

HL13.5 Appendix 1

Appendix 1: Housing Approaches

Affordable, good quality, and stable housing is important for health and overall well-being, and for building healthy and inclusive communities. The following is a summary of approaches from Toronto and other jurisdictions that have attempted to respond to housing need. In so doing, they address one or more of the factors at the intersection of housing and health. These initiatives meet four key goals for addressing the housing needs of priority vulnerable groups by:

1. Protecting, maintaining and expanding housing stock;
2. Putting housing first;
3. Ensuring the right care in the right place, at the right time; and
4. Planning for healthy communities.

The housing initiatives discussed below reveal that no single approach will address all the unique needs for stable affordable housing that supports health, and that a range of options along a continuum are needed.

Protecting, Maintaining and Expanding Existing Affordable Housing Stock

Good quality housing is important to health. Programs that monitor housing quality can help to ensure that the housing supply is maintained to support health.

In Toronto, **RentSafeTO: Apartment Building Standards** is a bylaw enforcement program that ensures that building owners and operators comply with building maintenance standards. The program applies to rental apartment buildings with three or more stories and 10 or more units. The program includes auditing and enforcement, so that the hundreds of thousands of Toronto residents living in rental buildings have clean, safe and secure homes.¹

Similarly, **Montréal City Council** passed a by-law concerning the sanitation, maintenance and safety of dwelling units. The enforcement of property standards in private rental housing is carried out by public health in order to improve the quality of housing for low-income tenants and to reduce their exposure to indoor biological, chemical and physical hazards.²

Many cities are addressing inadequate supply of affordable housing by revising zoning and tax policies to make it easier for municipalities to protect, maintain and expand existing stock (e.g. laneway houses, second suites) add new stock (e.g. increasing density from single detached to multi-unit), and to incentivize homeowners to do the same. **The City of Toronto has updated its regulations to make secondary suites and laneway houses permitted in a wider variety of building and property types.**^{3,4} **Additionally, the City has developed two programs to encourage the development of secondary/laneway houses.**⁵

Minneapolis City Council has eliminated single-family home zoning altogether, allowing the development of two- and three-family homes in every neighbourhood in the city.⁶ Upzoning for increased density is one way this municipality is addressing low rental vacancy numbers.⁷

Taxation of AirBnB rentals has been implemented in British Columbia, Quebec, and some parts of Ontario. In Chicago, a 4 percent surcharge is added to all AirBnB rentals. The tax is designed to disincentivize conversion of long-term rental units into hotel-style, short-term accommodation. The money raised is dedicated to addressing homelessness in the city, with half going to supports for families.

Halton Region has developed a pro forma model that assesses the financial viability of new construction of private sector, purpose-built rental and affordable units. The model also provides sensitivity testing of the return on investment (development, operations, revenue) in different market conditions. It was designed to help municipalities understand how to involve the development industry as a partner in the expansion of affordable housing.

Putting Housing First

Housing first helps people find permanent housing first, rather than prioritizing clinical stabilization. Housing First principles include rapid access to housing with no housing readiness requirements, client choice, strengths based and client-centered supports, and a focus on community integration.⁸ It is notable that while tenancy is supported, it is not tied to treatment: treatment for substance use or mental health issues is contemplated only after the living situation is settled. A core tenet of the housing first philosophy is that the most effective place to teach a person the skills required for a particular environment is within that actual environment.⁹

The Finnish Homelessness Strategy used a Housing First approach to redevelop many of their emergency shelters into permanent supportive housing buildings. This redevelopment required the collaboration of cities, private companies, and non-governmental agencies. Finland is currently the only EU country where homelessness is decreasing.¹⁰

The City of Toronto participated in the **At Home / Chez Soi** (AHCS) study: a multi-site, randomized controlled trial conducted by the Mental Health Commission of Canada to evaluate the effectiveness of the Housing First approach. The AHCS model, combines Assertive Community Treatment (ACT) of mental health and substance use issues with affordable housing and housing supports. Assertive Community Treatment is an intensive approach to community mental health service delivery that emphasizes home visits and other out-of-the-office interventions. The project demonstrated that for high-needs clients, AHCS led to cost savings in other sectors, notably policing, criminal justice, and emergency services.⁹

The City of Toronto is leading or supporting a number of programs being delivered through a housing first approach. The City's **Streets to Homes** and **Shelters to Homes** programs help people experiencing chronic homelessness move to permanent housing.¹¹ One of the places that permanent housing is provided is at **Homes First Society's Strachan House**. Strachan House provides a no barrier approach to transitional and supportive housing for people experiencing mental health and addictions issues. Strachan House's "assertive tolerance" approach means that tenants have access to a range of supports, but can choose how much or little they want to access as long as they are not causing harm to themselves or others.¹² The City of Toronto is also a partner in the collaborative and multi-disciplinary **Bridges to Houses initiative that helps people who are homeless and living with a developmental disability transition to housing with appropriate supports.**^{13,14}

The Greater Victoria Coalition to End Homelessness (GVCEH) asked the Centre for Addiction Research BC to develop a policy framework integrating harm reduction into the Coalition's strategy to end homelessness, which has adopted a Housing First approach.¹⁵ The framework is comprised of four key components, each of which have indicators to measure success:

- Social inclusion policies such as involving people who use drugs in the formulation and execution of policies and programs that impact them.
- Supply of adequate affordable housing, including access to permanent affordable housing (costs 30 percent or less of household income) that is tolerant of a range of substance use. Housing options include market housing, project-based housing with built in harm reduction services or housing connected to treatment.
- On demand harm reduction services and supports, including the availability of a range of effective harm reduction programs that individuals may choose to, but are not required to, use to access housing (e.g. access to safer use supplies, information and related services, safe disposal of used equipment, overdose prevention, and treatment services when individuals are ready and request them).
- Systemic and organizational infrastructure, including organizational supports (e.g. policies, training) necessary for the systemic integration of harm reduction.

Right Care, Right Place, Right Time

One of the clearest signs of deficiency in the housing system is the problem of 'Alternate Levels of Care' (or ALCs) in the hospital system. These are situations in which patients no longer require the acute care the hospital provides, but cannot be discharged because there is simply no other place to accommodate them. As a result, many people have no choice but to stay, over-utilizing hospital beds and services. Some may be admitted to long-term care prematurely, where they are once again over-served. Many circumstances can lead to ALCs, but older adults with low income and few or limited informal supports are at high risk, as are people with chronic illnesses and/or physical disabilities.¹⁶

It is generally considered preferable for adults to 'age in place' – that is, for them to remain in their homes and neighbourhoods for as long as possible. Unfortunately,

seniors lacking resources and social support may be only 'one fall away' from losing their ability to do so. There is a serious and growing need for accommodation and support choices that are less expensive than other options and less intensive than the supports in long-term care and acute care hospitals. Expanding supportive housing has the potential to reduce wait times and ensure more appropriate use of services.

Chicago has implemented a **Better Health Through Housing** project – a partnership funded by hospital, federal government, and housing organizations. A non-profit group coordinates healthcare programming, referring clients who are experiencing homelessness to case management services and permanent housing solutions across the network. The vision is to provide seamless care and good linkages, thereby reducing or delaying the need for higher intensity care. The project has already resulted in a significant decrease in healthcare costs for under-housed individuals.¹⁷

There has also been significant work done in the past decade to explore 'campuses of care' that create opportunities for people to keep living in the same environment despite changing health status. Campuses of care allow couples, family members and friends to live in the same neighbourhood, even when their levels of care are different. Foundational to the campus of care model is an emphasis on social services and a sense of home.

In Toronto, **West Park Healthcare Centre** has arranged its services and facilities based on this approach. The organization is pursuing a clustered, single site design, in which accommodations will be nestled in close proximity to local health system services. Concentrating advanced rehabilitative, complex continuing care, and independent living in one geographic area is expected to help people remain in the neighbourhood and receive the appropriate supports even as their health status changes.¹⁸ The City of Toronto is supporting the independent living component of West Park through its Open Door Affordable Housing Program.

Stillbrook Accessible Retirement Residences in Woodstock, Ontario, is also developing a concentrated offering, this time for stroke survivors living on a low income. They aim to provide affordable housing with supports tailored to the unique needs of this population. The model is based on single-site, clustered care, which is expected to operate more efficiently than what is achievable in scatter-site housing (5-6 visits per day per Personal Support Worker versus projected 25 visits per day per Personal Support Worker at Stillbrook).¹⁹

Planning Healthy Communities

Location is an important attribute of housing – location relative to health-promoting (services, amenities) and health-diminishing (pollution, violence) opportunities. To be most effective in promoting health, planning and related sectors are now striving to develop 'complete communities'.²⁰ These are places where homes, jobs, schools, community services, parks, and recreation facilities are easily accessible. Regardless of their location within a city, complete communities are compact; foster vibrant public

interaction; give community members a sense of place; provide transportation choice (active, transit, automobile) and accessibility; make efficient use of infrastructure; provide a mix of housing types and offer a range of affordability; and provide safety and security for all.

Many cities are now embedding the concept of complete communities into their planning and approval processes, and a number of jurisdictions have developed tools that help stakeholders consider all elements of a place (including health-promoting and -diminishing factors) in a methodical way. In Scotland, the National Health Service has created the **Place Standard Tool**, consisting of measures in 14 themes against which new developments and redevelopments can be benchmarked. Place Standard considers elements such as buildings, housing mix, spaces, and transport links, and can also be used to align public and private sector interests in setting project goals. Where such tools are being used, they have been adopted as a mandatory part of urban planning approvals processes.²¹

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