing, sign leases, and deal with moves. -Housing team does not work directly with clients and it provides support if necessary.	-Housing team provides service teams with list of available housing. -Service teams take clients to see housing, sign leases, and deal with re-housing.

Source: MHCC 2012a

Effectiveness of Housing First Model. Several studies and reports have been published on the effectiveness of the Housing First model. Most of the research has been conducted by governmental agencies and non-profit organizations, and most of it examining New York's Pathways to Housing program (Johnsen and Teixeira 2010; Waegemakers Schiff and Rook 2012).

The Housing First model is more successful than the treatment first approach in housing chronically homeless individuals who are dealing with mental illness and substance abuse problems (Gulcur et al. 2003; Padgett, Gulcur and Tsemberis 2006; Pearson, Montgomery and Locke 2009; Russell 2010; Stefancic and Tsemberis 2007). The findings regarding the effectiveness of the model in reducing drug and alcohol usage are less clear.

Some studies found no differences between individuals in the Housing First programs and treatment first programs (Groton 2013; Padgett, Gulcur and Tsemberis 2006). Other studies reported lower numbers of psychiatric hospitalizations and decreased usage of drugs and alcohol for individuals participating in a Housing First program (Gulcur et al. 2003; Toronto Shelter, Support, & Housing Administration 2007). Padgett et al. (2011) reported that individuals in the treatment first program were 3.4 times more likely to use drugs and/or abuse alcohol one year after being in the program. Individuals in the treatment first program were also more likely to leave their program. Finally, research supports the Housing First programs as more cost-efficient than treatment first programs (Gulcur et al. 2003; Stefancic and Tsemberis 2007).

While the Housing First research has some methodological limitations (Groton 2013; Kertesz et al. 2009), researchers do acknowledge the positive results and support for the Housing First model, as well as the need to conduct further research (Johnson, Parkinson and Parsell 2012; Tainio and Fredriksson 2009; Tsai and Rosenheck 2012). Stanhope and Dunn (2011, 281) also advise that "[ideally] empirical knowledge shares the floor with experiential knowledge, values, ethics and the multiple interests, needs, and desires stakeholders bring to the table". Therefore, implementation of housing programs and policies should be based on ethical principles and needs of homeless individuals in addition to empirical evidence.

Pathways to Housing. Over the years the Pathways to Housing program has housed more than 3 000 individuals, 85 to 95 % of which have retained their housing (Pathways to Housing 2012). In the case of Philadelphia's Pathways to Housing program, 92% of individuals engaged by the program's staff were housed and 91% of them retained their housing (Fairmount Ventures Inc. 2011). The cost of the program is half of the cost of other programs for chronically homeless individuals. The program provides cost savings to the city due to decreases in the use of emergency services by its clients. These savings amount to \$4 219 per client per year. Over the course of one year of program enrollment:

- The average number of shelter visits by the program's clients declined by 88% and the total number of nights spent in a shelter declined by 87%;
- The number of visits to a crisis response centre declined by 71%;
- The number of visits to mental health court declined by 11%;
- The number of visits for acute hospital care declined by 70% and number of days spent in hospital care declined by 46%; and
- The number of visits to prison declined by 50% and number of days spent in a prison declined by 45%.

Toronto. In order to assess the effectiveness of its program, Streets to Homes conducted oral interviews with 88 of its clients who have been housed for at least 3 months and were receiving follow-up support in a period between November 2006 and April 2007 (De Jong 2007). By that time the program had housed 1500 homeless individuals, 90% of which have retained their housing. Following are the results of the interviews:

- 88% of clients were mostly or very satisfied with their housing and 79% were satisfied with their neighbourhood.
 - Clients who had the most choice in selecting their housing and those who lived independently were more likely to be satisfied.
- 91% of clients reported that their life had improved since they were housed.
 - 70% reported improvements in their health;
 - 72% reported an increase in personal security;
 - 69% reported improvements in sleeping;
 - 60% reported lower level of stress;
 - 57% reported improvements in their mental health; and
 - 82% had a positive outlook for future.
- Clients' use of alcohol and drugs decreased.
 - Of those who used alcohol, 17% quit drinking and 32% drank less; and
 - Of those who used drugs, 31% quit using and 42% decreased their use.
- Clients were using less emergency health services and they used routine medical services more often.
 - 38% decrease in ambulance use;
 - 40% decrease in emergency room use;
 - 25% decrease in individuals requiring a hospital stay;
 - 32% increase in visits to family doctors; and
 - 71% increase in use of psychiatrists.
- 85% of clients thought their housing situation was secure.
 - Clients who lived in shared accommodations felt less secure and they were more likely to relocate.
- Commonly used services included food bank, educational programs, job training, drug and alcohol treatment, and mental health programs.
- 68% of clients did not have enough money left over after paying rent and 66% ran out of money for basic needs such as food.

Calgary. Since the implementation of the 10 year plan 4500 people have been housed through the Housing First programs (Calgary Homeless Foundation 2013). Approximately 92% of them retained their housing. During the fourth year of the plan, 759 people were housed. These are the characteristics of individuals housed during the fourth year:

- 68% are male;
- 49% are 36 to 50 years old and 33% are between 51 and 64 years old;
- 70% are Caucasian and 19% are Aboriginal;
- 70% lived in emergency shelters, 11% lived outside, and 7% stayed with family and friends prior to being housed;
- During the first year of housing the average number of health system utilizations per client decreased from 1.8 to 0.8 times; and
- During the first year of housing the average number of incidents involving the justice system per client decreased from 1.2 to 0.7.

Vancouver. By 2013 Streethome and its partners housed 211 adults, 30 youth and 16 families (Streethome 2013). They are on track to exceed their goal for housing adults and families, while their current success rate in housing youth is below their benchmark goal. Cumulative housing retention rates are not available on the organization's website. However, 86% of clients who have been housed through the organization's partnership with At Home/Chez Soi retained their first or second housing unit.

Edmonton. In 2012 Homeward Trust housed 773 homeless individuals (Homeward Trust Edmonton 2013). During the intake process 76% of them were categorized as chronically homeless. Since 2009, the organization and its partner agencies have housed more than 2500 homeless individuals using the Housing First model (Homeward Trust Edmonton n.d). More than 80% of those individuals remain housed.

At Home/Chez Soi. MHCC's study is unique because "it include[d] a standardized definition of Housing First and the use of fidelity assessments to document the quality of the implementation of the program over the first two years" (MHCC 2012c). The study also extended previous research on the Housing First model by examining recovery, employment and social functioning outcomes.

During a follow-up study, 2 149 homeless individuals were interviewed and tracked. Most of them were recruited through shelters and from streets. The completion rate for interviews by July 2012 was 92% for Housing First group and 84% for treatment as usual group. Preliminary results of the study indicate that:

- 932 clients were housed;

- Most of the housing was in the private market-it was funded by rent subsidies and clients were responsible for paying 30% of their income towards the rent;
- 60% of clients lived in their first housing unit and 27% lived in their second housing unit;
- During the first year of being housed Housing First clients spent 73% of their time in stable housing, while treatment as usual clients spent 30% of their time in stable housing;
- 68% of clients were male and 22% were Aboriginal;
- One in three clients were under 34 years old and one in ten were over 55 years old;
- On average, clients spent five years being homeless and faced multiple barriers;
- 56% of clients did not finish high school and lived in extreme poverty;
- All clients had one or more serious mental illnesses; and
- 90% of clients had at least one chronic physical health problem.

Comparing program costs, the Housing First approach costs less than the treatment first approach. The average shelter, health, and justice costs for one client in the treatment as usual group for one year was \$23 849. The average shelter, health, and justice costs for one client in Housing First group was \$14 599. The difference of \$9 250 offsets the annual intervention cost of \$17 160. Therefore, the net cost of intervention is \$7 910 per individual per year with Housing First program. The cost of intervention for individuals who are high users of emergency services is even lower. The average cost for the individuals in the treatment as usual group is \$56 431 and the average cost for individuals in Housing First group is \$30 216. The difference of \$26 215 covers the annual cost of \$16 825 for the Housing First intervention and further creates a surplus of \$9 390 per person per year. Lastly, fidelity results indicate that the implementation of the Housing First model has gone well in the five communities.

Recommendations

Collaborative and Comprehensive Approach

Collaboration is a common factor of the Housing First programs and 10 year plans. Collaboration among governments, non-profit organizations, private sector and the public is important because "no one organization, sector or group can find the solution alone" (Streethome n.d.). Collaborative efforts lead to better outcomes for homeless individuals as a cross-sectoral comprehensive strategy can be well formulated (Calgary Homeless Foundation 2013; Homeward Trust Edmonton 2013). Collaboration between a service provider and a client ensures that a client receives services that he or she needs. Calgary Homeless Foundation is collaborating through use of case management, co-ordinated intakes, Project Homeless Connect, service directory, and HMIS

(Calgary Homeless Foundation 2013).

A comprehensive approach includes provision of all necessary support services. In the case of Pathways to Housing program, the case management team creates an individualized Comprehensive Service Plan for every client. The plan may include services such as therapy, addiction support groups, recreational activities, consultations about nutrition, and Wellness Recovery Action Plan (WRAP) group meetings (Fairmount Ventures Inc. 2011). A comprehensive approach also implies the development for strategic plans, such as those in Calgary, Edmonton, and Vancouver. These plans set specific goals, promote cooperation as a best way to prevent homelessness and help people who are homeless, and they also include regular evaluations (Gaetz 2010). A comprehensive approach is about applying more than one solution (there is more than a one light approach that informs practice). For instance, emergency shelters and treatment first approach are not the best fit for all homeless individuals, that is why communities have recognized the need for an alternative approach, the Housing First model, which helps out chronically homeless individuals who have not benefited from traditional approaches.

Integration of Affordable Housing

The lack of affordable housing is mentioned as both a contributor to homelessness and as an important component of a strategy to reverse homelessness. (Calgary Homeless Foundation 2013; Toronto Shelter, Support, & Housing Administration 2007; Falvo 2009; Homeward Trust Edmonton 2013; Streethome n.d.). There are at least two reasons why governments need to ensure that affordable housing is available to citizens of Regina and other municipalities:

- Economic Development (Canadian Housing and Renewal Association 2009; Wardrip, Williams and Hague 2011).
 - The initial development of affordable housing creates immediate and long term employment opportunities and spending in local economy.
 - The development and renovation of affordable housing results in immediate benefits for provinces and municipalities through sales taxes on building materials, corporate taxes on builders' profits, income taxes on construction workers and fees for zoning and inspection.
 - Affordable housing may impact an employer's ability to attract and retain employees (especially service sector workers, police and teachers) and therefore it has an important effect on regional economic competitiveness.

- Affordable housing may result in appreciation of nearby homes, creating a more robust tax base and it brings housing costs below market levels, therefore people will have more money to spend in their local economies.
- Investment in affordable housing may reduce costs elsewhere. For example, people who live in overcrowded or inadequate housing are more likely to have health problems and risks to safety which leads to a greater need of health and social support services. In the case that an individual becomes homeless their use of emergency services is likely to increase.
- Ethical/Moral Principles.
 - According to the United Nations "Governments should take appropriate action in order to promote, protect and ensure the full and progressive realization of the right to adequate housing" (UN Habitat 2009, 32). The right to adequate housing implies:
 - Freedoms (e.g., the right to choose one's residence, to determine where to live, and freedom of movement);
 - Entitlements (e.g., equal and non-discriminatory access to adequate housing);
 - More than four walls and roof (e.g., security of tenure, availability of services, materials, facilities and infrastructure, affordability, habitability, accessibility, location and cultural adequacy); and
 - Protection against forced evictions.
 - Canada is a signatory on several international covenants, including the International Covenant on Economic, Social and Cultural Rights which states that every individual has the right to adequate standard of living including food, clothing and housing (Canadian Housing and Renewal Association 2009). As a signatory Canada has promised to take action so that all of its citizens have this right.

Addressing Common Topics on Housing and Homelessness

Rent Control

The homelessness crisis and low vacancy rate have renewed debate about rent control, a calculated limit on rent increases. Opponents of rent control state that it is a disincentive for improving current housing and building new housing and that it has a small impact on rental cost (CBC News 2013; Saskatchewan Chamber of Commerce 2011). Proponents of rent control argue that it protects individuals from unreasonable increases of their monthly rent, and it does not crowd out private investment in housing because the private sector does not build housing for the poor. Furthermore, rent control advocates see rent control as a temporary solution for

helping low-income households until more affordable and social housing units are built (Hunter 2011; Schlosser 2011).

Homelessness is a Poor Person's Problem

Homelessness affects more than a homeless individual. It affects other residents of a community, community service workers, and business owners (Renfrew Collingwood Homelessness Steering Committee and Collingwood Neighbourhood House and SPARC BC 2009; Wilkinson and Pickett 2006). Homelessness is a societal issue for all members of society in the following ways:

- The moral dimension.
 - Community residents may be conflicted by homelessness because they encounter homeless individuals who live in substandard conditions.
- Social cohesion.
 - In societies in which there are resource inequities and large inequalities in income distribution there may be a breakdown of social cohesion resulting in greater fear and uncertainty for everyone.
- Social inclusion.
 - Homelessness creates divisions in community which leads to an "us vs. them" mentality. Homeless individuals are treated differently. For instance, there is an outpouring of support in communities where people have become homeless due to a natural disaster, however, there is not an equally strong outpouring of support for individuals who become homeless due to less immediate events.
- Social harmony.
 - When people do not have a private space to reside in, they reside in public spaces which may lead to conflicts over the use of such spaces. Conflicts may bring out deeply rooted issues due to stereotypical perceptions of homeless and marginalized individuals.

Conclusion

The city of Regina is in the midst of a homelessness crisis. So far the effort to help homeless individuals has been dispersed and without significant commitment and action from all levels of government. In order to improve the current situation there needs to be a greater collaboration between stakeholders and greater investment in social and affordable housing. Concrete goals need to be set and systems for monitoring and evaluating progress need to be implemented. Carmichael Outreach can take an initiative by practicing the Housing First principles in provision of services, encouraging implementation of the Housing First in other

community organizations and by lobbying governments to fund the Housing First programs and to adopt long term plans to eradicate homelessness based on the documented success of such initiatives. While reduction of homelessness will bring significant economical savings, more than anything reduction of homeless is an ethical responsibility of society.

Vocabulary

Affordable Housing: costs less than 30% of before-tax household income, it is provided by the private, public and not-for-profit sectors and it encompasses rental, ownership and cooperative ownership forms.

Continuum of Care Approach: homeless individuals are placed in an emergency shelter from where they gradually move to transitional housing and then permanent housing if service providers deem them as "ready" to be housed, also known as the treatment first approach.

Couch Surfing: when an individual or family spend the night on other people's couches due to lack of permanent housing.

Hidden Homeless: individuals who are not accounted for in official homelessness statistics due to couch surfing and/or due to living in an unhealthy home environment.

Homelessness: when an individual or family do not have stable and adequate housing or resources and ability to acquire it due to systematic barriers, a lack of affordable and adequate housing, the individual/family's income and health status, and/or racism and discrimination.

Housing Continuum: consists of different types of housing options that range from homelessness to home ownership.

Housing First Approach: homeless individuals are placed in adequate housing without alcohol/drug abstinence requirement and then given support services as needed, it is based on the philosophy that individuals can lead a positive life if they have adequate housing.

Social Housing: a subcategory of affordable housing that may be provided through governmental housing programs, private, non-profit, or cooperative housing corporations, or an Aboriginal organization.

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