

To: Community Development and Recreation Committee
From: Michael Blair, Co-Chair, Housing Working Group, Toronto HIV/AIDS Network (THN) and Director of Residential Programs, Fife House.

Re: April 17, 2014 Item 2013.CD1, 2013 Report on **Housing Stabilization Fund (HSF)**

To: Councillors Anthony Perruzza (Chair), Maria Augimeri, Paula Fletcher, Josh Matlow, Joe Mihevc (Vice-chair), and Kristyn Wong-Tam

Good Morning, my name is Michael Blair, I am here today as the Co-Chair of the Housing Working Group of the Toronto HIV/AIDS Network and I am Director of Residential Programs at Fife House. Fife House provides supportive housing for people living with HIV. I am joined by Kevin Leal, Coordinator of Fife's Homeless Outreach Program.

Many Toronto residents are vulnerable to homelessness including people living with HIV. The Housing Stabilization Fund has become a critical program in prevention of homelessness.

We are grateful for the opportunity to speak today, and for your continued support.

THN hosted one of the TESS consultation sessions held with front-line workers who work every day with people who struggle with poverty, who may be at risk of losing their housing, who are homeless or marginally housed, live in unsafe housing, or who are in shelters.

We appreciate the TESS consultation, and its recognition that improvements are needed.

Several steps in the Report relate to the input provided to TESS including:

- Undertaking improvements in "Consistency, Timeliness, Access and Awareness, and Communications".
- **We strongly support** the direction to create a faster, more streamlined form of intake so people on ODSP can apply directly to OW for the HSF. The current two-step process via ODSP to OW creates barriers and delays; there have been instances of this process clearly restricting access to the fund. More information is needed on how the new intake process will work.
- **We strongly recommend** that intake include provision of a phone number to call when an applicant does not hear back. Now applicants and their community workers have no way to follow-up when time goes by and no response is received.

- **We strongly support** the direction to develop dedicated staff teams in OW offices which will support streamlined access, develop capacities and consistencies on eligibility decision-making and improved timeliness for clients to access the fund, and avoid unnecessary appeals.

- Staff training is critical to respond to vulnerable clients in a consistent and respectful manner, without delay, and without questioning people who are on ODSP, about their health conditions. We support the development and delivery of training which will increase staff understanding and awareness of the issues vulnerable people face. **We strongly recommend** that community members and workers be included to bring their expertise to the development of a training module and sessions. Especially for issues related to poverty, issues about criminal justice involvement, issues with health and disability, including HIV mental health and addictions and issues relayed to gender identity and sexual orientation.

- **We support** the commitment to timeliness in all decision-making and to provide clear reasons for ineligibility which is needed in practice as soon as possible.

The following issues remain of deep concern and include community suggestions not clearly evident in the Report:

1. Ineligibility

- a. The Report states that 2000 cases did not receive HSF stating "no immediate eviction was pending". **We recommend** that HSF establishes a way to assist people prior to an eviction notice.
- b. The Report states 874 cases did not receive HSF as they were "not moving to more affordable housing". HSF criteria also allows for relocating to "more appropriate" and "safer housing". In practice, people are being rejected because only the 'more affordable' aspect is being applied by some workers. The Report itself undermines the importance of moving for other reasons.

For example, recently a client who is a newcomer was living in a single room in a house, due to a lack of income, sharing a kitchen and washrooms with 13 other people. Due to health issues, this client experienced frequent incontinence. When the client was approved for ODSP we looked for more appropriate housing-specifically their own

apartment. We secured housing for the client but they were denied HSF as the apartment cost more than their current room.

2. OW and community workers:

In the consultation, we suggested OW use community workers as secondary contacts. Signed consent of the clients can accompany their HSF application. We heard that when applicants can't be contacted they are deemed ineligible for HSF. Of the over 350 clients of the Fife Homeless Outreach Program in the past year, at least 40% did not have phones. **We strongly recommend** that HSF protocol ensure that community workers are listed and used as secondary contacts.

2. Furniture

We have experienced inconsistencies with requests for HSF for replacement of furniture. There are many valid reasons a client may ask HSF for furniture including bed bugs remediation, and moving from a furnished situation to their own apartments. **We recommend** the development of clearer HSF policy which will ensure fairer and more consistent decision-making on furniture requests.

3. Appeals

By TESS' statistics, and our experience, too many people who need HSF are rejected and have to appeal to get help. But not everyone who is denied HSF, appeals. Some are discouraged and have lost trust. In the story I told earlier, the client did appeal and their appeal was denied. A direct appeal beyond the local OW office has been found to be helpful by some community workers. **We recommend** this be integrated into the process. Dedicated workers for HSF should help to have fewer rejections in the first place.

4. Families

Canada Childcare Tax Benefit is considered income in determining eligibility for HSF although not used for overall OW eligibility. This benefit is intended for the daily needs of children including food and clothing and is not meant to apply only to housing. Another issue is that the asset limits under HSF only align with provincial OW at the level for individuals and not at the OW rate for couples and people with dependents. **We recommend** these situations be rectified for the benefit of people needing HSF. We suggest that TESS could provide information and analysis on the impact of these 2 changes.

5. Accountability – continuous improvement of HSF

We recommend that monitoring and more detailed analysis, especially about refusals and appeals, needs to be ongoing and regularly reported.

A home is a basic need and key to health. With housing, you can move from hopeless to hopeful.

Thank you.

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