A Road Map for
Ending Homelessness in Newfoundland and Labrador
October 2014

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in Newfoundland and Labrador

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Acknowledgements

We would like to thank all of the individuals and organizations that contributed to the community engagement processes — surveys, key informant interviews, government and community consultations and the open house — as well as those individuals and organizations that provided input via email.

We would like to thank all of the persons with lived experience who contributed to *A **Road Map for Ending Homelessness** in Newfoundland and Labrador*, and the organizations that helped facilitate contact with their clients.

We would also like to acknowledge the invaluable contributions of the Newfoundland and Labrador Housing Corporation (NLHC) Project Team and its Interdepartmental Advisory Committee (IAC) for feedback, guidance, data and/or clarifications provided in the development of *A **Road Map for Ending Homelessness** in Newfoundland and Labrador*.

Key Terms

Acuity – a condensed term used to describe the depth of need or the severity and complexity of issues being experienced by an individual. Where a pre-screen identifies the presence of an issue, a full assessment identifies acuity. The determination of the level of acuity and how this impacts an individual's ability to successfully find and maintain housing identifies the type of program that will quickly and permanently end someone's homelessness.

Affordable Housing – for the purpose of this report, rental housing is deemed to be affordable when a household at or below the median income of its local community can consistently meet all of its basic needs (food, utilities, clothing, transportation, telephone, school supplies) and also cover the cost of the rental accommodation. In most instances, a household at or below the median income should not be spending more than one-third of its gross (before tax) monthly income on housing costs – if both housing and basic needs are to be sustainable.

Assertive Community Treatment (ACT) – a model of case management where a multidisciplinary team of professionals is responsible for providing services to clients. Caseloads are small and shared among the team (typically staff to client ratio of 1:10). Most services are delivered on an outreach basis and there is often 24-hour coverage. The inclusion of psychiatrists and nurses in this service means that the former may prescribe medications while the latter may administer them.

Assertive Engagement – is a proactive approach to the delivery of outreach, engagement and follow-up services that maintains strong connections with individuals and families. When applied properly, Assertive Engagement assists in effectively moving clients towards change that is self directed and sustainable.

Assessment – the use of a reliable, valid tool designed to determine acuity of individuals and families is a critical step in the process when clients access services. Unlike the triage process that uses a brief pre-screen tool to identify issues that may be present, assessment tools measure acuity or the depth of presenting issues.

Client-centered – sometimes referred to as "person-centered", is an orientation to service delivery that considers what the individual or family needs and wraps supports around to meet those self-defined needs, as opposed to stipulating a pre-determined direction or course of action for the individual or family. A client-centered approach uses the Stages of Change model to help the individual or family track their progress from their current state to a future improved state through motivation, information sharing and empowering service participant decision-making. Client-centered services are based on client choices and do not use coercion, nor do they prescribe a particular order of service access.

Diversion – a homelessness prevention strategy that occurs at the "front door" of the homeless serving system with a focus on connecting people with alternatives to shelter, exhausting all possible other supports first. The goal of diversion is to find a housing solution - even if temporary - that stabilizes housing without shelter access.

Fidelity – is the extent to which the Housing First Program — in all of its elements — is reliably delivered in accordance with the original, trained and tested program design.

Harm Reduction – an approach aimed at reducing the risks and harmful effects associated with substance use and risky behaviours, for the person, the community, and society as a whole, without requiring abstinence.

Homelessness – when an individual/family lacks a safe, fixed, regular and adequate place to reside, or regularly spends the night in an emergency shelter, institution, or a place not intended for human habitation. Homelessness can also be discussed using the following categories:

Absolute Homelessness - When an individual/family is without a residence and sleeps in indoor or outdoor public places not intended for habitation (e.g. streets, parks, abandoned buildings, stairwells, doorways, cars, or under bridges).

Sheltered Homelessness – When an individual/family is without a residence and spends the night in an emergency shelter or similar institution, including having no fixed address and staying overnight in a hospital, jail or prison.

At-Risk of Homelessness – When an individual/family is spending 50% or more of its gross monthly income on housing or when the condition of the housing, either because of state of repair or number of occupants, is inadequate for ongoing habitation.

Chronic homelessness – When an individual/family experiences continuous homelessness for a period of one year or greater, or, experiences four or more episodes of homelessness within a three-year period. Most often chronically homeless persons also have complex, co-occurring and frequently disabling conditions.

Episodic homelessness – When an individual/family experiences homelessness for less than a year and no more than three instances of homelessness within a three-year period.

Cyclical homelessness – When an individual/family moves in and out of various states of homelessness and housing such as moving from a motel to a low-cost rental to a point of incarceration to a shelter to a hospital stay. The cycle suggests that this is a pattern of housing status that has some consistency in the movement between a homeless and housed state, even though the exact types of housing or homelessness may change.

Hidden Homelessness - When an individual/family does not access emergency shelters or sleep in visible public areas, usually because they have temporary shelter by staying with friends or family.

Homeless Family – A unit comprising one or more adults accompanying at least one minor, usually but not always a blood relative, who are homeless.

Homeless Youth – A youth who is between the ages of 16-24, without adult supervision, and is homeless.

Homeless Management Information System (HMIS) – a software application designed to record and store client-level information on the characteristics and service needs of homeless persons. An HMIS is typically a web-based software application that homeless assistance providers use to coordinate care, manage their operations, and better serve their clients.

Homelessness Prevention – a targeted process completed by a solution focused professional that is dedicated to preventing homelessness before the individual or family loses their housing. However, to make the most effective use of available resources for prevention, funds should be targeted at individuals and families who are most likely to become homeless if they do not receive such assistance.

Housing Based Case Management – in a housing first approach, case management is a collaborative structure of care that is used to support service participants to achieve housing and life stability. Assessments are conducted to determine service options that may be suitable for the service participant, based upon the individual needs and the availability of resources. Case Management is then involved in planning, facilitating and brokering access to those services best able to meet those defined needs, documenting all aspects in this regard. Priorities are established to sequence activities, and intended outcomes are pre-defined so that progress can be measured against fixed points. Case Management is not treatment, nor is it therapy or counselling. It is also important to note that it is the case that is being managed, not the person. As such, case management does not require, coerce or direct a particular approach or order with which service participants must engage with services.

Housing First Philosophy – includes an approach and programming that focuses on helping people experiencing homelessness to have access to housing before providing support for other life issues that contributed to their homelessness.

Housing First Program – is a program model based on an evidence-based intervention that is best suited for homeless people who have complex and co-occurring issues, and serves those with the highest acuity first with minimal pre-conditions, such as "housing readiness". Prior to entering the program, the person agrees to have their support workers visit them in the home, pay rent on time, and to avoid eviction by not disrupting others.

Housing First Program Staff – is an employee of a funded agency contracted to deliver Housing First programming. These trained professionals are involved in the delivery of support services to service participants, most often in the form of Case Management that is delivered in accordance with a written Case Plan.

Housing Readiness – refers to standards and expectations of housing providers before independent housing is offered. Expectations can include psychiatric treatment, sobriety and/or life skills such as cooking. Using a "housing readiness" approach to service is not in alignment with the Housing First Philosophy.

Integrated Service Model – integration refers to collaboration within and between professionals from different sectors to increase information sharing, cross-training, improve services, reduce gaps in service, duplication of services and costs and to improve outcomes for service participants. The highest level of integration is achieved through cooperation between professionals who work together as a team to deliver case management services and supports to quickly meet the needs of service users.

Intensive Case Management (ICM) – similar to ACT, this model also provides case management and outreach services by professional staff. Lower caseload ratios and coverage outside of regular working hours are key components of ICM. The main differences between ICM and ACT is that ICM services are not delivered by multidisciplinary teams and ICM ratios are higher, usually 1 staff to 20 clients.

Interim Housing – is housing that can be accessed on a temporary basis that a Homeless Services Worker can make available to a service participant while permanent housing solutions are pursued or when a service participant is being re-housed. Interim Housing has no rights of tenancy.

Outcomes – are the result of service inputs, activities and outputs. Long-term housing stability, changes in skills and behaviour, increased knowledge and awareness and improved wellness are examples of measurable outcomes.

Permanent Housing – any housing arrangement where the tenant can continue to live at the same address indefinitely, as long as the tenant pays rent on time and follows the terms of the lease. Permanent housing can take many different forms, from rental units in the private market to permanent supportive housing. It can also include rooming houses and boarding homes, with secure tenancy, if the client chooses these housing options. However, in all of these types of rentals, the lease cannot stipulate a prescribed length of stay (other than a standard lease length), nor can it be conditional on participation in programming.

Point-In-Time Homeless Count (PIT) – Sometimes referred to as a Point-In-Time Count, PIT Count, or simply a PIT, it is a one-day, statistically reliable, unduplicated count of sheltered and unsheltered homeless individuals and families in a geographic region.

Pre-screen – an initial and brief assessment tool that identifies the presence of issues. Valid pre-screen tools prove to be valuable in the initial identification of issues that may need to be addressed to gain and maintain housing stability in the future. These are particularly helpful in busy environments and can identify those individuals and families who would benefit from a full assessment.

Professional Services – a service delivered by individuals that have the education, training and/or experience to make them conversant and qualified to deliver services in accordance with the requirements of a specific intervention. In almost all instances, the individuals performing the professional service receive remuneration consistent with other professionals performing similar work. In a professional service, people are expected to not cause harm due to negligence or ignorance related to the service that they are providing, exercise professional boundaries and have a skill set that is specialized related to the tasks required. In the delivery of a professional service, it is possible to monitor fidelity to the intervention and note compliance and shortcomings in practice. Professional services stay current with evidence-based, main currents of thought and practices in service delivery.

Rapid Re-Housing – is a support intervention intended to serve homeless persons with mid-range acuity, often with co-occurring issues. Persons and families in a Rapid Re-Housing program usually receive supports for a period of 6-9 months with the option of renewal in 3-month increments. Services include housing based case management supports but these are less intense than those offered in a Housing First intervention.

Rent-Geared-to-Income (RGI) Assistance – RGI assistance is a form of social housing that is based on a tenant's income and in accordance with provincial legislation where generally a tenant pays no more than 25% of their monthly income.

Scattered Site Housing – refers to housing that is "scattered" throughout the community in which some units in a residential complex are independent, private, market rate housing, and other units are designated as supportive or supported housing or Rent-Geared-to-Income. Participants often use rent subsidies to afford housing from private landlord and supportive services may be provided through home visits.

Service Prioritization Decision Assistance Tool (SPDAT) – is an instrument created by OrgCode Consulting, Inc. that examines 15 components and the acuity of each to help determine if an individual or head of household is a candidate for Housing First programming. The tool is used to assist with setting priorities and effective case management delivery. The SPDAT is a "decision assistance tool" and staff requires training to use the SPDAT effectively.

Supported Housing – a term often used to describe permanent housing that includes the provision of supports on an as-needed basis, as determined through the case management process. Often these supports are provided through home visits and are designed to maintain housing and stability. Supported housing can benefit service users that are experiencing mid-range and high acuity with the frequency and intensity of the support determined through an assessment of the depth of need. Supported housing is normally offered in a scattered site housing model.

Supportive Housing – is permanent housing that is attached to the provision of supports designed to maintain housing and stability, often these supports are available on-site on a 24-7 basis. Supportive housing is one housing option that is available for those who face the most complex challenges such as individuals and families confronted with homelessness and who also have very low incomes and/or serious, persistent issues that may include addictions, mental illness, HIV/AIDS, or other serious challenges.

Strength-Based – is an approach to service delivery that focuses on the strengths that a service participant has rather than focusing on their deficits. Using the natural and learned strengths that a service participant has, the intent is to leverage these strengths to help the service participant positively impact other areas of their life.

Transitional Housing – housing that normally comes with a specified time limitation for tenancy and often with requirements to comply with rules such as sobriety, curfew and/or participation in training or employment programming, in addition to the tenancy agreement.

List of Abbreviations

ACT	Assertive Community Treatment
AES	Department of Advanced Education and Skills
IAC	Interdepartmental Advisory Committee
ICM	Intensive Case Management
IS	Income Support
CAB	Community Advisory Board
CHRN	Canadian Homelessness Research Network
CMHA	Canadian Mental Health Association
CMHC	Canada Mortgage and Housing Corporation
CYFS	Department of Child, Youth and Family Services
HIFIS	Homeless Individuals and Families Information System
HMIS	Homelessness Management Information System
HPS	Homelessness Partnering Strategy
HSW	Housing Support Worker
NAEH	National Alliance to End Homelessness
NAVNET	Navigators and Networks Project
NFA	No Fixed Address
NLHC	Newfoundland and Labrador Housing Corporation
NLHHN	Newfoundland and Labrador Housing and Homelessness Network
NLSA	Newfoundland and Labrador Statistics Agency
PHF	Provincial Homelessness Fund
PIT	Point In Time count
PSH	Permanent Supportive Housing
RGI	Rent-Geared-to-Income
SJHHN	St. John's Housing and Homelessness Network
SLP	Supportive Living Program
SPDAT	Service Prioritization Decision Assistance Tool
VI-SPDAT	Vulnerability Index – Service Prioritization Decision Assistance Tool

Executive Summary

Homelessness is seldom caused by a single factor. It is most often the convergence of several factors within a short period of time that dislodges the individual or family from housing. The corollary of this is that homelessness is not ended by one program or approach. It is the alignment of various program and system components anchored in a particular service orientation that yields positive results. Left unchecked, homelessness costs not only the individual and the family, but also produces a financial and social burden for communities and the province. Much work has been completed in communities throughout North America to determine the essential ingredients for success in ending homelessness and this work provides valuable insights for Newfoundland and Labrador moving forward. 2013 marked the beginning of a quest by Newfoundland and Labrador Housing Corporation and its Interdepartmental Advisory Committee to investigate the scope and depth of homelessness province-wide and to ensure that strategic priorities were established to ensure a focus on ending homelessness for individuals and families.

Homelessness is indeed impacting Newfoundlanders and Labradorians. Over the course of 2012, 1,685 men, women and children required emergency shelter, an estimated 141 people experienced unsheltered homelessness — living in tents, cars, buildings or other places not meant for human habitation — and 3,743 residents experienced hidden homelessness which is defined as living temporarily with relatives or friends because they have nowhere else to go. The extent of homelessness in Newfoundland and Labrador is clarified when one considers that at any single point in time in the Province, it is estimated that as many as 932 people are experiencing homelessness.

In its 2012-13 effort to address homelessness, Newfoundland and Labrador dedicated 58% of its $15.3 million investment dedicated to homelessness and housing initiatives to cover the cost of emergency shelters (including transition houses for women and children fleeing violence).[1] Unfortunately, evidence across Canada and other jurisdictions indicates that investment that is dedicated to the provision of emergency shelter options does not produce consistent, long-term housing outcomes. This reactive focus on managing homelessness — as well-intentioned as it may be — will ensure that individuals and families experiencing homelessness find it increasingly difficult to become re-housed and increasing numbers of people will experience homelessness for the first time. This challenge to find and maintain housing is amplified in the regions that are experiencing economic growth because housing market prices increase in response to the growth, resulting in fewer affordable housing options for people living on fixed or low income.

Continuing to invest primarily in managing homelessness will never end it. The only solution to homelessness is housing. When analyzing the potential cost of continuing down the traditional path of managing homelessness into the future, an examination of the cost of homelessness goes beyond the investment in emergency shelter and support provision and extends to the additional costs incurred in other systems such as health and justice as individuals and families strive to have their needs met. Newfoundland and Labrador's investment in homeless services and emergency responses, including health and first responder costs, increases to a low estimate of $26 million annually for the 2012-13 sheltered homeless population, with the acknowledgement that less than 20% of the homeless population has the deepest needs and therefore consumes the majority of these resources.[2] A shift in service orientation specifically targeting that top 20% most frequent users of services can result in improved cost efficiency and demand management, leading to subsequent cost savings, especially over the long term.

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1   These homelessness driven investments are administered by NLHC, AES, CYFS and Health and provide funding for shelters/motel stays; transitional housing; supportive housing; housing supports; etc. See ***"Appendix D: Homeless-Driven Investments"*** for details on the Provincial Homelessness Investments, 2012-13.

2   See ***"Appendix E: Cost of Homelessness in Newfoundland and Labrador"***

A reoriented focus to end homelessness requires the community to use existing funds differently rather than relying solely on an infusion of new funding. In the process, the Province will see — as other jurisdictions have experienced — that the focus on ending homelessness results in fewer people experiencing homelessness, thereby exerting fewer demands on shelter, health and justice services. In the Newfoundland and Labrador context, the total programming investment of approximately $15.3 million annually would be realigned to ensure the implementation of a proactive approach to end homelessness with the adoption of a Housing First philosophy.[3] The shift in strategy makes economic sense for the Province. Compelling research and evidence demonstrates that shifting the approach from managing to ending homelessness has improved housing stability and wellness for people and reduced demand for costly emergency response services in communities across Canada. The Government of Canada — by endorsing the Housing First philosophy — has indicated that housing priority must be placed on individuals and families with the greatest need.

Housing First is a philosophy that focuses on helping people who have experienced homelessness access housing before providing assistance and support with any other life issues.

Ending homelessness requires a shift in homeless service delivery towards helping all people that experience homelessness access housing with the supports they need, as quickly as possible. It shifts programs and funding more toward permanent housing-based responses than emergency responses. This does not put an end to homeless shelters, but it returns them to their intended purpose — for short-term, infrequent stays — and may require a much smaller investment. For communities, ending homelessness means that services and programs are prepared to respond quickly to housing crises to ensure that residents receive the housing and supports they need to be successful.

Newfoundland and Labrador has a long-standing history of cooperation to address homelessness through the efforts of community volunteers, the faith-community, non-profit service providers and government. Ending homelessness in the province will require these groups to work collaboratively and collectively on this new approach to service delivery and resource investment. The ultimate goal of ending homelessness in the Province will require some significant changes.

Some of the changes that will be necessary in ending homelessness are outlined fully in this report and include the following points.

- There is compelling evidence that getting people quickly into housing as the first step—without preconditions—in service delivery and then supporting them while housed gets significantly better long-term housing outcomes than the traditional compliance-based or "treatment first" approach to service delivery. The adoption of the Housing First philosophy, although not in keeping with traditional thinking about homeless service delivery, will be essential in ending homelessness.

- Homeless service delivery throughout the regions has developed over time in response to the needs of community members experiencing housing and financial crises. In recent years, service delivery for the prevention and reduction of homelessness has been enhanced throughout the province, especially with the introduction of initiatives such as the Housing Support Worker projects in the rural regions.

- Currently, service delivery and access to supports, are predominantly reactionary in meeting the growing demand for assistance as service providers attempt to "be all things to all people" or respond on a "first come first served basis". Supplementing the current network of service delivery agents with housing-focused job descriptions and mandates will help establish clear expectations for service priorities, outputs and outcomes.

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3   See *"Appendix D: Homeless-Driven Investments" on page 107* for more information about investments.

- During the initial phase of re-orienting the homeless serving system and mainstream services, investment and service delivery must focus on individuals and families that are homeless and experiencing the most acute or complex needs. In contrast, people whose needs are less acute and who have the resources to help themselves are diverted from the homeless serving sector or re-housed with minimal support.

- A shift to a structured assessment of needs and prioritization for service delivery will require a significant change in thinking that will impact practices, programming and investment priorities throughout the Province.

- Professional development opportunities dedicated to assessment and case management practices will stimulate continuous improvement of service practices. The provision of consistent program and clinical support/mentorship will improve housing outcomes for people requiring homeless and housing services.

- Emergency shelter options — an important component in a system focused on ending homelessness — will be oriented toward short-term, emergency use where people are supported to get out of shelters/motel stays quickly and return to housing. In rural regions, this approach requires Housing Support Workers to be closely connected with people using short-term motel stays to immediately support and encourage people to engage in the re-housing process. It will be essential that efforts and resources are dedicated to helping people find long-term housing solutions because the only cure to homelessness is housing.

- Careful and respectful consideration must be given to policies, practices and investments that are currently in place, with the goal of identifying barriers that make it difficult for homeless and/or vulnerable persons to access the services needed to increase housing stability. Opportunities to improve service integration between the homeless serving sector and the mainstream systems must be optimized, resulting in an effective system of care that yields better long-term housing outcomes, improved wellness, safety and enhanced participation in education, employment and community life.

- Currently, provincial investment in homeless services and housing is decentralized with accountability for outcomes spread over a number of provincial departments. A more centralized approach to investment, administration and accountability for this work will result in improved efficiency in the use of finite resources, enhanced performance management and the consistent implementation of evidence informed practices dedicated to ending homelessness.

- While this report will highlight expenditures at a high level across the Province, the report also indicates that a thorough, system-wide review needs to be conducted regarding current investments related to housing and homelessness services. The review will include the financial support provided to maintain housing for vulnerable individuals and families. Opportunities for increased efficiencies will be revealed in the context of Housing First and this system-wide review will result in revisions to service delivery that will improve long-term housing outcomes and life stability.

- An essential element in the system to end homelessness is data collection and analysis. Enhanced data collection and analysis combined with performance management systems for organizations that are dedicated to ending homelessness will provide real time information regarding impacts and outcomes.

- Information sharing across the new system as well as program and system evaluations will prove essential in ensuring that improved outcomes are achieved and investments into the mandate to end homelessness in the Province are optimized.

There is a clear opportunity to improve the lives of people who are experiencing homelessness while decreasing the current costs associated with homelessness. Leveraging the strengths of service providers through a more efficient and effective homeless response system will end homelessness in the Province quickly and permanently. The Road Map for Ending Homelessness in Newfoundland and Labrador is based upon four strategic priorities. The strategic priorities and associated goals are as follows:

Strategic Priority	***I. System Transformation with Strong Provincial Leadership***
Goal(s)	Build a "systems" approach to ending homelessness with clear leadership, a shared vision and a collaborative approach.

Recommended Actions for Implementation

a. NLHC will provide provincial leadership and administration of the Road Map for Ending Homelessness to ensure that provincial homelessness and housing investments are dedicated to ending homelessness in an evidence informed manner;

b. Conduct a review of current provincial investments to highlight opportunities to centralize funding and the administration of all investments earmarked for housing and homelessness initiatives;

c. Revisit membership and identified role of the Inter-Departmental Advisory Committee. Decision making authority must be increased to ensure that corrective action can be taken within their respective mandates/departments to revise policies/practices and improve access and supports for individuals and families experiencing housing instability and homelessness;

d. Identify the annual investment for housing and homelessness programming to ensure the delivery of Housing First, Rapid Re-Housing and Homelessness Prevention activities, including a comprehensive professional development agenda, rental assistance and/or rental allowances for service participants and HMIS support;

e. Government will lead the process of identifying and endorsing a Third Party Lead Agency with dedicated staffing positions to implement the community-based strategies included in the ***Road Map for Ending Homelessness*** in each of the 5 service regions. Funding agreements with the Third Party Lead Agency will also incorporate the expectation that Regional Coordinators will support regional Community Advisory Boards in their efforts to identify and communicate local needs and gaps in service;

f. NLHC, IAC and Third Party Lead Agency will use service maps to identify how people access, effectively utilize and exit services and supports to identify existing barriers. From this service mapping process, appropriate and preferred service pathways will be identified to ensure improved access, leading to better housing outcomes and improved stability. IAC members will ensure that these new service pathways are approved and implemented by their departments within each region. Third Party Lead Agency will report back on the successful implementation and potential gaps/barriers within each region;

g. As the governmental body responsible for provincial homelessness and housing funds, NLHC will establish expectations for the implementation mandate of the Third Party Agency. The Third Party Agency will disburse the funds throughout the regions (based upon IAC recommendations and NLHC approval) and support the funded projects to ensure activities maintain fidelity and generate the outcomes and outputs expected by NLHC and the Government of NL. Accountability measures to be placed within the collaboration structure to enhance shared responsibility and monitor results.

Strategic Priority	**II. Strengthen Homelessness Prevention**
Goal(s)	Create an effective homelessness prevention system that works to divert people from homelessness, when appropriate, and assists people to find long-term solutions to their housing instability.

Recommended Actions for Implementation

a. Provide training to all funded homeless serving and affiliated front line service providers (including appropriate AES, CYFS, Health and Community Services, NLHC employees, etc.) on diversion;

b. Increase diversion resources to reduce the number of new households experiencing homelessness;

c. As part of the provincial review of investments, current sources of financial supports to prevent evictions must be identified with the goal of defining opportunities to streamline access, reduce inefficiencies and standardize eligibility for assistance;

d. Provincially, implement a pre-screening tool to assist in identifying people requiring homelessness prevention services;

e. NLHC, IAC and Third Party Lead Agency to establish inter-governmental communication and cooperation protocols to develop discharge policies. These protocols must be utilized in each region to assist people with No Fixed Address preparing to leave provincial institutions to ensure that options for housing and supports are coordinated in advance. The goal is efficient discharge to stable housing (zero discharge to homelessness) from systems such as health and corrections.

Strategic Priority	**III. Enhance Housing and Support Programming**
Goal(s)	Create a system that ensures that the right person receives the right support at the right time to end their homelessness quickly and permanently.

Recommended Actions for Implementation

a. Review all currently funded homeless serving programs to identify improvements required to align programs to a Housing First Philosophy with a focus on ending the homelessness of individuals and families permanently and quickly;

b. Develop outcome based expectations and targeted performance measures that will ensure that funds are dedicated to homelessness prevention, short term shelter and housing (with supports) programs;

c. With the adoption of a Housing First Philosophy focused on ending homeless, opportunities exist for the re-positioning/re-alignment of provincial investments to ensure a housing focused service delivery system. Together with the review of provincial investments, improved data on homelessness needs, and plans to bring programs into alignment with Housing First Philosophy, funds can be identified for the delivery of services throughout the province. In the future, improved data, occupancy/participation rates, program performance results and the tracking of client-based outcomes provide the evidence required to ensure the targeted use of finite resources to optimize the impact of resources;

d. Develop a coordinated access and assessment system that ensures that individual and families in housing crises have designated access sites for efficient responses related to their shelter and/or housing and support needs:

 – In the capital region, a centralized intake location can be created for both phone and walk-in service. Transportation barriers must be addressed;

 – Given the limited services available throughout the rural regions of the province and the even greater transportation challenges, multiple locations will be required with one access and assessment site in each region. Standardized practices and protocols are to be used throughout the province;

 – Ensure the incorporation of valid pre-screen and assessment tools such as the Service Prioritization Decision Assistance Tool (SPDAT) to ensure that the right person receives the right intervention at the right time to end their homelessness quickly and permanently;

 – Implement a prioritization protocol and referral system for Housing First, Rapid Re-Housing and, if appropriate, general housing assistance that prioritizes new clients by acuity.

e. Identify appropriate emergency shelter options and operational standards throughout the province

 – NLHC, IAC and Third Party Lead Agency to draft unified shelter standards that all shelter providers can agree to, which will inform practice and service orientation;

 – Work with CABs, funded agencies and community partners to identify appropriate shelter options in each region.

f. Identify all projects to be funded through the use of transparent and inclusive Request for Proposal processes. The Third Party Lead Agency can initiate this recruitment and selection process with the NLHC and the IAC making final approval decisions;

g. Develop and implement a Professional Development agenda for paid staff within service organizations and partner departments as well as community volunteers;

h. Provide training for frontline staff on proven effective approaches for screening eligible candidates for Housing First and Rapid Re- Housing service interventions and providing appropriate support for longer-term success and reduced recidivism;

i. Provide additional professional development opportunities to front line staff in shelter environments to better understand and orient their practice toward housing;

j. Increase Housing First and Rapid Re-Housing programming/services across the province;

k. Work with the landlord community to identify units in good condition that would be an appropriate match for the Housing First approach to service delivery;

l. NLHC to continue to lead the development of affordable, rent-geared-to-income and specialized housing options to meet the needs of homeless individuals and families, including permanent supportive housing;

m. NLHC, Health and Community Services and AES to review the protocols established for rent supplements, top-ups and AES rental rates, respectively, to increase the number and portability of rent supplements for homeless individuals and families, with the goal of enhancing long term sustainability of housing options;

n. NLHC will review social housing policies and practices to identify and correct access barriers for housing and supports to individuals and families that are experiencing homelessness;

o. Review existing transitional housing options to identify homeless recidivism rates, programming and options for the future. Where possible, focus should be on increasing permanent housing options for individuals and families. Recognizing that sub-populations such as youth may need different approaches to support and service delivery, the provision of permanent housing options is still the preferred goal;

p. Using improved data gained in the future regarding the service needs of homeless people, determine the regional needs for specialized housing options such as permanent supportive housing for high acuity individuals.

Strategic Priority	**IV. Improved Information Sharing and Performance Management.**
Goal(s)	Using this Report as a starting point, improve data collection and information sharing practices to ensure that the scope and service needs of the homeless population are understood; decision-making on programs and the allocation of funds is better informed and that the programs and the entire system is achieving the outcomes that are expected to end homelessness.

Recommended Actions for Implementation

a. Develop data collection expectations to ensure the collection of data to identify demographic and needs assessment information for service participants; intervention details as well as the measurement of output and outcome indicators;

b. NLHC and IAC to ensure the creation of valid data sharing protocols, ensuring appropriate collection, storage and sharing of client data;

c. Implement HIFIS (Homeless Individuals and Families Information System) as the Homelessness Management Information System tracking identified data points for funded projects;

d. Ensure appropriate training and mentorship of the data collection and reporting via HIFIS;

e. In the future, use findings from HIFIS to identify investment priorities and program revisions based on current assessment of needs and outcome-based results achieved;

f. Using HIFIS findings, identify emerging needs, service delivery trends and outcome results tracking to make strategic decisions to the strategies to end homelessness;

g. Improve information on estimates of homelessness and the characteristics, service needs of homeless people with the implementation of Point In Time (PIT) Counts;

h. Complete quarterly and annual monitoring of program and system progress in ending homelessness. Such monitoring will include a review of financial stewardship and the achievement of program-based output and outcome expectations.

Newfoundland and Labrador has historical strengths that can be leveraged to make the shift from managing to ending homelessness and to successfully navigate the changes that will be required. Government employees, service providers and volunteers have demonstrated a commitment to supporting the needs of homeless individuals and families. Housing is the only solution to homelessness and the societal and economic advantages of ending homelessness is not a question of morality, entitlement or even human rights—it is a scientific fact (For more detail, see *"Appendix C: Understanding the Importance of Housing"*).

The strategies recommended in this **Road Map** report are grounded in evidence based best practices identified in other jurisdictions and build upon decades of hard work in the Province, lessons learned, existing partnerships and a history of being innovative in the quest to improve the lives of its people. With strong provincial leadership focused on a shared vision to end homelessness and improved information systems, communities are poised to make improvements to outcome based service delivery that aligns with a Housing First philosophy. Newfoundland and Labrador is on track to be recognized as a leader in designing and developing a system that ends *both* urban and rural homelessness.

Introduction

Homelessness is often considered to be an urban phenomenon but, as identified during the community-based research performed for this report, homelessness and housing instability impact people in every region of the Province.[4] When examining the current realities of homelessness, it is important to understand that Newfoundlanders and Labradorians who struggle with homelessness are experiencing the same difficulties that their counterparts are experiencing in other parts of the country. However, due to its vast geography, Newfoundland and Labrador will need to engage in a regionally-based approach to provide support services for ending homelessness that reflect the realities of both urban and rural homelessness.

To ensure that the **Road Map for Ending Homelessness** is grounded in local realities and reflects local needs (both current and future), a two-level analysis was employed, which included integrating high-level data with local knowledge and expertise to generate recommendations that are consistent with main currents of thought and proven practices that end homelessness. In addition to the data and documentation reviews, information was received from a service provider survey, stakeholder consultations with such groups as community leaders, government departments and people with lived experience. These stakeholder engagement activities were completed between May and November 2013. During this 7-month period, more than 200 community based service providers, 6 Aboriginal governments and agencies, 61 provincial government employees from 8 different departments and over 100 people with lived experience were consulted.

4 **"Appendix A: Methodology Employed"** provides the Methodology used as the foundation for this report.

It is important to acknowledge the timing of this project. It was undertaken at a time when the momentum across Canada to end homelessness intensified as communities and provinces recognize that managing homelessness with emergency based services is not only hugely expensive but that this traditional approach and investment has not resulted in reducing the number of individuals and families who experience homelessness. In fact, as identified during community and stakeholder consultations across the Province, demands for emergency housing options and access to the necessary support services required to maintain housing have increased in recent years. Even with unprecedented prosperity throughout the Province in recent decades, not all residents have benefited from this success. Individuals and families living in lower income brackets often struggle to adjust to ever-increasing rental rates, lower vacancy rates and the rising cost of living. Building on recently enhanced homelessness programming and investments, this report highlights the actions and priorities that will ensure that the people in the province are stably housed and properly supported.

The Government of Canada has committed to the continuation of the Homelessness Partnering Strategy (HPS) for an additional 5 years (2014-2019) and embarked on a new programming priority with a commitment to the Housing First approach. Newfoundland and Labrador's ongoing commitment to finding meaningful solutions to address both the causes and consequences of social issues impacting households has complemented the Federal Government's homelessness funding and programming priorities. This **Road Map** report reinforces the Poverty Reduction Strategy initiated by the Government of Newfoundland and Labrador in 2006. The ongoing implementation of these three interrelated strategies will improve the health, safety and productivity of residents, communities, regions and the Province. In particular, the implementation of the recommendations in this report will increase the impact of limited resources by intensifying the focus on housing stability that will lead to a healthier and more successful future for all residents in the Province.

Definition of Homelessness in Newfoundland and Labrador

Defining homelessness ensures that researchers, service providers, government agencies and the public are focusing their efforts on the same problem. A common definition establishes a baseline of understanding, from which greater integration, collaboration and coordination can occur.

The Canadian Homeless Research Network's (CHRN) definition is the recommended conceptual definition of homelessness for Newfoundland and Labrador:

> *"Homelessness describes 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 systemic 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. Most people do not choose to be homeless, and the experience is generally negative, unpleasant, stressful and distressing."*[5]

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[5]   Canadian Homelessness Research Network, 2012. *Canadian Definition of Homelessness.*

In its definition of homelessness, CHRN also provides a valuable typology that describes the range of housing and shelter scenarios that include:

1. *Unsheltered, or absolutely homeless and living on the streets or in places not intended for human habitation;*

2. *Emergency Sheltered, including those staying in overnight shelters for people who are homeless, as well as shelters for those impacted by family violence;*

3. *Provisionally Accommodated, referring to those whose accommodation is temporary or lacks security of tenure, and finally,*

4. *At Risk of Homelessness, referring to people who are not homeless, but whose current economic and/or housing situation is precarious or does not meet public health and safety standards."* [6]

With the goal of determining the scope of homelessness in Newfoundland and Labrador, it is important to develop an operational definition of homelessness, based on available data. Given the data currently available to indicate the number of individuals and families experiencing homelessness in the Province, the following operational definition of homelessness is recommended so that the conceptual definition above is measurable and observable through empirical analysis:

"In Newfoundland and Labrador, a person is homeless if they are admitted to an emergency shelter, shelter/transition house for women and children fleeing violence or seek housing crisis/emergency shelter services from a front line Housing Support Worker." [7]

Using this definition, available data can be collected in real time and estimates of homelessness across the regions can be generated. Beyond this operational definition, however, are those homeless individuals who have not accessed any of the services above. This would include the unsheltered homeless population, and the 'hidden' homeless that may be couch surfing or sleeping on floors at friends' houses. As there is no available data on these populations in Newfoundland and Labrador, it is necessary to generate estimates based on the data that is available and proven methodologies that have been developed in other jurisdictions.

Estimates of Homelessness in Newfoundland and Labrador

To determine the current state of homelessness in Newfoundland and Labrador, reliance on the above core operational definition of homelessness allowed OrgCode to examine admissions data and quantify estimates of homelessness:

In 2012, there were 1,685 sheltered homeless individuals in Newfoundland and Labrador that at least once during this 12-month period met the above definition.

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6 Ibid.

7 This operational definition directly relates to the data available in the province from funded projects. Given the concentration of emergency shelters in the capital region, data from other housing support projects in St. John's funded by the Supportive Living Program were not included in this analysis to reduce the probability of double counting the same individuals.

> **What we heard...**
> *In response to the question "Is homelessness an issue in your community?",*
> *96% of the service providers that completed our survey said "Yes", with 76% reporting*
> *that they work with individuals who are absolutely homeless; 89% reporting that they work*
> *with individuals that are "hidden homeless" while 62% work with families that experience*
> *hidden homelessness. The majority of respondents (89%) also identified that they*
> *work with individuals or families who are "at risk" of becoming homeless.*

This estimate of 1,685 includes the entire year and measures the number of unique clients who accessed an emergency shelter, shelter/transition house for women and children fleeing violence, or a rural Housing Support Worker project funded by the Supportive Living Program (SLP) for housing crisis needs. These clients can be considered the province's sheltered homeless population. **Figure 1** and **Table 1** provide the sheltered population by region in 2012.

Table 1: Sheltered Homelessness Population By Region, 2012[8]

Region	Available Service Type	Number of "Sheltered" Clients	TOTAL
Newfoundland and Labrador	Housing Support Workers	329	**1685**
	Emergency Shelters	705	
	Family Violence Shelter	651	
St. John's	Emergency Shelters	660	**854**
	Family Violence Shelter	194	
Avalon Rural	Housing Support Worker	47	**154**
	Family Violence Shelter	107	
Burin	Housing Support Worker	41	**124**
	Family Violence Shelter	83	
Clarenville & Gander	Housing Support Worker	40	**114**
	Family Violence Shelter	74	
Grand Falls-Windsor	Housing Support Worker	34	**34**
Stephenville	Housing Support Worker	47	**92**
	Emergency Shelter	45	
Corner Brook-St. Anthony	Housing Support Worker	36	**143**
	Family Violence Shelter	107	
Labrador	Housing Support Workers	84	**170**
	Family Violence Shelters	86	

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8   Consistent data on the demographic breakdown of these numbers was not available for the formulation of this table. As the range of services may vary based on the region, it is not the case that every region will have, for instance, a family violence shelter or emergency shelter. Admission numbers for Family Violence Shelters includes women and children. To reduce the likelihood of duplication of estimates, admissions data for SLP funded projects in St. John's was not included. It is possible that staffing transitions in Grand Falls-Windsor impacted the number of people served in that region in 2012.

Figure 1: Sheltered Homelessness, By Region, 2012

Of course, there are people who are homeless who have not been admitted to the above types of service. This includes people who are unsheltered, and those who are often called the 'hidden homeless'. Hidden homelessness means the person may be staying on a friend or family member's couch or another type of arrangement because they have nowhere else to stay.

Providing an estimate of the size of both populations is a challenge. It is possible, for example, to count the number of unsheltered individuals through a Point-In-Time (PIT) count. A PIT Homeless Count involves using teams of volunteers to systematically canvas the streets in a community and engage anyone who they encounter. A short survey is used to screen out individuals who are housed and to conduct a brief survey if that person is homeless.

Methodological approaches, such as the use of decoys to ensure that PIT volunteers are indeed survey-ing individuals directly to gather information, are used to validate both the process and the statistical findings. Currently, there is no PIT data for any community in Newfoundland and Labrador.[9] Counting the number of hidden homeless individuals is particularly problematic for all communities, as they are not captured by any service data. Valid and reliable methods to estimate hidden homelessness are still in their infancy, but some studies do exist and are used to guide estimations.

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9 Delegates from Newfoundland and Labrador attended the PIT Count that was conducted by OrgCode for the City of Kingston and Frontenac County on October 16, 2013.

Figure 2: Proportion of Sheltered, Unsheltered, and Hidden Homeless, 2012

Without PIT data or a definitive way to count the hidden homeless, it is necessary to rely on estimates. However, to provide estimates, we need to look at studies and data generated elsewhere and apply them to the Newfoundland and Labrador context. Drawing on the admissions data in **Table 1 on page 25**, and the estimation processes described in **"Appendix A: Methodology Employed"**, we can estimate that there were 141 **unsheltered** homeless individuals in Newfoundland and Labrador over the course of 2012. Further, we can use the same data to estimate the number of hidden homeless. Again, based on the above data, we can estimate that there were 3,743 persons who experienced hidden homelessness in Newfoundland and Labrador in all of 2012.

If we combine these estimates with the admissions data from 2012, we establish that there were approximately 5,569 homeless individuals in Newfoundland and Labrador in 2012.

A Point in Time count will always be an indicator of the minimum number of homeless persons and families on any given night. It is imperfect, but hugely important. Although PIT counts have not yet been completed in the Province, research performed in other communities can assist in estimating the number of people homeless at any single point in time. To identify these estimates, the following methodology was used. The annual total admissions of unique clients were multiplied by the average length of stay for each provider type (emergency shelter, domestic violence shelter and Housing Support Worker). This produced an average number of bed nights/days of participation per service type divided by 365 days to produce a point in time estimate. **Table 2** is an estimate of the number of homeless people on any given day during 2012.

Table 2: Point in Time Estimates of Homelessness in Newfoundland and Labrador, 2012

Region	Sheltered	Unsheltered	Hidden	Total PIT
St. John's	53	6	177	236
Avalon Rural	24	3	80	106
Burin	22	2	74	98
Clarenville& Gander	21	2	69	92
Grand Falls – Windsor	16	2	52	69
Stephenville	21	2	72	95
Corner Brook - St. Anthony	14	2	48	64
Labrador	39	4	129	172
Total	**210**	**23**	**699**	**932**

In the years ahead, a major task for Newfoundland and Labrador will be to expand the scope of its operational definition of homelessness with the goal of making the definition more comprehensive and inclusive. Improved data collection, measurement and client tracking will inform the evolving definition.

Beyond the Data

Table 3: Responses to the Community Survey (What We Heard) - Where do Homeless Individuals and Families Stay

Families Individuals

Women stay at a domestic violence shelter

In hotels/motels paid for by others

In hotels/motels paid for by themselves

With friends or family ('couch surfing')

Housed, but the housing is unsafe or uninhabitable

In cars, old buildings, or other places not meant for human habitation

In tents or outside areas

At an emergency shelter

0%   20%   40%   60%   80%   100%   120%

Percent of Service Providers who selected response

What we heard...

In describing the "face of homelessness" in Newfoundland and Labrador, service providers identified that the vast majority of individuals and families that experience homelessness are members of the hidden homeless population that stay in temporary housing situations with relatives or acquaintances or remain in unsafe or uninhabitable homes with no other options for housing. It was also identified that the majority of women and children fleeing violence tend to stay in domestic violence shelters. Fewer than half of the service providers responded that individuals who were homeless stay in emergency shelters and only one third reported that families stay in emergency shelters. When asked where individuals and families stay if there is no emergency shelter option available for them in the region, it was reported that families and individuals "couch surf" with friends/relatives or avail of motel stays paid for by AES or non-profit agencies such as The Salvation Army.

What we heard...
When asked to describe the key variables that place residents at risk
of becoming homeless, the majority of service providers identified "eviction notice or
threat"; "violence/abuse in the home"; "no income"; "rental arrears" and "utility arrears" as
the primary reasons. A review of the province-wide HIFIS data identified that the most prevalent
contributing factors to a client's need for assistance included mental health and addiction issues,
immediate housing crisis needs (i.e. facing eviction, currently homeless, etc.) and family or
relationship breakdown. **Figure 3** *is a summary of the service providers' responses.*

Figure 3: Responses from the Community Survey (What We Heard) - What it Means to Be At Risk

Percent of Service Providers who selected response

Causes of Homelessness in Newfoundland and Labrador

The factors contributing to homelessness are complex. Often, the immediate cause for an individual's experience with homelessness may be clear, such as an eviction due to rent arrears or escaping an abusive partner. However, to truly understand the pathways into homelessness, it must be realized that homelessness is most often the result of numerous, concurrent factors. Many homeless individuals find themselves 'overcome by events' when numerous contributing factors happen simultaneously. When the individual or family's ability to successfully cope is exceeded, they can find themselves at risk of losing their housing.

Homelessness is usually the outcome of the cumulative impact of three distinct variables:

1. structural factors,

2. system gaps and barriers, and,

3. individual factors.

Structural Factors

The risk of homelessness is shaped, in part, by the individual's environment, including the characteristics of the community/region in which they live. Structural factors greatly contribute to an individual or family's short and long term ability to maintain housing. Some of the key factors that contribute to homelessness in Newfoundland and Labrador include an insufficient supply of safe, accessible and affordable housing options; increased cost of living; the impact of population trends (including a growing proportion of seniors); as well as discrimination based upon income, family type, gender, age or level of wellness (i.e. mental health, physical health, substance use).

Affordable housing is one of the foundations of a community. When people have housing they can afford, they are empowered by housing stability to seek employment and integrate with their community. For individuals and families who have more complex needs and face barriers to full integration in the community, stable housing provides the necessary base from which they can address these challenges. Further, housing affordability allows everyone to be self-sufficient and fully participate in the local economy. One of the extreme consequences of a lack of affordable housing is homelessness.

> *"Some people I know have just enough for rent and not enough for food and then have to rely on the food bank. Some people have to have two or three jobs just to get by in the city." -Person with Lived Experience*

Rental housing is deemed to be affordable when a household at or below the median income of its local community can consistently meet all of its basic needs (food, utilities, clothing, transportation, telephone, school supplies) and also cover the cost of the rental accommodation. In most instances, a household at or below the median income should not be spending more than one-third of its gross (before tax) monthly income on housing costs - if both housing and basic needs are to be sustainable.

> *Stakeholders in every region identified a lack of safe and affordable housing as a major contributor to homelessness.*

> **What we heard...**
> *The reasons for the shortage of appropriate housing ranged from the increasing demands for assistance due to economic changes, the inaccessibility of units for people with disabilities or mobility issues and the challenges associated with funding older buildings that have high maintenance and utility costs. Concerns of overcrowding were raised in a number of regions, primarily in the Nunatsiavut Region, Happy Valley-Goose Bay and Labrador West. To that point, stakeholders shared their experiences of overcrowded and unsafe "boarding houses"; family homes where elders were being squeezed out by younger generations returning to the region with their families; and new immigrants who play an integral role in the service and hospitality sectors. The high cost of construction and the short building season also play a role in the inability to meet the affordable housing needs of local residents.*

It must be recognized that over-crowding creates untenable situations that increase the likelihood of violence, compromised mental wellness, substance use and family breakdown. As discussed in **"Appendix C: Understanding the Importance of Housing"**, the social and economic costs to the individuals, families, community and the province of inadequate and unsafe housing situations, if left unchecked, are staggering. With a lack of affordable rental options, it is not uncommon for low-income households to spend a significant portion of their monthly income on housing, leaving very little (if any) money for food, clothing, transportation or medical care.

***Table* 4** and ***Table* 5** illustrate the housing burden faced by individuals and families in each region, after income and benefits are factored in. Both singles and couples without children face the greatest difficulty in affording rent, followed by seniors receiving Old Age Security/Guaranteed Income Supplement. Those earning the median income will have little difficulty affording the average monthly rent anywhere in the province. It must be recognized that current housing rental rates are placing low-income households at higher risk for housing instability and potentially, homelessness.

> *Shifting demographics in some regions may also impact an individual's ability to maintain stable housing and may, at times, increase the risk of homelessness in regions throughout the province.*

All but two regions have experienced a decline in population, and all regions are experiencing a reduction in younger age cohorts. As these populations grow older and smaller over time, the proportion of residents leaving the workforce will increase. Dependency on retirement savings and fixed benefits will make these individuals sensitive to price increases or unexpected expenses. Home repair bills will be an increasing and major pressure point in the future, as the regions with the largest proportion of housing stock built prior to 1990 — Burin and Labrador — are also the regions with the largest increases in persons aged 60-79.[10]

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10   Information on the demographcs, housing and socio-economic health of the regions are derived from the most recent data from Statistics Canada and the Newfoundland and Labrador Statistics Agency. For further information on Regional Profiles of demographics, housing and socio-economic factors, see **"Appendix B: Regional Profiles"**

Table 4: Estimated Housing Affordability, Part 1: Calculating Monthly Income[11][12][13]

	Income Support						Earnings		OAS	
	Single Adult, Under 30, Employable/Non-employable	Single Adult, Over 30	Single Adult, Over 30, IS Family Rate[12]	Couple w/o children	Single parent with one child	Couple with one child	Single adult, minimum wage earner (before tax)[13]	Single parent, minimum wage earner (before tax), one child[13]	One person household, Old Age Security/Guaranteed Income Supplement	Median provincial household income (before tax)
IS basic benefit	245.00/509.00	509.00	509.00	720.00	661.00	707.00				
IS shelter (rent)	149.00	149.00	372.00	372.00	372.00	372.00				
Additional rent[11]	150.00	150.00	150.00	150.00	150.00	150.00				
Fuel Supplement	50.00	50.00	50.00	50.00	50.00	50.00				
Income from employment							1,720.00	1,720.00		4,513.00
OAS/GIS									1,272.00	
CPP							-24.82	-24.82		-105.03
EI							-11.96	-11.96		-42.42
Child/Family Benefits					334.82	334.82		321.12		
GST/NLHSTC	25.42/28.69	28.69	28.69	50.70	64.08	67.42	33.70	55.75	35.41	
NL Seniors Benefit									80.92	
Total Monthly Amount, 2013 Rates	619.42/886.69	886.69	1,109.69	1,342.70	1,631.90	1,681.24	1,716.92	2,060.09	1,388.33	4,365.55

11   Indicates the maximum additional rent benefit that is available. The discretionary additional rent is provided up to the level needed to match the rental rate, to a maximum of $150.

12   In certain cases, single adults may be eligible for the family rate of IS shelter.

13   Under the Poverty Reduction Strategy, low-income wage earners may be eligible for Income Support while working.

Table 5: Estimated Housing Affordability, Part 2: Average Monthly Rent as Percent of Income[14]

Region	Average Monthly Rent[13]	Single Adult, Under 30, Employable/Non-employable	Single Adult, Over 30	Single Adult, Over 30, IS Family Rate[12]	Couple w/o children	Single parent with one child	Couple with one child	Single adult, minimum wage earner (before tax)[13]	Single parent, minimum wage earner (before tax), one child[13]	One person household, Old Age Security/Guaranteed Income Supplement	Median provincial household income (before tax)
		% of Total Income									
Avalon Peninsula	836	135/94	94	75	62	51	50	49	41	60	19
Burin Peninsula	732	118/83	83	66	55	45	44	43	36	53	17
Clarenville – Bonavista	691	112/78	78	62	51	42	41	40	34	50	16
Corner Brook – Rocky Harbour	746	120/84	84	67	56	46	44	43	36	54	17
Gander – New-Wes-Valley	746	120/84	84	67	56	46	44	43	36	54	17
Grand Falls-Windsor – Baie Verte – Harbour Breton	718	116/81	81	65	54	44	43	42	35	52	16
Labrador	698	113/79	79	63	52	43	41	41	34	50	16
St. Anthony – Port au Choix	725	117/82	82	65	54	44	43	42	35	52	17
Stephenville – Port aux Basques	732	118/83	83	66	55	45	44	43	36	53	17

14   The estimated 2013 rents are based on the estimated percentage change of rental rates produced by CMHC in its rental market reports. These estimates are used to inflate the gross monthly rent from 2006 to 2013. The gross monthly rental costs is drawn from the 2006 Census. As there are no CMHC estimates for 2006-2007, CPI is used for that year. Three cautions should be employed in using these estimates: First, it should be noted that the CMHC estimates are drawn from rental rates in communities with populations of 10,000 people or more. Second, this is an estimate applied to a Rural Secretariat Region. As such, individual communities may see higher or lower rates depending on their local circumstances. Finally, the gross monthly rental cost does not distinguish by type of rental unit. Consequently, these rental estimates should be treated as indicative and not definitive.

The housing market also has an impact on housing affordability and availability.

A positive development for Newfoundland and Labrador is the movement towards more diversified housing stock. In four regions, the growth of apartment buildings and other types of dwellings has outpaced the growth of single detached units. The Avalon region, for example, has experienced the largest increase in housing stock in the province with growth in apartment buildings and other types of dwellings outpacing single detached forms. Consequently, the Avalon region has some of the newest housing stock in the province. The Avalon region has one of the lowest rates of rental tenancy in the province, but this may change given the expansion of apartment-type units. Burin has experienced a very noticeable movement away from single housing types with a net decline overall in single detached homes. In contrast, apartment buildings have surged and Burin has led the Province in apartment building growth. Greater housing diversity contributes to affordability and provides more options to residents. **Table 6** details the change in regional housing stock between 2001 and 2006.

Table 6: Change in Housing Stock, 2001-2006, Actual Units[15]

	Total Number of Dwellings		Type of Dwelling					
			Detached House		Apartment Building		Other	
	2001	2006	2001	2006	2001	2006	2001	2006
Avalon	88365	95090	58790	61060	6375	6920	23255	27110
Burin	8560	8410	7740	7450	200	265	625	695
Labrador	9160	9255	5975	5965	600	665	2680	2625
Clarenville Bonavista + Gander New Wes Valley	29120	29850	25430	26320	1065	1020	2690	2505
Corner Brook - Rocky Harbour + St. Anothony - Port au Choix	22175	22915	18315	18695	0	1335	2840	2885
Stephenville-Port aux Basques	12700	12695	10590	10490	665	585	1460	1620
Grand Falls-Windsor-Baie Verte-Harbour Breton	18440	18975	15470	15595	650	775	2600	2600
St. John's	39935	41540	18165	17650	5600	5920	16180	17965

The housing market is not well balanced between rental and ownership. Rental housing ranges from approximately 20-25% of total stock, depending on the region. ***Rental housing is often the only choice for those with low to moderate income and the lack of availability puts financial pressure on these households.*** The pressure is most severe in the Avalon region that has combination of both the highest average rent and the second-highest rate of low income in the province.

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15   Newfoundland and Labrador Statistics Agency, Community Accounts. Data is drawn from Census 2001 and Census 2006. Census 2011 housing data by Rural Secretariat Region was not available during the drafting of this report. The Census counts all occupied dwellings, and does not distinguish between market and social housing.

Between 31-43% of the entire housing stock in the province was built in the 1970s, depending on the region and another 23-36% was added in the 1980s. Many houses are therefore reaching the age where major structural components will need to be replaced, often at a high cost to bring the dwellings up to current codes. The Burin region has some of the oldest housing stock in the province with 43% of dwelling units constructed between 1971 and 1980. Tenancy in Newfoundland and Labrador is overwhelmingly ownership based with just 16% of the housing stock in the rental market. Labrador, for example, has the highest rate of rental tenancy in the province at 27%. Labrador also has the second oldest housing stock in the Province, with approximately 42% of dwelling units constructed between 1971-1980.

> *With aging housing stock and the high cost of repairs, low-income individuals and families will experience increased vulnerability to being "de-housed".*

Figure 4: Housing Stock, by Year of Construction and Region[16]

What we heard...
As was identified consistently by service providers, high points in economic cycles increase the demand for housing and the opportunity for landlords to "cherry pick" tenants while decreasing the availability and affordability of existing units. Some regions have witnessed rental rates tripling over the course of 18 months, with many long-term tenants experiencing de facto evictions due to their inability to pay these higher rents. Such unsustainable housing situations are more pronounced in resource-driven economies that, due to market conditions, tend to experience cycles of boom and bust. People in Labrador West can certainly attest to the challenges of rapid expansion in the economy.

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16   Newfoundland and Labrador Statistics Agency, Community Accounts.

Consultations and research completed for this project highlighted that economic booms can negatively impact low-income residents.

A review of Labrador West's history also demonstrates the potential negative housing impacts of a boom and bust economy. It is recognized that the lack of predictability inherent to economic swings, especially when the local economy is dominated by a single industry, severely complicates a region's ability to plan reliably for future housing needs. This often leaves low-income residents in a state of crisis during times of economic prosperity.[17]

What we heard...

Stakeholder consultations in the Labrador West region revealed the devastation experienced by the community in the 1980s, as buildings were boarded up and the community feared for its future.

This scenario is impacting other regions in the province, most notably the Avalon Peninsula and the Long Harbour area where the oil and gas industry has improved the economic outlook of the regions but has also increased pressure on the local housing markets and the available support services to assist residents who are struggling to make ends meet. With the economic outlook remaining positive for Newfoundland and Labrador, meeting the housing and support needs of all residents will be crucial if economic prosperity is to be sustainable.

What we heard...

*During the focus groups and key informant interviews, service providers and people with lived experience identified that **discrimination** by landlords, particularly against youth tenants, IS recipients, and individuals with developmental disabilities or compromised mental wellness, exacerbated the challenges for people to access limited affordable housing options.*

Overall, the reality surrounding these structural factors in Newfoundland and Labrador is a combination of successes and ongoing challenges. Significant headway has been made in reducing low-income rates, and there is growing diversity in the types of housing stock. On the other hand, as was identified in **Table 5** and is demonstrated below in **Figure 5**, key groups such as single individuals, couples without children and the aging population continue to struggle financially and affordable, rental housing is a concern.

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17   Goss Gilroy Inc. and Brown, J. *Taking Care of Our Own: A Model of Service Delivery Designed to Meet the Unique Needs of Individual and Families at Risk of and/or Experiencing Homelessness in Rural Newfoundland and Labrador*, 2012.

Figure 5: Income, Average Rent and Affordability, by Household

System Gaps and Barriers

System barriers often contribute to moving at-risk populations closer to homelessness. Such gaps and barriers can occur in a number of ways. Across Canadian communities, the most frequently identified system gaps include policies and practices that promote/allow people with no fixed address to be discharged from health, correctional and child welfare services into homelessness; low income; and insufficient supports for at-risk and homeless populations. Although discharge to homelessness for people with 'no fixed address' is normally identified as an issue in most Canadian provinces and US states, it must be acknowledged that during stakeholder consultations throughout the Province, hospitals, correctional facilities and children services were respected for maintaining individuals in their programming whenever possible or making extraordinary efforts to ensure that appropriate community supports were in place to help people avoid homelessness. Unfortunately, such a practice can place immense pressure on the overall system and already strained resources. This approach is a costly substitute for proper housing programs that provide supports when needed and provides an opportunity for homeless serving programs to be actively engaged in proactive discharge planning practices. Such collaborative discharge planning has certainly proven to be successful in the Justice Program delivered by the Canadian Mental Health Association (CMHA) in the capital region.

Based on Income Support (IS) data compiled by the Newfoundland and Labrador Statistics Agency, it is clear that the incidence of Income Support (IS) assistance has decreased in every region, but this trend is uneven across regions, age groups, and family types. The impact of increased employment opportunities has positively impacted caseload numbers, and total cases are down in every region. Provincially, Stephenville continues to have the highest IS incidence and its decrease in total cases is the third slowest in the province. That region is also one of the few to see an increase in IS usage for those aged 20 to 24 and decreases in duration of services largely occurred in families without children.

Map 1: Income Support Rates, by Region[18]

Income Support Rates
Newfoundland and Labrador
by Region, 2012 Data

Percent of Population Receiving Income Support

- <5.51%
- 5.51% - 7.0%
- 7.01% - 8.5%
- 8.51% - 10.0%
- >10.0%

Region Key
1 City of St. John's
2 Avalon Peninsula Region
3 Clarenville-Bonavista-Gander-New Wes Valley
4 Burin Peninsula
5 Grand Falls-Baie Verte-Harbour Breton Region
6 St. Anthony-Corner Brook-Rocky Harbour Region
7 Stephenville-Port aux Basques Region
8 Labrador Region

0   140   280   560 Kilometers

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18   Newfoundland and Labrador Statistics Agency, Community Accounts.

province. That region is also one of the few to see an increase in IS usage for those aged 20 to 24 and decreases in duration of services largely occurred in families without children.

In alignment with the recommendations of the Poverty Reduction Strategy, income support rates increased over the last decade. Even with such increases, however, a review of the Housing Affordability (**Table 4** and **Table 5**) identifies that a single individual receiving the singles rate of income assistance would need to spend a substantial portion of their income on rent. Therefore, there are minimal funds remaining to ensure that basic needs such as food, clothing and transportation are covered.

The increasing cost of living makes it difficult for residents receiving income support to afford rent and meet basic needs.

> *An increasing cost of living also creates increased risk of homelessness for low-income residents of Newfoundland and Labrador, especially those not already residing in rent-geared-to-income or subsidized housing.*

This is particularly evident in regions where economic growth has increased the demand for housing and, subsequently, ensured an increase in rental rates. To highlight this point, an analysis of available HIFIS data on individuals and families entering emergency shelter or seeking emergency housing assistance indicated that 62% were in receipt of "social assistance" or "income support" at the time of admission. In contrast, only 4% of these individuals and families reported "no source of income" during their housing crisis. Although the majority of people that experience economic poverty will never experience homelessness, the inability to cover the cost of rent and basic needs places individuals and families at a higher risk of experiencing housing crises and potential homelessness.

> **What we heard...**
> *Having access to sufficient financial benefits, reflective of the cost of living, is essential for individuals to cover the cost of accommodations.*

Moving forward with the goal of preventing and ending homelessness, the opportunity exists to review the policies, approaches and practices related to income support assistance with a housing first lens. To be successful in ending homelessness, the Department of Advanced Education and Skills (AES) will play a pivotal role in examining service pathways for residents and opportunities to improve access to the financial assistance required for rapid re-housing. A cross-departmental examination of the shelter rates provided to IS recipients who also receive rent supplements/assistance from NLHC or the Department of Health and Community Services will provide an important opportunity to optimize rent supplements as a valuable method of preventing and ending homelessness in Newfoundland and Labrador while also safeguarding program budgets. Given the commitment demonstrated in implementing the recommendations of the Poverty Reduction Strategy, stakeholders felt confident that the Departments would also participate in a review of policies and procedures with the vision of ending homelessness for individuals and families in the province.

Low Income increases people's vulnerability to homelessness. Research into the causes of homelessness highlights the connection between poverty and homelessness and the financial burden of maintaining housing remains the dominant reason for homelessness in Canada.[19] In Newfoundland and Labrador,

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19   Canadian Mental Health Association Ontario, *Housing and Mental Health Backgrounder*, December 2012; Mikkonen, J. and Raphael, D. *Social Determinants of Health: The Canadian Facts*. Toronto: York University School of Health Policy and Management, May 2012.

progress has been made in decreasing the number of individuals and families experiencing economic poverty. People interviewed during the regional consultations acknowledged that vulnerability to homelessness has lessened somewhat due to the implementation of the Poverty Reduction Strategy combined with improved economic and employment opportunities. The most recent low-income data available for the regions used in this report extends to 2009. This data is compiled by the Newfoundland and Labrador Statistics Agency and made publicly available. To provide a trend analysis, data from 2003 through 2009 has been collected.

In 2003 nearly 22% of all families in the Province were low income but, by 2009, this number dropped to 15%. The proportion of low-income people has decreased in every region and the Avalon region experienced impressive declines in low-income incidence over the last seven years on record. The overall decrease in people living below the low-income threshold is a major accomplishment. Although improvements have been made, many residents still struggle when their income does not keep up with the cost of living.

Policy and program priorities that focus on managing homelessness through the use of emergency based responses may also contribute to lengthy episodes of homelessness due to an inability for people to access appropriate re-housing services and the necessary supports. At present, the Government of Newfoundland and Labrador invests approximately $15.3 million annually in response to homelessness, however, 58% of this investment is dedicated to the provision of emergency shelter options.

> *With limited resources available, a system primarily focused on managing homelessness through investment in emergency support provision will not end homelessness.*

Continued focus on managing homelessness will mean there will be insufficient funds to ensure a speedy return to permanent, stable housing. Obviously, a realignment of resources will be needed to increase focus on housing with supports and decrease the need for long-term shelter stays.

When investigating the current cost of homelessness in Newfoundland and Labrador, it is also helpful to create costing estimates using the average interaction with health and correctional services of residents who are experiencing homelessness and the cost incurred for the provision of these services. Since such detailed information on the interactions between people experiencing homelessness and the emergency based services is currently unavailable in Newfoundland and Labrador, estimates on the costs of homelessness can be gleaned using interaction patterns from research completed in other jurisdictions.

Using the interaction patterns determined from research and the costs for emergency and homeless services, it is estimated that, at a minimum, the annual total cost of homelessness in Newfoundland and Labrador is $26 Million or approximately $15,400 per homeless individual. See ***"Appendix E: Cost of Homelessness in Newfoundland and Labrador"*** for additional details on the costing estimates. Recognizing that the homeless population is not homogenous and that individuals and families experiencing more complex needs have more interactions with emergency/first responder and homeless services, it must be realized that the total annual cost of individuals with high depth of need (acuity) remaining homeless would be much higher.

> *Within the Newfoundland and Labrador context, the cost of managing homelessness for individuals experiencing chronic homelessness is estimated to be approximately $45,000 per person per year.*

When examining the cost of being proactive in addressing homelessness through a Housing First approach that targets those with the deepest needs — and most frequent users of costly emergency homeless, health and justice services — **the cost of providing the same chronically homeless individual with housing and intensive case management supports (which incorporates a rent supplement) needed to maintain housing stability is estimated to be $19,500 per year.** *Table 7* demonstrates the total estimated cost of homelessness in the Province, highlighting the additional costs accrued by chronically homeless individuals that are frequent users of emergency services.

Table 7: Total Estimated Annual Cost of Homelessness in Newfoundland and Labrador[20]

	Population Size	A Total Cost of Top 20% Most Frequent Service Users	B Total Cost of Remaining 80% of Service Users	A+B Total Cost of All Service Users
Low Estimate	1685	$15,101,644	$10,965,169	$26,066,813
Medium Estimate	2785	$24,960,284	$18,123,666	$43,083,950
High Estimate	5569	$49,911,604	$36,240,374	$86,151,978

A re-oriented focus on ending homelessness requires the province to use existing funds differently where feasible. In the Newfoundland and Labrador context, this would mean that the total programming investment of approximately $15.3 million annually would need to be examined with realignments made to allocations and programming to ensure the implementation of a proactive approach to end homelessness with the adoption of a Housing First Philosophy.

Continuing with the current approach of managing homeless ensures that chronic homelessness costs taxpayers twice as much annually. As further described in **Figure 6**, the investment required to end someone's homelessness is a good investment for the Province. **"Appendix E: Cost of Homelessness in Newfoundland and Labrador"** contains a complete breakdown of the cost estimates.

Social housing policies provide another example of systemic drivers that can increase or decrease the risk of homelessness for a population. Although not the only housing assistance option for individuals and families who are homeless or at risk of homelessness, the availability of (and access to) rent-geared-to-income housing, affordable housing or rent supplements must be highlighted as a critical factor in enhancing long term stability and housing sustainability. With the goal of ending homelessness, the opportunity exists for improvements to be made in increasing access to these housing and support options throughout the province.

In Newfoundland and Labrador, NLHC has 5,556 social housing units and 1,709 rent supplements. In the 2012-13 fiscal year, 877 households were placed in a housing unit or supported with rental supplements. At the end of 2012/13, 899 households remained on the waitlist.[21] Some stakeholders throughout the province expressed concerns about the practice of requiring applications to be renewed after 12 months and the ranking attributed to the "homeless" category on the waitlist protocol policy. In total, of the 877 applicants that were placed in 2012/13, only 61 had been waitlisted as "homeless."[22] It was acknowledged that revisions implemented to improve service response to special priority applications for individuals and families fleeing violence, persons with complex needs and persons with life-threatening illnesses provided evidence that the needs of sub-populations could indeed be placed first within NLHC. Moving forward, it will be important for NLHC to review all policies and practices with the goal of improving its alignment with a Housing First philosophy.

20   See **"Appendix E: Cost of Homelessness in Newfoundland and Labrador"** for details as to how these numbers were obtained.
21   NL Housing Statistics Committee, Policy and Research Department, NLHC, April 2013.
22   Ibid.

Figure 6: Cost of Reacting to Homelessness vs. a Housing First Approach

Legend: ■ Cost of Reaction, Per Person, Per Year ■ (Cost of a Housing First Approach, Per Person, Per Year)

The following highlights opportunities available to improve NLHC housing policies and support options for homeless individuals and families:

1. ***Currently, "homeless", as a waitlist protocol category at NLHC, ranks 9 out of 26 categories***.[23] However, when examining the number of applicants in 2012/13, almost half (47%) of all the waitlisted applicants who were identified as "homeless" were placed at some point throughout the year. An additional 33% either cancelled their housing applications or declined offers of housing.[24] This placement rate is much higher than the average annual housing placement rate of all eligible applicants, demonstrating a commitment to prioritize the most vulnerable individuals and families. Stakeholders also acknowledged that the "complex needs" and "victims of family violence" categories are proactive in helping to ensure that some groups of homeless populations are being served more quickly. An additional review of housing policies, applied with a "Housing First" lens could help to ensure that those applicants who require greater levels of service and support are addressed appropriately and even more quickly.

> ***What we heard…***
> *Stakeholders expressed concern that with "homeless" being ranked 9 out of 26, this may reduce the speed at which applicants who are only identified as "homeless" will be accepted into a social housing unit or the rent supplement program.*

2. With the goal of increasing inclusivity and access to housing, ***the opportunity exists to revisit the eligibility criteria for NLHC housing programs***. At present, policy documents related to eligibility requirements identify that applicants who have rental arrears (current or previously written off) or have received a Notice to Vacate with just cause from NLHC or other private landlord would be viewed as

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23   Ibid.
24   NL Housing Statistics Committee, Policy and Research Department, NLHC, March 2014.

ineligible.[25]   Given the changing housing market, province-wide policies that provide an opportunity for a "second chance" at a successful tenancy when warranted should be explored. With a focus on ending homelessness through a Housing First philosophy, a review of eligibility criteria will be important to ensuring positive tenancy for a number of individuals and families.

3. Given the changing housing market and the increased rental costs experienced in the majority of regions, opportunities also exist to ***investigate potential revisions to the current rent supplement program with the aim of increasing the flexibility and portability*** in the rental assistance provided to vulnerable clients.

Access to social housing units and the proper ongoing supports to sustain that housing is essential for many homeless and high need applicants to experience long-term housing success and improved wellness. Moving forward, a review of NLHC policies and practices with a Housing First lens will be essential in ensuring that those with the greatest need are being served as quickly and appropriately as possible. Such a review also provides an opportunity for improved clarity on the current demand for rent-geared-to-income assistance across the Province.

Current Community-Based Service Delivery

System gaps and barriers also occur when the system of social supports does not respond to what people need or the system lacks capacity to meet the level of demand. This may inadvertently contribute to homelessness. Based on the Service Provider Survey, OrgCode learned that 91% of the respondents stated that emergency services were "inefficient" or "greatly inefficient" in their regions. Only 31.5% of the respondents identified that their community had any homelessness prevention services with 79% identifying prevention services as "insufficient" or "greatly insufficient" in their regions. Finally, 84% of the respondents indicated that housing stability services were "insufficient" or "greatly insufficient" to meet the current demands for service.

What we heard…
Concerns were raised about the limitations of government and community programs to serve clients with the most complex needs even though this was the very population that the program was designed to serve. For some, housing stability is only maintained with the provision of appropriate supports. Restrictive criteria for access to programming and supports create barriers to service, and traditional compliance-based service delivery increases the potential for people to lose access to the very services they need to gain or maintain housing stability. Key issues include the coordination of services where an individual or family needs assistance from multiple agencies and ensuring that people are referred appropriately.

Flexible policies, eligibility criteria, and coordinated service responses are critical when responding to the unique circumstances of individuals who are homeless or at risk of homelessness. Streamlining, integration, and coordination of services, with a "no wrong door" approach, needs to have a homelessness prevention lens.

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25   NLHC Policy Manual: Eligibility Criteria (E-02-03-01), 2012.

Throughout the regional consultations for this report, the challenge of accessing the right services and supports was identified by most stakeholders and people with lived experience.

When reviewing the state of homelessness in Newfoundland and Labrador, it is important to examine rural versus urban homelessness. While homelessness in rural areas may be triggered for most of the same reasons that homelessness occurs in urban areas, the experiences, outcomes and costs associated with rural homelessness are often different. Factors that contribute to rural homelessness include:

- Limited services providing counselling and information, and the geographical distances between services and users can make services difficult to access;

- Most services are offered in St. John's, with rural communities expressing that they are underserviced;

- Limited information sharing amongst service providers leading to a lack of awareness of the services that do exist;

- Distances between neighbours, as well as service providers, makes it difficult to keep up to date with available services;[26]

- A private housing sector dominated by single detached residences, which may be less accessible to young people and small families;

- High cost of housing particularly in relation to the low wages offered for local jobs;

- Small rental housing market;

- More stigma attached to persons identified as homeless in a smaller community; and,

- Rural homeless people are often more isolated from services and supports than they are in towns and cities.[27]

Although provincial governments cannot be expected to provide a full range of support services in every community in the Province, it must be recognized that rural homelessness creates additional challenges and costs, including the potential need for individuals and families to move to the St. John's area for services and supports. Unfortunately, their lack of personal supports, such as friends or family, in the capital region usually means that rural clients remain in shelters for longer periods of time or consume resources from the expensive emergency response system.

Recognizing the costs incurred for shelter beds daily, the cost of simply sheltering a homeless individual in St. John's for the year would be $52,700.[28] In comparison, the provision of community-based Housing First programming that has been proven to be best suited for individuals and families experiencing high a level of need (acuity) costs $19,500 per person per year.[29] A less intensive initiative such as Rapid Re-Housing that would appropriately house and support individuals and families experiencing moderate acuity costs an average of $8,700 per person per year. Once again, a cost-benefit analysis of programming options would support the provision of services and supports to end homelessness, not manage it.

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26   In several discussions, service providers indicated that they were unaware of services provided and eligibility criteria required by other organizations.

27   The Countryside Agency (2002) *Preventing homelessness in countryside... what works?*

28   This calculation used an average per diem rate paid to shelters by AES during 2012-13. The average per diem cost per person per night was $144.50.

29   For a full breakdown of cost estimates, see *"Appendix E: Cost of Homelessness in Newfoundland and Labrador"*.

Individual Factors

Personal circumstances can also act as important factors contributing to individuals and families experiencing homelessness. These factors are often associated with traumatic experiences, personal crises or issues indicating compromised mental wellness or substance use.

> *Available data for sheltered homeless clients served in Newfoundland and Labrador indicate that 29% were experiencing mental health concerns or substance use issues at the point of service, 14% were experiencing conflict with the law and 22% were struggling with the inability to keep their housing or find affordable and appropriate housing options.*

Family violence can also contribute to homelessness. The link between violence and homelessness has been established in the literature and a review of the available Newfoundland and Labrador data reveals that a **minimum of 39% of the individuals and families seeking all emergency shelter services were fleeing violence**. An additional 18% identified that they were in crisis due to family or relationship breakdown.

On a number of occasions, focus group participants indicated that **due to their precarious housing, they often remained or placed themselves in dangerous situations to secure shelter or access food.** Such scenarios included returning to abusive partners or parents, or exchanging sex for a place to stay. Participants also described that women and youth are particularly vulnerable to abuse and sexual exploitation. In an attempt to secure a place, individuals may find housing with several others but may not be able to maintain housing independently if and when conflicts arise. In most instances, these housing situations do not offer a permanent housing solution and, instead, continue to house individuals in high-risk situations and ensure that they remain members of Newfoundland and Labrador's hidden homeless population.

Map 2: Coverage of Homeless Services in Newfoundland and Labrador30

Coverage of Homelessness Services
Newfoundland and Labrador
by Region, 2012 Data

Legend
- 10 km radius from service
- 50 km radius from service
- 100 km radius from service
- More than 100 km from service

Region Key
1 City of St. John's
2 Avalon Peninsula Region
3 Clarenville-Bonavista-Gander-New Wes Valley
4 Burin Peninsula
5 Grand Falls-Baie Verte-Harbour Breton Region
6 St. Anthony-Corner Brook-Rocky Harbour Region
7 Stephenville-Port aux Basques Region
8 Labrador Region

0   140   280   560 Kilometers

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30   Newfoundland and Labrador Statistics Agency, Community Accounts.

Current Approach to Homeless Service Provision in Newfoundland and Labrador

Throughout the Province, researchers encountered countless examples of communities supporting people who were experiencing crises. Food banks, meal programs, local emergency shelter responses and the collaborative nature of Community Advisory Boards, faith based, non-profit and volunteer groups have played an integral role in ensuring that the basic needs of residents are addressed when possible. Communities recognized that services and supports had improved in some regions but that demand for service in recent years has far outweighed current availability.

> *It is recognized that to meet the increasing needs of individuals and families experiencing housing crises, a more integrated and focused approach that builds on the advancements already made to improve homelessness services and supports will be needed moving forward.*

Dedicated professionals and volunteers across the province expressed a desire to do things differently, improve housing outcomes and better manage the demands for service and assistance.

Programming priorities established in recent years, primarily through the Supportive Living Program (SLP), have enhanced the focus on the provision of housing and supports to individuals and families with the most complex needs. Through the stakeholder consultations, focus groups and site visits conducted throughout the regions, discussions also examined if programs and initiatives were indeed able to serve this higher needs population.

During the regional visits, the following became clear:

1. After initial start-up of projects that had been specifically designed to serve individuals and families with the most complex needs, the delivering agency and the funder agreed that they were ill-equipped with their current resources, staffing, housing options, eligibility criteria, etc. to serve the very population that they were created to serve;

2. In attempting to meet the growing demand for assistance, service delivery and access to supports are predominantly reactionary as service providers attempt to "be all things to all people" or respond on a "first come first served basis"; supplementing the current network of service delivery agents with realistic job descriptions and a mandate dedicated to housing will help establish clear expectations for service priorities, outputs and outcomes;

3. An examination of the available data identified the need to adopt a housing focused approach to service delivery in order to improve housing and stability outcomes. The 2012 data revealed that 75% of the services provided to shelter and housing support clients involved "advocacy", "outreach" and "mental health" with only the remaining 25% involving "housing related" services;

4. The greatest demands on staff, especially in rural regions where services are limited, involved requests for assistance with system navigation to access financial benefits or services such as mental health and addictions referrals;

5. Throughout the province, there were many scenarios where homeless individuals with the highest needs could not access homeless and/or mainstream services, due to conditions placed on eligibility. Creating a barrier to service access *is contrary to* the evidence about how best to serve this population;

6. The use of the Service Prioritization Decision Assistance Tool (SPDAT) — the approved acuity assessment tool for SLP projects — as a prioritization tool or case management aid — was inconsistent;

7. Due to the demands for service, the use of housing-based case management techniques required to meet the needs of clients facing complex issues was limited;

8. The need for standard policies and practices for Housing Support Workers, who often work alone in communities, across the province was evident;

9. The benefit of improved coordination between homeless serving and mainstream systems was also evident in every region, as evidenced by the following comments.

> ***What we heard...***
> *Medical, mental health and addiction issues often derailed re-housing and housing stability efforts because access to the appropriate services was unavailable, tied to lengthy waits, not available locally and did not fit easily in the mandates of other systems and their service delivery culture.*
>
> *Extreme confidentiality protocols, even with a signed consent form, and the lack of formalized service pathways to ensure access to necessary services reduced community's ability to properly support individuals and families as they attempted to navigate complicated systems.*
>
> *For programs with a housing focus, emphasis was placed on finding housing but there were limited opportunities/resources to ensure ongoing housing stability and improved wellness. For programs with a non-housing mandate (i.e. health, corrections, etc.), immense effort went into assisting clients to find and keep housing, often challenging workers to continue to focus on the therapeutic mandate of their jobs.*

With the adoption of a Housing First philosophy, a reorientation of services to focus on housing, combined with professional development opportunities, mentorship and appropriate resourcing, these support services can be refocused and result in long term housing outcomes for individuals and families that seek assistance. The opportunity exists to revisit the expectations established for regional Housing Support Workers, the training and clinical support provided as well as the resourcing commitments dedicated to regions.

Figure 7: Provincial Investments Impacting Housing and Homelessness

50% of housing based investment is dedicated to Transitional Housing

Housing Based Responses 42%

Emergency Shelter Responses 58%

With a preliminary review of provincial investments, it is evident that a number of government departments provide funding and/or services that impact direct homelessness service provision. For example, the Regional Health Authorities provide funding for family violence shelters/transition houses and Eastern Health administers the NAVNET initiative.[31] The Department of Advanced Education and Skills provides block funding and per diem rates for adult and youth emergency shelter operations, motel stays for eligible persons that cannot access emergency shelter as well as funding for transitional/supported housing options. The Department of Child, Youth and Family Services provides funding for youth emergency shelter beds and transitional housing units for young people. The Department of Justice and Public Safety provides funding for the Justice Program operated by Canadian Mental Health Association (CMHA) in St. John's.[32] Also, the Supportive Living Program (SLP) with the NLHC provides funding for supported/transitional housing initiatives as well as housing support services throughout the province.

In the future, centralization of the funding and administration of all homeless service provision in one department would result in increased efficiency and the establishment of common service standards and outcome expectations based on a singularity of focus dedicated to ending homelessness.

Ideally, such a centralization of administration, management and monitoring would also consolidate funding for all emergency shelters through a single department. This department would monitor performance with data on annual occupancy rates that would inform funding parameters for contracts based on expected outcomes for the upcoming year. It is recognized that in many provinces, shelters dedicated to serving women and children fleeing violence is often administered through a separate department than other emergency shelter operations. Although such a separation is not deemed to be essential, if the Government of Newfoundland and Labrador decides that such a division will continue, the standards and expected program outcomes should be the same for all shelter types.

These investments are in addition to the funds currently dedicated specifically to address homelessness. At present, it is not possible to identify the exact amount invested annually to assist with housing stabilization.[33] Given the various departments involved in the delivery of these important emergency shelter responses and housing/rental supports and benefits, future reviews of these investments and supports will assist in identifying where the impact of finite resources can be optimized and housing focused support services improved. Such reviews should also highlight opportunities to centralize administration and authority over such initiatives.

Moving forward, it is recommended that a future review of homeless and housing support investments be completed to identify opportunities to optimize the impact of finite resources and ensure strategic planning is dedicated to ending homelessness.

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31   NAVNET: Navigators and Networks is an initiative that was set up to address system barriers affecting individuals with multiple and complex needs in St. John's.

32   The Justice program provides individualized support services to persons with a mental illness, concurrent disorder or dual diagnosis within Her Majesty's Penitentiary and upon release in the community. Although not specifically funded as a housing program, the transitional and holistic supports provided to this specialized population ensure that housing and supports are in place to enhance community integration and long term stability.

33   The financial information shared by provincial departments during this project identified that that more than $20 million, excluding funds for the Community Support Program, is invested annually to further enhance housing stability or supports for clients. Since these funds are not dedicated to ending homelessness and services are not normally provided by housing specialists, opportunities exist to maximize system-wide collaboration and improve outcomes.

> ***What we heard...***
> *During stakeholder interviews for this report, government staff consistently identified housing as a necessary prerequisite for improved health and stability. This understanding of housing as an essential determinant of health, has led the Department of Health and Community Services to dedicate program funds to ensure housing supports/ rental assistance for their clients. It is recognized that without this financial assistance to offset housing costs, these clients would be highly vulnerable to housing crises and homelessness, especially in light of the complex issues that many people are experiencing.*

Also, with the goal of ending and preventing homelessness, better outcomes will be achieved if housing supports are provided by housing specialists and rental supports are administered by NLHC, allowing Health professionals to focus on the therapeutic and rehabilitative goals included in departmental mandates. Such a collaborative and streamlined service delivery system for supports will ensure long-term housing stability, enhanced wellness, improved productivity and engagement for clients, and the optimization of limited funds.

As a result of the review of current investments and programming dedicated to homeless service provision and housing supports for vulnerable individuals and families, it is expected that opportunities will be illuminated to streamline administration of rental assistance and to collaborate across departments and within regions to ensure that housing supports are provided in a manner to enhance housing stability, either through professional development or shared case management opportunities. It will be the goal of the NLHC, the IAC and the Third Party Lead Agency to identify such opportunities for improved service delivery in the future.

Examples of Centralized Administration and Funding of Homelessness Initiatives

Across North America, jurisdictions are attempting to prevent and reduce homelessness at a time of economic downturns and limited resources for social programs. For those jurisdictions focused on ending homelessness, ensuring the most efficient use of these finite resources is paramount. A more centralized approach to investment, administration and accountability for this work will result in improved efficiency in the use of resources, enhanced performance management and the consistent implementation of evidence informed practices dedicated to ending homelessness. For many jurisdictions, centralization of funding and administration increases the ability to leverage funding, avoid duplication of efforts and foster interagency and intergovernmental collaboration dedicated to the shared vision of ending homelessness.

The City of Toronto – Housing & Homelessness Services: *The City coordinates the investments from all orders of government dedicated to preventing and ending homelessness. Included in their programming is the creation and operation of subsidized housing, emergency and transitional shelters, outreach and drop-in centres and the delivery of eviction prevention and housing follow-up supports.*

US Department of Housing & Urban Development (HUD): *HUD provides funding opportunities to non-profit agencies and governmental agencies to quickly rehouse homeless individuals and families. With a commitment to innovation, effective utilization of mainstream resources and system transformation, HUD's Continuum of Care program was designed to stimulate community-wide planning and coordination of programs for individuals and families who are homeless.*

What Does it Mean to "End Homelessness"?

Efforts to end homelessness focus mainly on chronic and episodic homelessness — both of which can be ended through intervention with the proper supports. Ending homelessness does not mean that people in Newfoundland and Labrador will not experience being dislodged from their housing in the future. The intent, however, is to make these episodes rare and of a short duration. Emphasis is placed on helping anybody who experiences homelessness to regain housing as quickly as possible.

> *Ending homelessness requires a shift in homeless service delivery towards helping all people that experience homelessness access housing, with the supports they need, as quickly as possible. It shifts programs and funding more toward permanent responses than emergency responses. This doesn't put an end to homeless shelters, but it returns them to their intended purpose – for short-term, infrequent stays. A shelter should never be anyone's home.*

> *For communities, ending homelessness means that services and programs are prepared to respond quickly to housing crises to ensure that residents receive the housing and supports they need to be successful.*

Ending homelessness is a change from "managing homelessness." To end homelessness requires changes in service delivery and funding practices, with priority provided to individuals and families with the greatest need. In this vision, shelters are used as emergency lodging for a short duration with strong emphasis on helping people get out of shelter and back into housing. Whenever it is safe and appropriate to do so, individuals and families are diverted from shelter to natural supports like friends and family in the community. Outreach services also focus on helping people move from being homeless directly into housing.

Ending homelessness requires that the homeless programs and services in the community operate as a system of supports, not a collection of individually funded projects. Strong interconnectivity across service providers is required, and this includes strong relationships between non-profits, government, and non-governmental groups. Ending homelessness is the responsibility of the entire province, not one single entity. In Newfoundland and Labrador, ending homelessness will require changes in:

- Which services are delivered to homeless individuals and families;

- How the services are organized and connected with other mainstream services; and,

- Setting and striving towards service delivery targets and outcome-based funding agreements.

The following chapter outlines the guiding principles, strategic priorities and key activities required to ensure that all regions throughout the province are prepared to assist individuals and families experiencing a housing crisis return quickly and permanently to housing stability.

A Road Map for Ending Homelessness in Newfoundland and Labrador

Guiding Principles for the Road Ahead

I. The Solution to Homelessness is Housing

The solution to homelessness is housing. The emphasis on housing, with appropriate supports, where necessary, remains the only proven solution to ending homelessness. Strategic plans—and ongoing planning— must recognize that there is a shortage of affordable housing available to people with very low incomes, particularly if they face additional barriers such as accessibility, substance use or health issues. The need for more affordable housing was heard consistently during the community consultations in every region of the province and was identified as a top priority by every service sector, government department, Community Advisory Board and focus group with people with lived experience.

No solutions to homelessness can exist without a focus on guaranteeing a sufficient supply of safe, permanent, affordable and adequate housing options, with access to the necessary supports to ensure long-term housing stability. The options for a response to homelessness in Newfoundland and Labrador must therefore be accompanied by a continued commitment to the strategic priorities to address housing needs in the province as outlined in the 2009 Social Housing Plan – *Secure Foundations*.

As Newfoundland and Labrador moves forward with the goal of ending homelessness, enhancing the housing opportunities and aligning all funded programs to support the housing objective will be essential.

II. A Focus on Housing - The Adoption of Housing First

> *Housing First recognizes—and the data supports the fact—that the ability and opportunity to work on the issues or challenges that impact housing stability are best addressed from the safety and dignity of a home.*

Housing First has proven to be both a guiding philosophy and an important program model in jurisdictions that have demonstrated progress in ending homelessness. Service providers in the housing and homelessness service sector want to effect positive change in the lives of the people they serve. Over the past decade, an increasing body of academic research and service provider evidence from around the world has demonstrated that ***outcomes for homeless individuals and families are more likely to improve if people move into housing as the first step of the assistance intervention and are then provided supports in their home***, rather than first providing support services to assist people in becoming "housing ready" and then moving them into housing.

In addition to a philosophy that is centered on housing as the solution for ending homelessness, Housing First is also a well-defined and tested service intervention. Based upon the acuity (or severity) of the presenting issues, either Housing First or Rapid Re-Housing is identified as the appropriate approach to supporting and housing individuals and families. Both of these terms (Housing First and Rapid Re-Housing) are frequently misused and misunderstood. Some people may erroneously think that this is a laissez-faire approach to service delivery. However, both approaches emphasize the provision of additional community-based supports, depending on the specific needs of the individual or family, to assist service participants achieve long-term housing stability. Furthermore, like any other tenant, people in Housing First and Rapid Re-Housing homes must pay their rent in full and on time while adhering to the terms and conditions of their lease.

> *Acuity is a term that refers to "the depth of need" or severity of issues impacting individuals and families. With an understanding of acuity, individuals and families with the greatest need can be targeted for service prioritization.*

Housing First programs have proven to be successful in assisting homeless people with complex needs and multiple barriers. These successful programs prioritize homeless individuals with the highest acuity for this intensive level of housing support. Housing First is delivered through Intensive Case Management (ICM) or Assertive Community Treatment (ACT) and includes:

• Helping people experiencing homelessness find permanent housing as quickly as possible.

• Services that assist with housing stability and general well-being are provided to clients after they are housed. These services will vary from client to client depending on individual needs, and may be either time-limited or long-term. Not everyone needs the same type or level of supports.

• Seeking out chronically homeless individuals and families with the highest level of needs. Housing First is not a "first come, first served" approach.

• No "housing readiness" requirement. Clients do not need to demonstrate their readiness by being sober or seeking treatment prior to entering the program.

• A harm reduction approach. Clients are not required to abstain from substance use; instead there is a focus on minimizing the risks and harmful effects associated with substance use.

• The client's housing is not dependent on compliance with service – services and housing are "de-linked". Instead, they sign a standard lease and are only expected to pay their rent in full and on time while being provided services and supports.

• Clients have a choice in their housing based on available and appropriate options, such as what part of the city/region they want to live in, whether they would like roommates, whether they would like to live in a congregate setting or a scattered-site setting, etc.

• A client's participation in a Housing First program is completely voluntary.

Rapid Re-Housing is a similar intervention to Housing First but with a few key differences. First, Rapid Re-Housing is targeted towards individuals and families who have been episodically homeless and who have mid-range acuity. Typically, these clients have two or three life areas that can be addressed with supports that improve their housing stability. Second, Rapid Re-Housing is almost always time-limited. While clients move into housing that is permanent (i.e. they can live there as long as they continue to pay rent), supports are provided for a finite amount of time, usually 3-6 months. Supports may be extended a number of times, typically in 3-month increments, but if there are persistent barriers to housing stability that require long-term support, the client may be better served through a Housing First program. There are different levels of intensity that can be provided as part of a Rapid Re-Housing program.

Academic and service provider data from many communities demonstrate that this combined approach is effective at improving housing outcomes when compared to other approaches. Most recently, a Canada-wide study found that individuals in Housing First programs spend 73% of their time in stable housing, as opposed to only 30% for chronically homeless individuals receiving "treatment as usual", without the support to find and maintain housing.[34] In addition to an adoption by the Government of Canada, Housing First has been adopted in many jurisdictions and has been identified as a "best practice" by the US-Based

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34   Mental Health Commission of Canada. (2012) *At Home/Chez Soi Interim Report*

National Alliance to End Homelessness (NAEH). In many jurisdictions throughout the US, Canada, Western Europe, and Australia, Housing First is the fundamental approach. Housing First is also used by the seven Community Based Organizations in Alberta as part of the Government's *10 Year Plan to End Homelessness* in 2009.

The outcomes from the Housing First philosophy and program include better longer-term housing stability outcomes, higher quality of life, fewer interactions with emergency services, improved mental and physical health and wellness, and reduction in use of alcohol and other drugs. It isn't just the provision of housing that makes Housing First effective. It is the provision of supports in each individual or family's natural setting (their own home), where they can continue to live after they are no longer receiving supports, that stabilize their housing. As a successful response to homelessness, Housing First recognizes that housing stability is necessary for other supports to be successful such as mental health and substance use treatment, improved physical health, life skills training, education and employment opportunities. It also acknowledges that all people are "housing ready" and that the combination of client choice, self-determination and a harm reduction approach has proven to be successful in ending homelessness.

Housing First is cost-effective compared to managing homelessness in traditional ways but it is not an inexpensive strategy. The most comprehensive, longitudinal, multi-city research demonstrates average annual savings to government of $9,390 per person as a result of reduced shelter, health care, and justice system involvement. For the highest users of services—the specific population Housing First programs is intended to target—this investment returned a savings of $1.54 for every dollar invested.[35] Based on the experiences of other Canadian provinces, it is estimated that the average annual cost of a Housing First ICM intervention is approximately $19,000 per person.[36] The adoption and replication of Housing First—the philosophy and program model—in Newfoundland and Labrador will be an essential element in ending homelessness throughout the Province.

III. Progressive Engagement – Matching Need To Service Intensity

Progressive engagement is an approach to service delivery that starts with the "lightest touch" possible to assist persons experiencing homelessness. More intensive supports are offered gradually if the individual or family is not able to end their homelessness on their own.

Progressive engagement is grounded in evidence about the characteristics of homeless populations. Most individuals and families that experience homelessness in the course of their lifetime will do so only once, and it will be for a short duration of time.[37] By providing intensive services too early, many of these people will have their experience of homelessness prolonged. The negative impacts of homelessness increase over time. This is especially the case when people are dislodged from family, housing, natural supports, and employment. For children, extended homelessness results in poorer educational and health outcomes. To identify other impacts of homelessness on health, community participation, safety and economic prosperity, see **"Appendix C: Understanding the Importance of Housing"**.

When progressive engagement is working effectively, projects monitor which people are engaging with their programs and the frequency of their engagement. Only when an individual or family has had sustained reliance on a program (for example, a shelter stay exceeding two weeks) should the level of engagement be increased. And, even then, the type and level of engagement should be directly linked to the assessed needs of the individual or family.

35   Ibid.
36   Ibid. Note: Initial Cost analysis in Newfoundland and Labrador identified that ICM service delivery would cost approximately $19,500 per high acuity person
37   Culhane, D. P., Metraux, S., Park, J. M., Schretzman, M., & Valente, J. (2007) T*esting a Typology of Family Homelessness Based on Patterns of Public Shelter Utilization in Four U.S. Jurisdictions: Implications for Policy and Program Planning.* Housing Policy Debate, 18(1); Springer, J. & Mars, J. (1999) *Profile of The Homeless Population: Mayor's Homelessness Action Task Force*. City of Toronto; Culhane, D. P. & Byrne, T. (2010) *Ending Family Homelessness in Massachusetts: A New Approach for the Emergency Assistance Program.* University of Pennsylvania: Departmental Papers (SPP).

Our knowledge of homelessness and homeless populations provides guidance in determining investment, programming priorities and the future landscape of housing and support provision in the province. From a service delivery perspective, homeless populations can be divided into three categories based on their acuity, or level of need:

1. **Lower acuity:** These individuals are not experiencing complex health or behavioral issues, and do not require a substantial investment of resources. They may require assistance in securing permanent housing or income supports that will help stabilize their housing.

2. **Mid-range acuity:** These individuals may have a few areas of their life where they are experiencing complex issues. They may require assistance in finding housing and income, but will also require some ongoing supports for a few months.

3. **High acuity:** High acuity individuals have multiple areas of complex needs and are likely to make up a large proportion of the chronically homeless population.

Acuity refers to "depth of need" or severity of issues impacting stability and housing success.

For regions throughout the Province, it will be important to provide the level of service that matches the needs of the individuals and families being assisted.

Strategic Priorities to End Homelessness

In establishing Strategic Priorities for this **Road Map for Ending Homelessness,** the following elements were taken into account:

- The strengths and opportunities that exist within the province;

- The gaps in service that impede the efforts to prevent and end homelessness;

- The current design of service delivery relative to a preferred homeless service design;

- The needs and experiences of homeless people;

- The desires of the service providers, community leaders, volunteers and governmental employees as articulated through the survey, key informant interviews, focus groups and "open house" sessions with regional representatives of Community Advisory Boards, Newfoundland and Labrador Housing and Homelessness Network and NLHC; and,

- Proven practices from other jurisdictions and academic research that can be applied within the province to achieve improved program outcomes.

The following Strategic Priorities will guide future planning, resource investment, homeless program priorities and inter-sector collaboration and will ensure that the needs of homeless individuals and families are met in a comprehensive manner and always with priority placed on households with the greatest need. The Strategic Priorities are:

1. ***System Transformation with Strong Provincial Leadership***
2. ***Strengthen Homelessness Prevention***
3. ***Enhance Housing and Support Programming***
4. ***Improve Information Sharing and Performance Management***

Newfoundland and Labrador is a geographically large province with distinct differences between the urban and rural realities. In addition to the limited services and supports available in rural areas, there are varying socio-demographic and economic trends that impact housing and homelessness. Therefore, it is recommended that programming, investment allocations and performance management dedicated to ensuring the implementation of these strategic priorities respect a regional perspective. It is recommended that the following five (5) regions be considered in a structural framework that will inform strategic planning, program implementation and quality assurance activities:

Region 1: Avalon Urban – St. John's and surrounding area

Region 2: East Coast Rural – Avalon Rural, Clarenville and area, Burin Peninsula, and surrounding area

Region 3: Central Rural – Gander, Grand Falls-Windsor, and surrounding communities

Region 4: Western Rural – Corner Brook, Stephenville, Northern Peninsula, and surrounding areas

Region 5: Labrador – Labrador West, Happy Valley-Goose Bay, and all surrounding communities

These regions are organized to mirror rural secretariat regional boundaries, NLHC regions, the presence of current Community Advisory Boards, similar population bases and regional experiences related to economic and social realities.

Ending homelessness in Newfoundland and Labrador will require a fundamental shift in thinking, programming and investment. This report will help guide this shift from managing homelessness to ending homelessness by transforming service delivery from a collection of independent projects that serve homeless people to an integrated system of care that recognizes that all people are housing ready and that improvements in health, stability and productivity are more effective and efficient from the safety and dignity of a home.

When these strategic priorities and their related activities are implemented together, they will form the foundational framework for ending homelessness. The following sections detail the four strategic priorities and their supporting rationale.

1. System Transformation with Strong Provincial Leadership

As discussed in the "Causes of Homelessness" section of this report, there are many systemic issues that impact the flow of people into and out of homelessness. Such systemic issues require comprehensive and multi-disciplinary responses to end homelessness. No one agency or department can implement these recommendations alone. It is vital to have formalized collaboration and alignment among the government sectors that impact homelessness including housing, health (mental health, addictions), corrections (youth and adult), social services (including child protection and family services), income assistance, education and training. Such collaboration can ensure the important examination of service pathways, system gaps and barriers and the design/re-design of policies and practices that impact housing and homelessness. Housing stability is essential to prevent future homelessness and it also enables other mainstream systems to be successful in achieving their mandates.

> *"A truly integrated system would have funding packages that do not have discriminatory criteria. Our policies need to be broad and inclusive with appropriate accountability mechanisms." -Service Provider*

To be effective in ending homelessness in Newfoundland and Labrador, it will be essential to shift the focus of housing and homelessness services and the relevant mainstream sectors from funding-driven, independent programs to an integrated service model that is outcome-based, solution-focused and dedicated to maintaining housing stability. Service coordination will result in community members having timely access to the right supports when they need them. Service providers in an integrated service model can work together, optimizing service pathways to efficiently and effectively serve clients. This will result in reduced system costs, improved demand management for emergency services and higher quality service provision.

1.1 Provincial Leadership Is a Necessary Element for Success

Successful transformation to a system of care is contingent on a shared vision to end homelessness in Newfoundland and Labrador. A commitment to end homelessness will require sustained and high-level coordination of all government departments. Such a provincial commitment provides the opportunity to review current investments impacting housing and homelessness, initiate strategic planning related to future investment and programming priorities and improve collaboration between homeless serving and mainstream systems. To increase efficiencies and ensure standardized approaches focused on ending homelessness, a review of policies, practices and investments will highlight opportunities to centralize the administration of housing and homelessness initiatives.

To ensure the appropriate implementation of the strategic priorities outlined in this **Road Map**, it will be essential that a leadership and governance model is developed and endorsed. Additional information on the structural shift is provided in **"Appendix G: A Structural Shift in Leadership"**.

NLHC

With a mandate to address the housing needs of Newfoundlanders and Labradorians who live independently, NLHC is a logical choice to be the designated government agency to lead the coordination and implementation of strategies and initiatives that will end homelessness. The NLHC already has an active and successful Interdepartmental Advisory Committee (IAC) that includes representation from the other government sectors.

> *The NLHC and the IAC are well positioned to help develop the policy framework that will coordinate funding, service delivery and monitoring in the new system.*

As the provincial leaders responsible for ending homelessness in Newfoundland and Labrador, IAC membership should include representatives who have the authority to streamline decision-making and approvals through their respective departments.

Third Party Lead Agency

Given the extensive administrative and program-based work to be performed in implementing strategies to end homelessness, together with the need to ensure regional needs and realities are addressed, the designation of a Third Party Lead Agency is recommended.

> *The role of the Third Party Lead Agency is to ensure that programming and investments are cost efficient and produce the outcomes needed to end and prevent homelessness throughout the regions of the Province.*

Given the geography of the Province and the need for a regional approach to service access, it is recommended that Regional Coordinators, employed by the Third Party Lead Agency (one Coordinator per region), support the implementation of activities and initiatives in each region.

Community Advisory Boards

In addition to provincial government leadership and initiatives, ending homelessness requires the direct involvement of service providers, funders and residents located in regions throughout the Province. Community Advisory Boards (CABs) are already in place. At present, the role of the CABs ranges from the identification and communication of local needs to the employer of Housing Support Workers. The CABs also assist in identifying local stakeholders and mainstream systems that are connected to local homeless services and supports. The vast geographical area of the Province combined with variances in local realities that impact each region's experience with homelessness—especially the different economic conditions and employment opportunities—means that the CABs will continue to play a role in the provision of guidance and support for the implementation of strategies and programs to end homelessness and translate these to the local context of homelessness.

Moving forward, however, it will be important to acknowledge that a board of community volunteers, many of who complete this work "off the side of their desks", cannot be expected to implement initiatives and programs without support. The role of the CABs will be an integral component in ending homelessness, but that role must be revisited, repositioned and supported within the new structure. In the future, if CABs are expected to complete activities and expectations beyond an advisory and networking capacity, such as leading the local development of affordable housing initiatives, they will require additional support from Regional Coordinators to be effective.

Community Advisory Boards are not unlike other community-based organizations across Canada and the United States because they were established through grassroots, community-driven efforts to respond to the changing housing needs of people in their region or in response to the opportunity to access federal Homelessness Partnering Strategy funding.

> *In the future, the CABs should continue to play an advisory role and provide local guidance in each community as they were initially designed to do.*

2. Strengthen Homelessness Prevention

Homelessness prevention is a key component of ending homelessness. Successful homelessness prevention initiatives are strategic and proactive to ensure that individuals and families do not enter the homeless serving system. In this way, the trauma of being homeless can be avoided and the burden on the emergency response system will be lessened—including the demand for emergency shelter beds. Homelessness prevention investments need to be made strategically with the acknowledgement that preventing homelessness requires initiatives that incorporate structured flexibility in a system founded on clear accountability.

Research on the pathways into and out of homelessness reveal that homelessness is an isolated, single incident in most people's lives and will never be repeated if the individual/family has the resources and momentum required to quickly access needed housing and supports. Evidence indicates that close to 80% of persons who experience homelessness do so for a very short period of time and are then able to gain or regain housing with little to no assistance.[38] Not all persons who experience homelessness require, or are best served by, costly housing or support interventions. This evidence highlights the important role that diversion performs in the system to end homelessness.

Diversion is considered to be the "lightest touch" possible in homeless service provision. This homelessness prevention approach is best completed by professional, solution-focused frontline workers who can assist individuals and families in creative problem solving to identify alternate interim housing possibilities while still assisting them to find permanent solutions to their housing crisis—if such assistance is required.

AES workers currently initiate diversion with residents that are seeking emergency shelter. The inclusion of diversion strategies into the entire emergency service response system (both government departments and community based programs) ensures improved service for people who become homeless in Newfoundland and Labrador. Diversion is cost-effective and assists people in accessing the natural supports available in their local region, reducing the need for people to migrate to larger centers.

With a shared provincial commitment to end homelessness, the responsibility to enhance homelessness prevention efforts can also be shared by all front line response services, community based and governmental. Training on the specific steps involved in diversion is necessary for all frontline service providers, including provincial helplines, AES, CYFS and Justice and Public Safety staff as well as health practitioners. It is acknowledged that throughout the regions, the identified access sites will actively implement prevention interventions and will serve as the logical referral for other front line service providers trying to assist individuals and families who are homeless or at risk of becoming homeless. The concentration of homelessness services and supports in the East has ensured that service providers in rural regions throughout Newfoundland and Labrador have developed expertise in the strategy of diversion. Rural professionals are in an ideal position to coach and mentor their urban counterparts in the art (and science) of diversion.

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38   Kuhn, R. & Culhane, D. P. (1998) *Applying Cluster Analysis to Test a Typology of Homelessness by Pattern of Shelter Utilization: Results from the Analysis of Administrative Data.* American Journal of Community Psychology, 26(2).

There is no doubt that households that have received prevention resources have benefited from this assistance. However, given the need for more affordable housing and housing with supports in Newfoundland and Labrador, there is a strong argument for a more strategic application of finite prevention resources. In terms of service efficiency, it is important to allocate the right resources to the right person at the right time. If the majority of individuals and families experiencing homelessness are not experiencing complex issues and can be housed with minimal assistance (i.e. access to listings of local vacancies or to a security deposit), then providing those households with additional, unnecessary assistance is not an effective use of funds. In all Canadian provinces, people experiencing crises (financial, housing, etc.) tend to first access the government department dedicated to income support and/or social assistance. Recognizing that people experiencing homelessness in Newfoundland and Labrador will likely connect with AES for financial supports, it will be essential that AES staff are equipped to identify the level of support required to meet the person's needs via a quick pre-screen tool; assist in having immediate needs met, when appropriate; and then refer to one of the identified access sites for housing and homelessness supports located throughout the province. See Section 3.2 of this report detailing Coordinated Access and Common Assessment for further details on this approach.

The importance of adopting a more strategic application of finite prevention resources in Newfoundland and Labrador is particularly evident when examining research completed in the United States. A recent study from New York found that, on average, a typical homelessness prevention program allocates 80% of its resources to households that would not have become homeless without the assistance.[39] In addition, the same programs, on average, "miss" providing assistance to 34% of households that do become homeless.[40] This is not an efficient or effective use of limited prevention resources in any homelessness prevention system.

Enhanced and focused prevention efforts will also eliminate the possibility of discharging individuals into homelessness from mainstream systems such as health and justice. People being released or discharged from prisons, correctional centres, and hospitals with no fixed address (NFA) are at risk of homelessness. A study in Toronto found that 32% of provincial inmates expected that they would be homeless upon release from prison.[41]

> *With a high likelihood of imminent homelessness, developing a discharge plan from institutions for individuals with NFA in collaboration with other governmental or community-based partners is an effective homelessness prevention solution.*

Regional consultations throughout the province identified that Child Youth and Family Services remain committed to never discharging youth to homelessness and that other mainstream systems such as Justice and Public Safety, and Health and Community Services do their best to prevent discharges to homelessness. Enhanced coordination for appropriate and proactive discharge planning will not only further minimize the incidence of individuals with NFA arriving unexpectedly at shelters but will also ensure that mainstream resources are appropriately utilized.

Operationally, the goal is to ensure that prevention resources are used strategically to support residents at greatest risk of homelessness by providing frontline workers throughout the province with tools to accurately assess need and tailor the types of assistance offered to have the greatest impact on clients'

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39   To learn more about which people were in support of the controlled study of HomeBase and the NYC officials' testimony, please see http://www.nyc.gov/html/dhs/downloads/pdf/testimony_12910.pdf

40   Shinn, M., Baumohl, J., & Hopper, K. (2001) *The Prevention of Homelessness Revisited*. Analyses of Social Issues and Policy, 1(1).

41   Kellen, A., Freedman, J., Novac, S., Lapointe, L., Maaranen, R., & Wong, A. (2010) *Homeless and Jailed: Jailed and Homeless*. John Howard Society of Toronto.

housing. This approach ensures that prevention resources are available to those households that are at the greatest risk of becoming homeless.

> *The most effective use of prevention resources is to improve screening and assessment processes to identify clients who have the most characteristics in common with the existing chronically homeless population.*[42]

3. Enhance Housing and Support Programming

Recognizing that the majority of individuals and families that are facing eviction and/or homelessness have the resources and momentum required to avoid entry into the homeless service sector, it will be important that limited available resources are targeted to meet the needs of people who have the greatest likelihood of experiencing homelessness if an intervention is not provided. The high cost of an emergency shelter response highlights the importance of ensuring that individuals and families with the deepest need—and therefore at the greatest risk of not only entering homelessness but also remaining there for a longer period of time—receive priority in service delivery and programming options.

It is acknowledged that such prioritization for service and supports will be especially challenging for rural regions where Housing Support Workers try to "be all things to all people" in light of the limited local resources. For housing/homelessness programs, pre-screens can prove to be essential in quickly identifying the level of need or complexity of issues (acuity) to ensure that initial referrals are targeted to appropriately meet the needs of each individual or family. *"Appendix F: Recommended Pre-Screen & Assessment Tools"* provides additional information on recommended pre-screen and assessment tools. To ensure that limited resources (financial and human resources) are optimized, it will be essential that persons with low acuity have access to the resources they need to independently end their own homelessness including access to vacancy listings, the internet and phones.

The majority of time and attention needs to be focused on assisting individuals and families with the highest acuity, recognizing that these clients will not be able to end or prevent their homelessness independently. Priority for these higher acuity individuals and families may include homelessness prevention activities or re-housing services. Whichever intervention is implemented, it will be essential that direct supports be provided to increase housing success and improved stability. The level of acuity identified for each person/family will determine the level of support required and these programming options are highlighted below.

The goal of strengthening housing and support programming also acknowledges that sub-populations of homeless individuals and families may require specialized attention to ensure a quick and permanent return to housing and stability. Youth, in particular, emerge as a group with particular vulnerabilities. Youth often experience intense discrimination when searching for appropriate rental accommodations and often have to take whatever accommodations they can afford, regardless of safety or health concerns. During stakeholder consultations, CYFS in Newfoundland and Labrador was recognized as doing its best to ensure that young people have access to the housing and supports required and these efforts are to be applauded. Brain and psycho-social development of youth requires an approach that is often distinct from the service delivery strategies used with adults and so additional care will be required in designing housing and support programming for homeless youth.

Similar attention must also be provided to ensure that families fleeing violence have their safety concerns met in the community. Research from such programs as Discovery House in Calgary and the Medicine Hat Women's Shelter Society has demonstrated that Housing First approaches are indeed appropriate for survivors of family violence and that the adoption of Housing First increases the shelter's ability to serve

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42   National Alliance to End Homelessness.(2011) *Prevention Targeting 101.*

victims of violence who may not be compliant with sobriety rules intended to maintain a safe shelter environment. For these individuals and families, additional attention to safety and the utilization of trauma-informed service delivery is essential for success.

As always, culturally competent programming will be essential for housing and support interventions designed to assist Aboriginal individuals and families who are experiencing housing instability and homelessness. Special attention will be required to ensure that strategies and approaches are culturally relevant and designed to meet the unique housing challenges and needs of Aboriginal people. A permanent dialogue with Aboriginal governments and organizations is required in order to ensure that housing programs reflect the cultural practices and needs of Aboriginal clients and families. To ensure that these practices and needs are accommodated, a certain degree of flexibility will be required in the implementation of housing based programs. Likewise, cultural competency training should be considered a vital investment for housing program staff. By working with Aboriginal governments and organizations in the province, the development of holistic and collaborative strategies can be achieved.

3.1 Responding to the Need for Emergency Shelter Responses in Rural NL

When we consider how to help people who are experiencing homelessness, emergency shelter is often the first solution that comes to mind. The increasing need for emergency shelter options was raised in most regions visited during this study and was rated as one of the highest priorities in the online Service Provider Survey. Emergency shelters are primarily available in St. John's, with the exception of the shelters dedicated to women and children fleeing family violence. There is one emergency shelter available to homeless individuals in Stephenville and a hostel in Happy Valley-Goose Bay. During the time that this report was being researched, community partners involved with the Corner Brook Coalition on Housing and Homelessness were also investigating the possibility of opening a shelter for young men—this was a gap in service provision that was also identified in the majority of regions throughout the Province.

This report emphasizes that shelter options need to be identified and defined precisely for the reality of Newfoundland and Labrador so that emergency responses are fully integrated into a housing system that is focused on ending homelessness.

Dedicated emergency shelter operations that have traditionally been offered in urban areas may not be the most appropriate or cost effective option in most rural communities in Newfoundland and Labrador. The offer of a short-term motel stay paid by AES or non-profit agency is still a potential solution to the need for emergency accommodation for individuals and families with low to mid-range acuity if assistance is available for individuals and families to access permanent housing. Serving the emergency housing needs of individuals and families with higher acuity is often viewed as a risky venture for communities for fear that these clients may not be safe in an unsupervised environment. Ideally, a blended solution that balances existing long-term accommodation options—in particular Permanent Supportive Housing (PSH) that provides staffing and capital resources—with immediate emergency shelter needs is an effective use of resources in regions without dedicated shelters. In all cases, the safety of the clients is a paramount concern, particularly for victims of violence who are leaving an abusive situation. Secure and confidential emergency housing can be made available for such clients, coupled with support services.

As the majority of regions throughout the province cited the need for Permanent Supportive Housing solutions, a subset of those pre-existing and/or newly developed units could be earmarked as interim beds or de facto shelter beds. This approach would ensure that the short-term need of emergency housing would always be met in regions.

Such a blended solution would balance immediate needs with the longer-term goal of securing permanent housing with appropriate supports. In this way, clients have a safe housing solution.

With a regional approach for homeless service delivery, the NLHC and the Community Advisory Boards (CABs) will need to collaborate to identify available housing options, including PSH units, social housing units, etc. that could provide interim emergency shelter beds (de facto shelter beds but located in an apartment setting) when required.

In the absence of a blended solution, some regions that currently do not have shelter options could benefit from an option such as safe beds or a mat program, especially during the winter months ("Out of the Cold" programming). These options are usually less costly than a permanent emergency shelter and they can be quickly activated as required. In other communities, such projects may be operated by community organizations or faith-based groups. The use of existing space/infrastructure and community volunteers to provide such a winter emergency shelter project has proven to be valuable. Although the faith community has not always been well integrated into housing and homelessness work in Canada, people who were interviewed for this study highlighted the active role and commitment of faith groups to meet local needs in Newfoundland and Labrador. To be successful, this type of emergency response must be linked to housing assessment and supports so that clients receive assistance in accessing appropriate permanent housing options.

3.2 Coordinated Access, Common Assessment and Targeted Prioritization

There is a clear need in Newfoundland and Labrador for an improved process to link clients to appropriate services. Recognizing that safe, affordable housing is an important prerequisite for maintaining/improving health, employment and educational participation as well as safety, all systems—homeless serving and mainstream—will benefit from efficient and appropriate processes, tools and approaches to service. Although service providers are committed to a "No Wrong Door" approach and staff and volunteers have demonstrated genuine willingness to collaborate when responding to immediate crisis situations, this approach to collaboration is not yet formalized throughout the Province.

Improved service coordination ensures that service providers are aware of what resources are available and have the tools and information necessary to make referrals and collaborate to best serve clients. In communities with poor service coordination, agencies and departments rely on "first come, first served" policies for new clients instead of matching need with intensity of service, and programs and services try to "be all things to all people" with the belief that no other options for support exist. A critical element in enhancing service integration is the development of a coordinated access and common assessment process implemented across well-advertised access points in the service system.

There are several models of coordinated access and assessment and each is designed to link the right client to the right service at the right time. Two prominent models include:

1. **Single location central intake,** where one site performs intake, screening and assessment function, as well as controlling client admission to programs.

2. **Multiple location, uniform intake,** where every participating agency uses standardized intake, assessment, and referral procedures and tools.

Recognizing that geography and limited transportation options may create challenges for the very population that would benefit from this approach, a balanced approach to coordinated access can be implemented across the province so that all individuals and families have easy access to screening and assessment services. Provincially, a multiple location model (an access site in each of the 5 identified service

regions[43]) that employs standardized tools, service pathways and referral procedures will ensure that individuals and families will receive the same level of access to screening and initial assistance, regardless of where they live.

Within each of the 5 service regions, a single central intake site would certainly be feasible, resulting in 5 identified access sites throughout the Province. Such an approach would not only be more cost efficient but would also ensure the standardization of processes and policies. In each of the 5 access sites, telephone contact methods will also prove to be valuable for initial contact and screening. Efforts must be taken to minimize transportation challenges with project funding accommodating the use of bus tickets or taxi chits to ensure access for those who require this assistance. Working with contracted agencies and the Community Advisory Boards, the NLHC should consider new strategies to increase access to services and supports within each region such as a toll free number. It is recognized that the current Housing Support Worker projects in rural regions may provide an obvious access point for screening and assessment. In other jurisdictions throughout North America, the implementation of a toll-free telephone access point has assisted in improving service access and a similar approach may also hold value for some regions in the province as a first point of contact for individuals and families who cannot travel to a designated access site location.

A successful coordinated access and assessment model will include several key elements in an integrated system:

a. **A valid pre-screen tool** that will quickly assess the presence of issues that may jeopardize housing stability and wellness if supports are not available. With the implementation of a common pre-screen tool as the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT), determinations can be made regarding housing status and initial eligibility for supports and services;[44]

b. **Diversion resources** that can be used to prevent a client from becoming homeless without accessing emergency response services. Diversion may include referral to a mainstream service such as a Landlord-Tenant Board, a meeting with a landlord, or help strategizing ways to find housing. In some regions, it may include accessing available financial assistance to offset rent and/or utility arrears to avoid eviction, if the result of the pre-screen identifies that such shallow assistance would eliminate the current threat of homelessness, with little possibility that future evictions are imminent if more intensive supports are not provided. When diversion is not a viable solution, emergency shelter options will need to be activated for some people. In communities that have an appropriate emergency shelter option, a referral would be made for admission. For rural areas of the Province that may not have an accessible shelter, motel stays, "Out Of The Cold" services or transportation to the nearest emergency shelter may be options.

c. **A valid assessment tool** used by all shelters and homeless service providers for those clients unable to secure their own housing after a certain period of time.[45] The assessment tool will indicate acuity levels related to issues impacting the person's ability to obtain and maintain permanent housing independently. The goal of a common assessment tool is to identify the right solution for each client, rather than to determine whether the client is a candidate for the specific organization conducting the assessment. Acuity levels will determine the level and intensity of service that would bring an end to the individual or family's homelessness. Currently in Newfoundland and Labrador, most projects

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43   The 5 service regions include: Region 1: Avalon Urban – St. John's and surrounding area; Region 2: East Coast Rural – Avalon Rural, Clarenville and area, Burin Peninsula and area; Region 3: Central Rural – Gander and Grand Falls-Windsor and areas; Region 4: Western Rural – Corner Brook, Stephenville and Northern Peninsula and surrounding areas; Region 5: Labrador – Labrador West, Happy Valley-Goose Bay and all surrounding communities.

44   The ongoing use of the Service Prioritization Decision Assistance Tool (SPDAT) by homeless and housing based service providers throughout the province makes the VI-SPDAT an obvious option of a valid a pre-screen for the province.

45   If the screening tool identifies that this household requires a full housing assessment, arrangements will be made for the completion of the assessment within 3 days for those not attached to an emergency shelter facility and within 7-14 days for those staying in shelter who have been unsuccessful in finding housing independently.

funded by the Supportive Living Program with NLHC are trained in the use of the Service Prioritization Decision Assistance Tool (SPDAT). This evidence based assessment tool can be used from initial assessment through to the end of case management and would provide an appropriate option to be used consistently by all shelter and homeless service providers.[46]

d. **Service prioritization protocols** that ensure that those with the greatest need or highest acuity are targeted first for service. In addition to identifying the right service/intervention/program to best meet the needs of clients and end their homelessness permanent and quickly, the SPDAT also provides service providers with an evidence-based tool that will help in establishing prioritization for service. Individuals and families scoring as high acuity on the SPDAT are given first priority and clients receiving lower acuity scores are served as programs/services could accommodate them.

e. **A coordinated referral process** that ensures that individuals and families can be assigned to a partner agency or type of service best suited to meet their needs, as identified in the assessment, for the completion of a housing plan, provision of financial assistance and/or case management. This would be a departure from the current practice for many agencies/programs where potential clients seek out their services and they complete their own independent intake to determine eligibility or use a "first come, first served" approach to identify new clients. Collaboration amongst regional community and governmental partners will identify the service maps required to move individuals and families from a state of homelessness to permanent housing with the supports required for ongoing stability available to them. The creation of service pathways describing how clients move within and between community-based programs and services will identify gaps in service delivery and opportunities to improve service coordination amongst programs/agencies/systems. These service pathways must clearly identify entry methods for appropriate programs, including referral processes and acceptance/refusal procedures for the receiving program. Provincially, the Interdepartmental Advisory Committee can play an integral role in the formalization of service pathways for clients. Regionally, governmental representatives and community-based service providers involved in the CAB can ensure that such service pathways are implemented regionally as well.

Many communities throughout North America have integrated intake and assessment in their housing and homelessness system as a means of increasing the effectiveness of their funding and reducing duplication of services. It will be essential to move the focus of housing and homelessness services in Newfoundland and Labrador from independent programs that are funding driven and focused on the delivery of outputs to an integrated approach to ending homelessness that is outcome based and focused on long-term improvements for clients.

Given the current competition for limited funding, the approach used by funders and service providers also needs to shift from a focus on outputs such as occupancy rates, the number of meals provided or the number of clients served annually to a focus on the demonstrated delivery of successful outcomes by well-trained and mentored professionals dedicated to housing based case management with priority given to individuals and families with the deepest needs. Such an integrated model ensures the alignment of services and interventions to focus on housing stability and solutions to homelessness. Alignment of goals, policies and approaches and collaboration to ensure that people receive the level of service required to permanently end their homelessness will improve the 4 A's of evidence-informed housing and homelessness service provision:

1. **Access:** clearly defined, advertised places where individuals and families can call and/or physically go to get help are available.

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46   Two other valid assessment tools are also utilized in North America. Additional information on the Vulnerability Index is available online at http://www.jedc.org/forms/Vulnerability%20Index.pdf. Additional information is available on the Vulnerability assessment online at http://www.desc.org/documents/09.11.2012.DESC.Intro_to_Vulnerability_Assessment_Tool.incl%20VAT%20&%201-page%20validity.pdf

2. **Assess:** using a valid assessment tool, the needs of each household, including both the presence of an issue and the acuity of the issue, are understood.

3. **Assign:** based upon the information gathered in the assessment, the household is connected to the service that is best equipped to end their homelessness as quickly as possible.

4. **Accountability:** service providers must perform the functions they advertise they do. Data is used to track the outputs and outcomes of the process so that refinements can be made as necessary.

With a shared commitment to success, an integrated service model operates with a performance measurement framework and outcome-based funding, leading to increased accountability for the outcomes achieved, the approaches developed and the solutions created to overcome barriers for residents' stability.

3.3 Housing Based Program Streams

Much has been learned about homelessness that can inform the work that we do. For example, we have learned that for the majority of people who are experiencing housing instability and housing crisis have the resources and momentum to avoid the trap of homelessness, and even for those who experience initial homelessness it will be an isolated incident, never to be repeated again[47]. The longer individuals and families remain in homelessness, however, the more difficult it becomes to independently return to housing and stability. Also, the longer someone remains "trapped" in homelessness, the more complex their issues become; the frequency of using homeless and first responder services increases and the level of support required to return to housing stability increases exponentially. The following diagram helps to illustrate these insights.

Figure 8: Insights Regarding the Potential "Trap" of Homelessness

Low Acuity:
Most people have enough momentum to make it on their own.

Mid-Range Acuity:
A significant number need just a little bit of support.

High Acuity:
A very small percentage need a LOT of support.

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47 Culhane, D. P., Metraux, S., Park, J. M., Schretzman, M., & Valente, J. (2007) *Testing a Typology of Family Homelessness Based on Patterns of Public Shelter Utilization in Four U.S. Jurisdictions: Implications for Policy and Program Planning.* Housing Policy Debate, 18(1);
Springer, J. & Mars, J. (1999) *Profile of The Homeless Population: Mayor's Homelessness Action Task Force*. City of Toronto; Culhane, D. P. & Byrne, T. (2010) *Ending Family Homelessness in Massachusetts: A New Approach for the Emergency Assistance Program.* University of Pennsylvania: Departmental Papers (SPP).

With the goal of optimizing the impact of investments dedicated to ending homelessness, the opportunity exists to utilize the knowledge gained about pathways into and out of homelessness as well as the importance of matching service interventions to the level of need, to enhance service delivery and client housing outcomes:

1. **Low acuity:** As identified in **Figure 8**, individuals and families with low acuity generally have the resources and momentum needed to lift themselves out of homelessness, with perhaps only minimal assistance needed. In general, lower acuity individuals and families comprise close to 60% of the homeless population[48] and their needs can be met quickly with the provision of more shallow housing supports/services with an emphasis on connecting people to mainstream supports that can assist them in the long term. The inherent potential for self-reliance in this category of the homeless population demonstrates that this is not the best use of investments dedicated to addressing homelessness.

2. **Mid-range acuity:** As reflected in the center of **Figure 8**, homelessness can be quickly and permanently ended for these individuals and families with a limited amount of support. These individuals experience a few areas of their life where they are coping with complex issues. These individuals will benefit from case management services and an individualized planning process that links them to community resources. In general, mid-acuity clients make up 25-35% of the homeless population.[49] They are best served with housing and life stabilization supports that generally last less than 12 months. This mid-range level of housing services and case management is referred to as Rapid Re-Housing.

3. **High acuity:** For those individuals that get "trapped" in homelessness for extended periods of time and have a high level of need, extensive supports are normally required to assist them to return to a state of housing stability and improved wellness. High acuity individuals have multiple areas of complex needs and are more likely to be a part of the chronically homeless population. Even though chronically homeless persons comprise only about 16% of the homeless population,[50] these individuals will need the most intensive supports that normally include ongoing and intense case management support for a minimum of 12 months. Generally, programming most suitable for high acuity clients is provided through Intensive Case Management (ICM) or Assertive Community Treatment (ACT). This high acuity population uses the majority of homeless and emergency-based services, ensuring that an investment in a more expensive program model remains economical when compared to the costs accrued when the homelessness of this sub-population continues.

When determining the best utilization of finite resources to address homelessness, it is essential to examine the cost-benefit analysis of making a shift in the approach used to assist individuals and families. **Figure 9** identifies that although the individuals with high acuity are the smallest group in any jurisdiction's homeless population, the cost of continuing to react to homelessness through a primary investment in emergency responses far exceeds the investment that would be required to end the homelessness of these individuals through a Housing First approach.

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48   OrgCode has derived these estimates based on its analysis of SPDAT assessment scores. For more on the SPDAT assessment tool see **"Appendix F: Recommended Pre-Screen & Assessment Tools".**
49   Ibid.
50   National Alliance to End Homelessness. (n.d) *Snapshot of Homelessness.* Url: http://www.endhomelessness.org/pages/snapshot_of_homelessness and Department of Housing and Urban Development. (2012) *The 2012 Point-in-Time Estimates of Homelessness: Volume 1 of the 2012 Annual Homeless Assessment Report.*

Figure 9: Cost Comparison for Reactive and Proactive Approaches to Address Homelessness in Newfoundland and Labrador

The cost analysis promotes a shift in approach when assisting individuals and families, regardless of their level of need, but the adoption of Housing First to serve those with the greatest need will be essential in optimizing the impact of future investments. To end homelessness in Newfoundland and Labrador, the overarching recommendation is to invest in change and spend on impact.

To end homelessness, invest in change and spend on impact.

It is important to again note that Housing First is not simply about providing the client a new place to live and hoping for the best. Rather, Housing First links housing with the appropriate types of supports necessary to keep the client housed. Housing plus supports therefore resolves the immediate housing need of the client, while working to resolve those issues that might cause the client to cycle back into homelessness. Additionally, this type of program can be offered in a variety of formats, ranging from scattered-site private market apartments with drop-in services, to congregate living facilities with permanent on-site supports. The client's acuity will be used to determine the appropriate type and intensity of support. Within the Newfoundland and Labrador context, an understanding of the level and depth of need (acuity) expected within the homeless populations in each region will be important in determining programming and resource planning in the future. **Figure 10** provides the distribution of acuity levels estimated for the sheltered population, by region, in 2012.

As the largest proportion of the homeless population in the Province, low acuity clients will benefit from professional assistance dedicated to connecting individuals and families to appropriate housing options, rental assistance and mainstream services for ongoing supports. ***Regional consultations revealed that the provision of this general housing assistance consumes the majority of time and resources in rural communities.*** Without a doubt, people who are assisted benefit from this support. Nevertheless, it must be realized that a shift to ending homelessness will require a realignment of resources to ensure that those with the greatest need or acuity are prioritized for service. It will be important to develop efficient ways for low-acuity individuals and families to quickly access and benefit from supports, with a focus on the development of self-help resources, when possible, without over-investing resources into what

should be a relatively shallow level of assistance. It must also be recognized that with the implementation of coordinated access, common assessment, and the use of diversionary practices in the future, many of these individuals and families can actually be prevented from entering homelessness. Although it will be important to develop efficient self-help methods for low acuity individuals and families to quickly end their own homelessness, limited funding dedicated for the purpose of ending homelessness should not be substantially focused on assisting this group.

Figure 10: Estimated Distribution of Acuity Levels Amongst the Sheltered Population, by Region, 2012

With 25 – 35% of the homeless population demonstrating a medium level of need, this mid-acuity sub-population comprises the second largest sub-population. Based on the estimates of the sheltered popu-lation (1685) in 2012, between 421-590 individuals had mid-acuity and could have benefitted from the lower intensity case management and housing supports provided through Rapid Re-Housing programming. Given the training and professional development provided to front line service providers in recent years, it is expected that program reviews will identify that a number of funded programs are poised to deliver this type of programming for the mid-acuity group of Newfoundland and Labrador's homeless popula-tion. Moving forward, improved training and mentorship of frontline staff will amplify the success of this program model and ensure additional cost savings within the system of care evolving in the Province.

For homeless individuals with complex issues (high acuity), more intensive support is needed to stabilize and maintain housing, ideally through ICM or ACT. Although these are not inexpensive program models to operate, the health, social and financial benefits achieved by ensuring that those with the greatest need receive the housing and case management supports to end their homelessness quickly and permanently creates a strong case for implementation. In examining the current programming available in the Province suitable to meet the needs of this sub-population, a number of initiatives demonstrate promising ap-proaches. Eastern, Western and Central Health currently operate Assertive Community Treatment (ACT)

teams in the province and their value in preventing future homelessness for high acuity individuals cannot be underestimated. The coordinated systems response that underpins the NAVNET initiative administered by Eastern Health has proven successful in housing high acuity clients, as well. For Newfoundland and Labrador, an integrated system of housing supports will mean an efficient delivery of services and effective resource allocation.

Intensive Case Management (ICM) programming is less expensive than Assertive Community Treatment (ACT) but equally effective for many high acuity clients. Although some examples of ICM approaches (or modified approaches) are available in Newfoundland and Labrador, such as the Community Support Program at Stella's Circle or the Moving Forward program through Choices for Youth, this type of programming will need to be enhanced in the future. Interviews conducted during this study also indicate that there may be some misunderstanding about what ICM programs entail. Professional development and mentorship will be essential in ensuring that service providers are equipped to properly support this population through a focus on housing based case management and the brokering of mainstream services to guarantee that stability and wellness improve. Given the available data for sheltered population in 2012, it must be realized that fewer than 270 individuals from across the province would have required this high intensity programming with approximately 137 residing in St. John's. Although a small proportion of the homeless population, making this investment to ensure the right level of support is available will result in improved demand management and cost savings for taxpayers, especially in the long term.

While it will be important to provide the level of service that matches the needs of the homeless individuals and families throughout the Province, this does not mean that every region will require the introduction of all program types—general housing assistance, Rapid Re-Housing, Intensive Case Management and Assertive Community Treatment programs. At present, only the St. John's area is poised to offer all types of programming, albeit with revisions required to funding and service delivery priorities. It will, however, be important for the regions to determine the level of acuity being experienced by local individuals and families who are currently homeless, supported by the implementation of SPDAT as the common assessment tool, and ensure that available housing support service providers are well trained and well resourced to deliver a range of supports and services to end each individual or family's homelessness.

The assistance required from housing support providers in rural regions may range from shallow housing assistance to more intensive and long term housing and life supports for higher acuity clients. Current and/or new Housing Support Worker projects will need to be properly equipped with professional development opportunities, clinical and program support/mentorship and access to client-based funding for housing-related costs to provide varying levels of case management intensity to match the needs of their caseloads. Access to the intensive supports required to assist high acuity clients requires collaboration and formalized connections to mainstream systems to facilitate ending homelessness in the regions.

Housing specialists are not health, employment or correctional experts so local mainstream systems will be required to apply their expertise in delivering the variety of supports that will increase wellness and long-term stability. Recognizing the extent that homelessness has on negatively impacting health, wellness and community integration, formalized collaboration and service integration between homeless serving and mainstream systems is essential.

3.4 Professional Development Opportunities for Staff and Partners

To assist with the goal of acquiring a common language across the service system and to ensure consistent data collection, a professional development agenda is recommended. This will help service providers in all service sectors become familiar with current best practices and facilitate the adoption of proven policies. Such an inclusive professional development agenda will support implementation of the strategies to end homelessness and will be an important element for sustaining impact over time. Initial professional development activities should target funded service providers and affiliated community partners while building on existing competencies. At a minimum, training should be made available to workers across the Province to ensure that:

1. Housing First is understood – core concepts, service orientation, understanding of acuity, methodology, data requirements, etc.

2. All frontline workers are aware of the existing programs and services in the community, and can easily access a resource that describes eligibility criteria.

3. There is a shared commitment to ensure that clients are offered the information, tools and assistance with problem solving that help clients make choices.

In addition to the general capacity building related to a Housing First approach to ending homelessness, a more intensive professional development agenda will be required for homeless service providers. Service providers cannot just be asked to start delivering services differently. They must be aware of the strategic underpinning for the Housing First philosophy and be trained to achieve the outputs and outcomes required to end homelessness. An investment in the professional development agenda will increase the probability of achieving goals, especially as it relates to the effective provision of Housing First/ICM and Rapid Re-Housing services that will maintain fidelity to proven practice.

Beyond the standard training requirements to work in the sector (e.g., boundaries, first aid, universal precautions, practicing self-care, mental health first aid, relevant legislation, non-violent crisis intervention, etc.), those involved in re-housing programming should have the following ***housing-based*** training components delivered to them within the first few months of employment:

- Standards of care in housing-based interventions

- Housing-based case management

- Assertive engagement to promote housing access and stability

- Harm reduction

- Motivational interviewing in a homeless and housing service setting

- Strength-based and client-centered service responses

- Promoting recovery

- Risk assessment and management

- Crisis planning

- Community service access through brokering and advocacy

- Acuity and assessment

- Using acuity to leverage case management opportunities in goal setting

- Documentation, case notes, file organization, and case structure

4. Improved Information Sharing and Performance Management

In developing more effective responses regionally and provincially to ensure an end to homelessness, it is increasingly important to know what works, why it works and for whom it works. Improved data collection and analysis is necessary to enhance functioning at both the program and the system of care level. Appropriate data collection and analysis will lead to program (and system) evaluation and improvement of service delivery; appropriate investment priorities; current assessment of needs; and the monitoring of progress in ending homeless with opportunities to make strategic revisions to the implementation plan when necessary.

Similar to many jurisdictions in Canada today, regions in Newfoundland and Labrador are attempting to respond to homelessness with limited data and anecdotal information regarding the needs of homeless individuals and families and their progress through the system.

> *It will be essential that all agencies involved in ending homelessness are able to "speak the same language" and use common tools to collect information about their clients and track their progress.*

The data collected do not need to be extensive. In fact, there is a growing movement towards streamlining data collection so that only the most essential data is collected on clients. Collaboration and communication among all stakeholders will help identify key data points that need to be gathered for planning and performance monitoring at both the program and systems level.

4.1 Assessing Need and Progress at the Program Level

Service providers in a housing and homelessness system should be able to reliably answer three core questions:

1. **Who** are we serving?
2. **How** are we helping clients?
3. **What** impact does our program have on clients?

> *Jurisdictions that have committed to end homelessness have embraced data and a focus on outcomes as the critical pillars to success—what gets measured, gets done!*

The measurements used should allow service providers to understand the characteristics of their clients and why they are seeking services. This information is essential for adjusting programs to meet emerging or underserved needs. These can be thought of as *Input Measures* when they are used to track the clients as they enter the system. Measurements should also track the type and amount of services provided by the service provider, if any. These are the *Output Measures* that indicate how an organization is helping its clients. Finally, it is important to measure the success of the output by reporting on *Outcome Measures*. Outcome-based performance indicators focus on the impact of the client service/assistance and would include such things as the benefits or changes related to client knowledge, attitudes, values, skills, behavior, conditions, quality of life, community integration, etc.

> *Determining how each individual project, program or benefit results in positive changes for the clients will provide important information on future programming and funding priorities.*

A focus on data will help make it possible to achieve better program outcomes, by identifying the factors that underlie successes and what is needed to improve. A continuously maintained dataset allows for ongoing program evaluation and refinements based on that evaluation. Finally, initiatives that are achieving positive outcomes in addressing homelessness can be shared with the community, region and the province.

4.2 Assessing Need and Progress at the Systems Level

Homelessness is a field where the lack of data often hampers an evidence-based assessment of system effectiveness and system response due to an incomplete understanding of the population being served. Subsequently, when there is a lack of data, the impact of any attempts to improve the system will also be difficult to determine. Accurate and timely data plays an important role in guiding continuous improvement in services, in planning service delivery and demonstrating that investments are resulting in progress towards ending homelessness.

As stated earlier in this report, data about the number of homeless individuals and families accessing services are currently limited in Newfoundland and Labrador. At present, the ability to develop a plan for a comprehensive system of supports in the future or to justify current investment is somewhat constrained. In addition to the need to monitor the scope and depth of homelessness in the Province, it must be recognized that there will always be a sub-population that is experiencing homelessness but not accessing homelessness assistance.

The research that was conducted for this report was both extensive and comprehensive so a baseline has been established regarding the depth and scope of homelessness in the province based on existing 2012 data. In 2014, it will be important to strategically re-evaluate the scope and depth of homelessness in Newfoundland and Labrador to establish an updated set of data to complement the current baseline. Throughout North America, communities are using a scientific methodology called Point in Time (PIT) Homeless Counts, which create data-based "snapshots" of overall homelessness as well as identify sub-populations. Typically, PIT Counts are conducted every two years to enable high-level trend analysis regarding the impacts of homelessness and housing policy and initiatives. PIT Count results help communities plan service delivery that is related to a current understanding of regional homelessness needs.

Improved information also ensures improved accountability. Creating a system of oversight that encourages better program and system-based outcomes can be achieved by incorporating regular program evaluations and performance-based funding contracts. Both of these establish clear expectations regarding outputs and outcomes to be achieved and regular reporting of system performance and return on investments.

A common set of performance measures or expected outcomes for a homeless serving system highlight the impact of enhanced programming and service coordination on the following indicators:

- Length of shelter stays;

- Length of time homeless;

- Number of people experiencing homelessness for the first time;

- Number of people who are diverted from homelessness;

- Recidivism rate back into homelessness;

- Overall number of homeless people;

- Reductions in the use of emergency services;

- Cost savings to the system due to program interventions to end homelessness;

- Positive impacts on clients served: quality of life, wellness, long-term housing stability; income, employment, education, community integration, etc.; and,

- Overall coordination of services and reduction of system-wide fragmentation.

> *The entire Province (including all relevant government departments, private, non-profit, and volunteer sectors) must be committed to the outcomes – including investments in training and professional development – to help the service provider community upgrade their skills and systems to achieve these performance measures.*

A New Road Map For Service Delivery In Newfoundland and Labrador

With the implementation of the key actions identified in Strategic Priorities 2 (Strengthen Homelessness Prevention) and 3 (Enhance Housing and Support Programming), a new homeless service delivery model can be identified for Newfoundland and Labrador that is based upon our knowledge of homelessness research, the needs of homeless individuals and families, evidence informed approaches that have proven successful in ending homelessness and an extensive understanding of community-level implementation. **Figure 11** and **Table 8** provide a preferred approach to homeless service delivery from initial access of assistance with a housing crisis to successful housing outcomes and improved stability.

Figure 11: Housing First System for Individuals and Families[51][52][53]

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51   "Emergency Temporary Shelter" includes DV Shelters, Family Shelters, Youth Shelters, Single Men Shelters, Co-Ed Shelters, Motels/Hotels
52   "Permanent Housing" includes Scattered Site, Multiple Unit Residential Buildings (MURBs), Congregate Living
53   HIFIS & SPDAT are used to track client progress (case management)

The following table provides a more detailed description of the process illustrated in **Figure 11**.

*Table 8: Possible **Road Map** for Service Delivery from Point of Access to Service Intervention Success*

Step	Preferred Approach
1	Individual or family in a housing crisis calls or visits a designated access site.
2	Professional staff associated with coordinated access conducts an initial review of the situation to determine the extent and details of the housing crisis. If needed, a pre-screen is used to determine the initial indication of presenting acuity and needs. Diversion should be attempted with all households to promote the accessing of any "natural" supports in the community such as friends or family that they can stay with. Process ends if successful in diversion. Process continues to Step 3 if unsuccessful in diversion.
3	Professional assessment staff uses the results of the pre-screen assessment to determine the potential depth of needs or acuity.
4	The household is determined to require one of the following approaches: • referred to a complete assessment for a Housing First support intervention through Assertive Community Treatment or Intensive Case Management; • referred to a complete assessment for Rapid Re-Housing; • the household is identified as low-acuity and is encouraged to resolve housing need independently, using resources/tools provided in the access site, without further assessment.
5	Household is directed to appropriate short-term shelter option, as necessary, while waiting for complete assessment. Households not requiring a further assessment may also be provided a short- term shelter option. Available shelter options are known in real time through the HMIS. Shelter guests are encouraged to immediately start the re-housing process. Those who can not re-house themselves and who scored moderate or high acuity on the prescreen, will require a full assessment.
6	Complete assessment conducted. All assessments over the preceding week are reviewed collectively. Housing First and Rapid Re-Housing applicants with the highest acuity are prioritized first for service.
7	The household is assigned to a case manager by the assessment staff that will help them access housing and provide supports, either through Rapid Re-Housing or Housing First. Those households where a complete assessment was not required are assertively engaged over the following weeks to consider and choose housing as a solution to their homelessness.
8	Household assessed for Rapid Re-Housing or Housing First is assisted in accessing appropriate income supports, benefits, and/or other forms of financial or rental assistance.
9	Household assessed for Rapid Re-Housing or Housing First is provided housing options to consider relative to what is affordable, appropriate and actionable for the household. From the available options, the household chooses the apartment or house to rent that best meets their circumstances.
10	Household completes all necessary paperwork, secures the apartment or house for rent and prepares for move-in, with the direct assistance of the Rapid Re-Housing or Housing First case manager.
11	Household is assessed again on or about the day of move-in on the most pressing issues where support will be required to maintain housing stability. Initial housing stability case plan is developed.
12	Household is supported in creating a crisis plan and risk assessment to reduce the likelihood of becoming homeless again.

Step	Preferred Approach
13	At the end of one month in the new housed environment, households are assessed on progress again, with the information used to create a more robust service plan which will include a focus on connecting to other mainstream resources, employment/education, engaging in meaningful daily activities, etc.
14	Rapid Re-Housing clients begin exit planning at 6-8 week mark, focusing on housing stability, with a desire to see program exit from case management occur between 3-6 months. Housing First clients begin exit planning at approximately the 6 month mark, focusing on housing stability and preventing a return to homelessness, with a desire to see program exit from case management occur between months 12-18 for those in scattered site units, and longer for those in permanent supportive housing.

4.3 The Value of a Homelessness Management Information System (HMIS)

An integrated system of homeless and housing service provision that is strongly connected to mainstream services will require a commonly used information management approach and system. In Newfoundland and Labrador, a Homelessness Management Information System (HMIS) would be a provincially administered, web-based database used to aggregate confidential data. Ensuring the protection of personal information is always a priority within such an integrated data system and once again, Newfoundland and Labrador can benefit from the lessons learned in other jurisdictions to ensure that appropriate data sharing protocols are established. Such protocols identify data collection, storage and sharing guidelines, establishing standards of practice and mandates monitoring policies to ensure program and system-based compliance. Informed consent will always be a component in the use of any HMIS.

An effective HMIS ensures that program and client-level information collected provides insight into the characteristics and service needs of homeless persons, as well as the outcomes achieved as a result of service provision. Homeless service providers use this software application to coordinate care, manage their operations and better serve their clients. The Government of Canada provides one such software called Homeless Individuals and Families Information System (HIFIS). This is a free information management tool provided to communities across Canada and provides a valuable option for the ***development of a customized HMIS for Newfoundland and Labrador that can meet the needs of all stakeholders***. At present, NLHC and Service Canada are working together to ensure a customized information system that will include the incorporation of the Service Prioritization Decision Assistance Tool (SPDAT) into the HIFIS software – Newfoundland and Labrador is poised to be the first province to roll out this customized feature.

Information gathered from HMIS can be used to target resources and inform regional and provincial policy and planning decisions.

HMIS can provide the following important benefits at the client, program, and systems level:

- Frontline service staff can provide faster, more effective services to clients through streamlined referrals, benefits eligibility, and coordinated case management.

- Agencies can better manage operational information through access to a variety of agency, program, and client-level reports.

- Policymakers and advocates can make informed decisions by having access to system-wide data describing the extent and nature of homelessness and a greater understanding of service usage, effectiveness and gaps.

When the HMIS is used to collect client data across all service providers who work with people experiencing homeless or who are at risk of being homeless, data sharing can streamline clients' engagement with multiple service providers. With the development of, and compliance with, appropriate data sharing protocol agreements, client data can be protected and service coordination can be improved. The recommendations put forward in the Homelessness Data Coordination Project Report (2010-2011) provide a starting point for discussions on a data collection guide for service providers.[54] It is envisioned that the NHLC will act as the ultimate custodian of a HMIS, with access provided to the Third Party Lead Agency in a manner that complies with privacy legislation. NLHC, the IAC and their funded partners will all play a leadership role to establish and monitor data collection and information sharing protocols for service provision and system performance monitoring.

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54   In partnership with the Newfoundland and Labrador Housing and Homelessness Network, Choices for Youth and the NL HIFIS representative, the Newfoundland and Labrador Statistics (NLSA) completed an 18-month Homelessness Data Development and Coordination Project under the Homelessness Knowledge Development Program in 2010-11.

Summary of Strategic Priorities & Recommended Actions

There is a clear opportunity to improve the lives of people who are homeless while decreasing the current costs associated with managing homelessness. Leveraging the strengths of service providers through a more efficient and effective homeless response system will end homelessness in the Province quickly and permanently. This report recommends the implementation of actions across four strategic priorities. The following provides a summary of the strategic priorities and the associated goals that make up the Road Map for Ending Homelessness:

I. System Transformation with Strong Provincial Leadership

Goal

Build a "systems" approach to ending homelessness with clear leadership, a shared vision and a collaborative approach.

Key Objectives

a. Create a "system of care" approach to ending homelessness with government, non-profit and community working collaboratively, with clear leadership and mandate;

b. Develop a leadership and governance model that ensures appropriate implementation and monitoring of the strategies to end homelessness;

c. Name a single provincial department that will be assigned direct responsibility for implementation of service improvements as outlined in this **Road Map** document, and have the authority to direct changes in funding to support changes in practice as warranted;

d. Foster sustained and high-level coordination of all government departments on the issue of ending homelessness across the province;

e. Promote collaboration and cooperation between homeless serving and mainstream systems to improve access to essential services, capitalize on cross-training opportunities and improve housing and life stability outcomes for shared clients;

f. Identify the systems gaps and barriers that impact the flow into homelessness and the multidisciplinary approaches required to end homelessness;

g. Ensure duplication and inefficiencies are removed from the homeless serving and housing stability initiatives administered by various Provincial Government departments.

Recommended Actions for Implementation

a. NLHC will provide provincial leadership and administration of the Road Map for Ending Homelessness to ensure that provincial homelessness and housing investments are dedicated to ending homelessness in an evidence informed manner;

b. Conduct a review of current provincial investments to highlight opportunities to centralize funding and the administration of all investments earmarked for housing and homelessness initiatives;

c. Revisit membership and identified role of the Inter-Departmental Advisory Committee. Decision making authority must be increased to ensure that corrective action can be taken within their respective mandates/departments to revise policies/practices and improve access and supports for individuals and families experiencing housing instability and homelessness;

d. Identify the annual investment for housing and homelessness programming to ensure the delivery of Housing First, Rapid Re-Housing and Homelessness Prevention activities, including a comprehensive

professional development agenda, rental assistance and/or rental allowances for service participants and HMIS support;

e. Government will lead the process of identifying and endorsing a Third Party Lead Agency with dedicated staffing positions to implement the community-based strategies included in the ***Road Map for Ending Homelessness*** in each of the 5 service regions. Funding agreements with the Third Party Lead Agency will also incorporate the expectation that Regional Coordinators will support regional Community Advisory Boards in their efforts to identify and communicate local needs and gaps in service;

f. NLHC, IAC and Third Party Lead Agency will use service maps to identify how people access, effectively utilize and exit services and supports to identify existing barriers. From this service mapping process, appropriate and preferred service pathways will be identified to ensure improved access, leading to better housing outcomes and improved stability. IAC members will ensure that these new service pathways are approved and implemented by their departments within each region. Third Party Lead Agency will report back on the successful implementation an potential gaps/barriers within each region;

g. As the governmental body responsible for provincial homelessness and housing funds, NLHC will establish expectations for the implementation mandate of the Third Party Agency. The Third Party Agency will disburse the funds throughout the regions (based upon IAC recommendations and NLHC approval) and support the funded projects to ensure activities maintain fidelity and generate the outcomes and outputs expected by NLHC and the Government of Newfoundland and Labrador. Accountability measures to be placed within the collaboration structure to enhance shared responsibility and monitor results;

II. Strengthen Homelessness Prevention

Goal

Create an effective homelessness prevention system that works to divert people from homelessness, when appropriate, and assists people to find long-term solutions to their housing instability.

Key Objectives

a. Greater emphasis on diversion and linking to other community supports at time of assessment;

b. Reduce the number of individuals and families experiencing first time homelessness;

c. Strategically target more intensive homelessness prevention resources to individuals and families with the greatest need and therefore most likely to become homeless without intervention;

d. When diversion is not appropriate, ensure that emergency shelter options promote a quick return to housing so that shelter stays and time homeless is minimized, ideally with the majority of shelter stays lasting less than 30 days and no shelter users staying in shelter longer than three months (cumulatively) in any 12 month period;

e. Collaboration between government departments and community-based service providers will ensure that discharges to homelessness from facilities do not occur.

Recommended Actions for Implementation

a. Provide training to all funded homeless serving and affiliated front line service providers (including appropriate AES, CYFS, Health and Community Services, NLHC employees, etc.) on diversion;

b. Increase diversion resources to reduce the number of new households experiencing homelessness;

c. As part of the provincial review of investments, current sources of financial supports to prevent evictions must be identified with the goal of defining opportunities to streamline access, reduce inefficiencies and standardize eligibility for assistance;

d. Provincially, implement a pre-screening tool to assist in identifying people requiring homelessness prevention services;

e. NLHC, IAC and Third Party Lead Agency to establish inter-governmental communication and cooperation protocols to develop discharge policies. These protocols must be utilized in each region to assist people with No Fixed Address preparing to leave provincial institutions to ensure that options for housing and supports are coordinated in advance. The goal is efficient discharge into stable housing (zero discharge to homelessness) from systems such as health and corrections.

III. Enhance Housing and Support Programming

Goal

Create a system that ensures that the right person receives the right support at the right time to end their homelessness quickly and permanently.

Key Objectives

a. Adopt a Housing First Philosophy for all homeless service delivery across the province with a clear focus on housing, with necessary supports, as the solution to homelessness;

b. Support and invest in Housing First and Rapid Re-Housing programming models that serve homeless individuals and families with high acuity and mid acuity, respectively;

c. Progressively engage individuals and families experiencing homelessness related to assessed needs and present housing options accordingly;

d. Reinforce that the role of shelters is to provide short-term accommodation, with reduced barriers to access, that will assist people in getting access to housing as quickly as possible;

e. Focus outreach activities on helping people end their homelessness as quickly as possible;

f. Focus on finding permanent solutions to meet housing needs. Strategies to end homelessness throughout the province must be implemented in tandem with efforts to increase affordable housing options.

Recommended Actions for Implementation

a. Review all currently funded homeless serving programs to identify improvements required to align all programs to a Housing First Philosophy with a focus on ending the homelessness of individuals and families permanently and quickly;

b. Develop outcome based expectations and targeted performance measures that will ensure that funds are dedicated to homelessness prevention, short term shelter and housing (with supports) programs;

c. With the adoption of a Housing First Philosophy focused on ending homeless, opportunities exist for the re-positioning/re-alignment of provincial investments to ensure a housing focused service delivery system. Together with the review of provincial investments, improved data on homelessness needs, and plans to bring programs into alignment with Housing First Philosophy, funds can be identified for the delivery of services throughout the province. In the future, improved data, occupancy/participation rates, program performance results and the tracking of client-based outcomes provide the evidence required to ensure the targeted use of finite resources to optimize the impact of resources;

d. Develop a coordinated access and assessment system that ensures that individual and families in housing crises have designated access sites for efficient responses related to their shelter and/or housing and support needs:

      - In the capital region, a centralized intake location can be created for both phone and walk-in service. Transportation barriers must be addressed;

- Given the limited services available throughout the rural regions of the province and the even greater transportation challenges, multiple locations will be required with one access and assessment site in each region. Standardized practices and protocols to be used throughout the province;

- Ensure the incorporation of valid pre-screen and assessment tools such as the Service Prioritization Decision Assistance Tool (SPDAT) to ensure that the right person receives the right intervention at the right time to end their homelessness quickly and permanently;

- Implement a referral system for Housing First, Rapid Re-Housing and, if appropriate, general housing assistance that prioritizes new clients by acuity;

- Establish prioritization protocols for all referrals to programming/supports.

e. Identify appropriate emergency shelter options and operational standards throughout the province

- NLHC, IAC and Third Party Lead Agency to draft unified shelter standards that all shelter providers can agree to, which will inform practice and service orientation;

- Work with CABs, funded agencies and community partners to identify appropriate shelter options in each region.

f. Identify all projects to be funded through the use of transparent and inclusive Request for Proposal processes. The Third Party Lead Agency can initiate this recruitment and selection process with the NLHC and the IAC making final approval decisions;

g. Develop and implement a Professional Development agenda for paid staff within service organizations and partner departments as well as community volunteers;

h. Provide training for frontline staff on proven effective approaches for screening eligible candidates for Housing First and Rapid Re- Housing service intervention and providing appropriate support for longer-term success and reduced recidivism;

i. Provide additional professional development opportunities to front line staff in shelter environments to better understand and orient their practice toward housing;

j. Increase Housing First and Rapid Re-Housing programming/services across the province;

k. Consistent use of valid pre-screening and assessment tools such as the Service Prioritization Decision Assistance Tool (SPDAT) will ensure that the right person gets to the right service at the right time to end their homelessness quickly and permanently;

l. Work with the landlord community to identify units in good condition that would be an appropriate match for the Housing First approach to service delivery;

m. NLHC to continue to lead the development of affordable, rent-geared-to-income and specialized housing options to meet the needs of homeless individuals and families, including permanent supportive housing;

n. NLHC, Health and Community Services and AES to review the protocols established for rent supplement top-ups and AES rental rates, respectively, to increase the number and portability of rent supplements for homeless individuals and families, with the goal of enhancing long term sustainability of housing options;

o. NLHC will review social housing policies and practices to identify and correct access barriers for housing and supports to individuals and families experiencing homelessness;

p. Review existing transitional housing options to identify homeless recidivism rates, programming and options for the future. Where possible, focus should be on increasing permanent housing options

for individuals and families. Recognizing that sub-populations such as youth may need different approaches to support and service delivery, the provision of permanent housing options is still the preferred goal;

q. Using improved data gained in the future regarding the service needs of homeless people, determine the regional needs for specialized housing options such as permanent supportive housing for high acuity individuals.

IV. Improved Information Sharing and Performance Management

Goals

Using this Report as a starting point, improve data collection and information sharing practices to ensure that the scope and service needs of the homeless population are understood; decision-making on programs and the allocation of funds is better informed and that the programs and the entire system is achieving the outcomes that are expected to end homelessness.

Key Objectives

a. Improved information sharing within and between systems results in a reduction in access barriers, gaps in services and improved outcomes for clients;

b. Introduction of the Homeless Individuals and Families Information System (HIFIS) as the Homelessness Management Information System for the province will ensure improved knowledge of homelessness; outcomes of service interventions and impacts of the programming on the lives of clients;

c. Capture more in-depth information on service delivery outputs and the outcomes of the approaches used to help determine future needs and investment priorities;

d. Use of performance management and outcome based funding contracts that identifies targets/benchmarks for programming will optimize investments and improve housing outcomes for clients.

Recommended Actions for Implementation

a. Develop data collection expectations to ensure the collection of data to identify demographic and needs assessment information for service participants; intervention details as well as the measurement of output and outcome indicators.

b. NLHC and IAC to ensure the creation of valid data sharing protocols, ensuring appropriate collection, storage and sharing of client data;

c. Implement HIFIS as the Homelessness Management Information System tracking identified data points for funded projects;

d. Ensure appropriate training and mentorship of the data collection and reporting via HIFIS;

e. In the future, use findings from HIFIS to identify investment priorities and program revisions based on current assessment of needs and outcome-based results achieved;

f. Using HIFIS findings, identify emerging needs, service delivery trends and outcome results tracking to make strategic decisions to the strategies to end homelessness;

g. Improve information on estimates of homelessness and the characteristics, service needs of homeless people with the implementation of Point In Time (PIT) Counts;

h. Complete quarterly and annual monitoring of program and system progress in ending homelessness. Such monitoring will include a review of financial stewardship and the achievement of program-based output and outcome expectations.

Appendix A: Methodology Employed

Given the diversity found throughout the Province combined with the vast geographic expanse and the variety of needs and local nuances, a multitude of community engagement methods was used to ensure that the **Road Map for Ending Homelessness** was grounded in local realities and reflected local needs, both current and future.

A two-level analysis was employed where high-level data was integrated with local knowledge and expertise to generate recommendations that are consistent with main currents of thought and proven practices that end homelessness.

The following community engagement techniques were used:

- Community Survey for Service Providers

- Key Informant Interviews in each Region

- Focus Groups with People with Lived Experience

- Government and Community Stakeholder Consultations

- Open House with NL Housing and Homelessness Network (NLHHN) and Community Advisory Boards (CABs)

The perspectives shared during these engagement opportunities were considered in combination with local data and evidence-informed literature to make certain that the recommended activities outlined in this report are comprehensive and relevant. Please note that not all of the suggestions or ideas shared through the consultations, interviews or survey are supported by the data or evidence-based practices, but they may be recorded here as a reflection of local input.

Homelessness Estimate

The estimate of homeless individuals in Newfoundland and Labrador contained in this report is based on local data and the best available evidence.

Emergency shelters, domestic violence shelters and Housing Support Workers were asked to provide HIFIS data, collected by the Homeless Individuals and Families Information System (HIFIS) dating back to 2007. This data was then compiled and divided by agency, by service provider type, and by region. The 2012 HIFIS reports provided the most complete data set, and this was established as the estimate year. The number of unique clients that were admitted to emergency shelters and domestic violence shelters were added together. In the case of domestic violence shelters, the count included children. For Housing Support Workers, admissions were excluded from the count based on the client's reason for service. Only clients seeking services for housing crisis-related needs were included.

Duplication is a limiting factor in this methodology. Although only unique client admissions were used in the count for each individual agency, it is not possible to track how many individuals accessed more than one service in 2012. Nevertheless, an individual who accesses homelessness services multiple times in one year may well be part of the chronically homeless population who are, in general, the smallest proportion of the overall homeless population. As a result, it is not anticipated that duplication of this type had a substantial impact on the final estimate.

The process of estimating the unsheltered population is drawn from the *State of Homelessness in Canada 2013* report that combines homeless data from multiple communities across Canada to provide a national estimate of homeless Canadians. According to this report, on average, there are 20 unsheltered

individuals for every 100 individuals in emergency shelters, excluding domestic violence shelters. This procedure has been applied to emergency shelter data in Newfoundland and Labrador. Similarly, the report draws upon recent academic studies to provide a means of estimating a hidden homeless population. Evidence suggests that at any one time, the number of hidden homeless individuals is 3.5 times the number of absolute homeless individuals. The *State of Homelessness in Canada 2013* report takes a conservative approach by reducing this factor to 3.1. It is important to note that to apply this analytic lens to the number of homeless individuals in a year, the multiplication factor is actually 2.5. Consequently, adding the emergency shelter and the domestic violence shelter data together with the unsheltered estimate, and multiplying the result by 2.5, provides an estimate of hidden homelessness in Newfoundland and Labrador.

Estimating the number of people homeless at any one time was achieved using a slightly different technique. The annual total admissions of unique clients were multiplied by the average length of stay for each provider type (emergency shelter, domestic violence shelter and Housing Support Worker). This produced an average number of bed nights per service type divided by 365 days to produce a point in time estimate.

Estimates of the Cost of Homelessness

The estimates of the cost of homelessness in Newfoundland and Labrador in this report are based on local data when possible and the best available evidence.

In determining the per unit and per person costs affiliated with reactionary expenses such as cost of shelter beds and emergency health care costs as well as proactive responses such as Housing First programming, investment information was obtained from provincial government departments whenever possible. When such costs were not available, findings on the cost/person/year were identified from recent research projects. ***"Appendix E: Cost of Homelessness in Newfoundland and Labrador"*** has a complete breakdown of specific costs and the calculations.

The method used to estimate the total provincial cost of homelessness for the homeless population in 2012 was developed using HIFIS data and through the following means. First, the total homeless population was estimated to be 1,685 people for 2012. Second, the population was divided into five quintiles (groups of equal size with 338 persons per group) that were arranged by length of time homeless. In the absence of more detailed data, length of time homeless was used as a proxy indicator of acuity. Those in the first quintile (top 20%) are therefore assumed to have higher acuity and were homeless for longer than those in the last quintile (bottom 20%).[55]

A similar approach was used in Philadelphia and published in the academic journal Psychiatric Services.[56] This study divided the homeless population by level of service usage into five groups, ranging from the top 20% (First Quintile), who were found to account for over 60% of the costs associated with homelessness, to the bottom 20% (Fifth Quintile) who, while comprising the same number of individuals experiencing homelessness, accounted for less than 2% of all service use.[57] While OrgCode acknowledges that higher service use is not the same thing as length of time homeless, this approach is valid for three reasons: (1) studies from a number of jurisdictions indicate that chronically homeless individuals are among the highest service users; (2) with a lack of better data, length of time homeless was the most complete data available; and, (3) specifically, the length of time homeless data was obtained from shelter providers province-wide, meaning that those who are in the first quintile in this model were, in fact, the highest

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55 Kuhn, R. &Culhane, D. P. (1998) *Applying Cluster Analysis to Test a Typology of Homelessness by Pattern of Shelter Utilization: Results from the Analysis of Administrative Data.* American Journal of Community Psychology, 26(2).
56 Poulin, S., Maguire, M., Metraux, S., & Culhane, D. (2010). *Service use and costs for persons experiencing chronic homelessness in Philadelphia: a population-based study.* Psychiatric Services, 61(11).
57 Ibid.

users of shelters in Newfoundland and Labrador and not necessarily those who had simply been homeless the longest.

Regional Profiles

Data for the regional profiles was taken from Newfoundland and Labrador Statistics Agency's community profiles. The Rural Secretariat regions have been used as the basis for the regional breakdown, with a few exceptions. To conform more closely with the seven regions used by the NLHC, four of the regions were combined into two: Clarenville – Bonavista was combined with Gander-New Wes Valley, while Corner Brook-Rocky Harbour was combined with St. Anthony – Port au Choix.

Additionally, efforts were made to separate the City of St. John's from the Avalon region. The ability to combine and separate is dependent on access to raw, uncalculated data and was not possible for every measure. Statistics Canada data, Canada Mortgage and Housing Corporation data, real estate information, building and planning reports and data, and other socio-demographic and service use data including housing waiting lists and income support data provided important insights into local realities. In addition, OrgCode collected and reviewed individual fact and information sheets provided by various organizations involved in consultations and key informant interviews as the consultants travelled throughout the province. The consultants also reviewed local media articles pertaining to housing and homelessness.

Document Review

The OrgCode team reviewed community plans, existing studies and policy documents. To perform this review, the team used a process known as content-based analysis. As a first step, the team identified topic categories that would be used to screen each document. These categories were:

- Data related to homelessness

- Data related to affordability

- Data related to mental health or addiction

- Data related to funding for services

- Identification of populations in need

- Identification of services being provided

- Identification of services that are needed

As the reviewer moved through the document, information that fit into one of these categories was then recorded in that category. The output is a file that has distilled the relevant information from each document.

Academic and grey literature pertaining to advancements as well as best and promising practices in responses to affordable housing and homeless service provision was also reviewed and provided the best evidence-based advice and guidance in the completion of the ***Road Map*** report.

Community Survey for Service Providers

Using the list of key stakeholders, funded programs and e-mail distribution list serves generated by the NLHC project team, an online survey was distributed by email invitation to known entities involved in direct housing programs, funding and/or planning of housing service programs and groups involved in ancillary services. Respondents were invited to forward the invitation to other colleagues, promoting a *snowball effect*. This survey helped inform the ***Road Map*** report in the following ways:

- defined the collective of people involved in the delivery of services and supports related to housing and homelessness, regardless of whether they received government funding to operate;

- provided information on the needs of homeless individuals and families as well as the extent of homelessness perceived by workers on the "front lines";

- maximized inclusion of voices into the planning process;

- helped to identify specific individuals to be invited to participate in a key informant interview; and,

- isolated critical differentiators in regions throughout the province.

The service provider survey received a total of 121 responses from 17 different communities. Fifty-one (51) unique agencies responded to the call for information and insights. Seventy participants (58%) completed the entire survey,

Figure A1: Survey Participation by Community

In response to the question "Is homelessness an issue in your community?", 96% of the participants agreed with 76% reporting that they work with individuals who are absolutely homeless; 89% reporting that they work with individuals that are "hidden homeless" while 62% work with families that experience hidden homelessness. The majority of respondents (89%) identified that they work with individuals or families who are "at risk" of becoming homeless.

Key Informant Interviews

Using the stakeholder list generated for this project, local stakeholders were invited to participate in a semi-structured interview designed to gather information about the array of homelessness, housing and support services that are available and/or needed in the province and feedback on the current state of support services and opportunities for improvement in the future. Between May and November 2013, more than 200 community based service providers and volunteers were interviewed in one-on-one or small group sessions, either in person or over the telephone. Six (6) Aboriginal governments and/or agencies were interviewed via conference calls. Finally, a total of 61 provincial government employees

from eight different departments were interviewed during 15 separate consultations. . Interviews were conducted with a range of stakeholders with various expertise including, but not limited to:

• Community Advisory Boards and the general public

• Emergency, transitional, supportive and supported housing providers

• Transition Houses/Emergency Shelters for women and children fleeing violence

• Aboriginal governments and agencies involved in housing and support service delivery

• Government of NL employees, including representatives from Advanced Education and Skills, Regional Health Authorities, Mental Health and Addictions Departments, Youth and Adult Corrections, Child Youth and Family Services and NLHC

In addition to these semi-structured interviews, OrgCode also engaged actively with people with lived experience to ensure that their voices were included in the **Road Map** report. Sessions were facilitated in St. John's, Corner Brook, Stephenville, Happy Valley-Goose Bay, Labrador West and Carbonear. All sessions provided an opportunity to discuss the experience of homelessness and housing instability in Newfoundland and Labrador and to share ideas about how to better meet local needs to end homelessness in the future. In total, 102 people with lived experience were consulted over the course of this project.

"I am on EI right now. I bring home $1,400. My rent is $1,100. When I first moved into that place it was $550. I am selling everything I have that is saleable. My bank account is already in the red. I am stuck in the same spot. I am spiraling." –Person with Lived Experience

Open House

On September 9th 2013, OrgCode provided an overview of preliminary research findings and themes for next steps to end homelessness to regional representatives from Community Advisory Boards and the NLHHN. This session provided an excellent opportunity to receive feedback from the participants on the validity of the themes emerging from our community engagement opportunities and to generate some key strategies on the best approaches to move forward in ending homelessness in Newfoundland and Labrador. Twenty-three people from across the Province participated in this day long session.

Appendix B: Regional Profiles

Provincial Realities & Indicators of Vulnerability

The factors contributing to homelessness are complex. Often, the direct cause of an individual's homelessness experience may be clear, such as an eviction due to rent arrears, or escaping an abusive partner. That these events lead to homelessness at all is the result of numerous converging causes. Many homeless individuals find themselves 'overcome by events', where isolated events that could normally be dealt with on their own occur simultaneously and push the individual beyond their capacity to adapt and recover.

The risk of homelessness is shaped in part by an individual's environment, including the community in which they live. The following section explores the environmental risk factors on a regional level. Taking a broad view, this section will examine the demographics, housing and socio-economic health of the regions.

This review is based on the most recent data available from Statistics Canada and the Newfoundland and Labrador Statistics Agency.

Overall, the situation in Newfoundland and Labrador is a combination of successes and ongoing challenges. Serious headway has been made in reducing rates of low income, and there is a growing diversity in the housing stock. On the other hand, lone parent families and single individuals continue to struggle financially, rental housing is lacking and the aging population will strain resources in the years ahead.

Summary of Key Indicators in Newfoundland and Labrador

- All but two regions have experienced a decline in population, and all are experiencing a reduction in younger age cohorts. As these populations grow older and smaller over time, the proportion of residents excluded from the workforce will increase. Dependency on retirement savings and fixed benefits will make these individuals sensitive to price increases or unexpected expenses. Home repair bills will be a major pressure, as the regions with the largest proportion of housing stock built prior to 1990, Burin and Labrador, are also the regions with the largest increases in persons aged 60-79.

- The number of common law and lone parent families are increasing, while married couple families are decreasing. Family formation rates appear to be influenced by relationship type: In a majority of regions, common law couples are more likely to have children at home than married couple families.

- In every region, the proportion of lone parent families below the low-income threshold outnumbers couple families by a wide margin. Lone parent families headed by women are particularly at risk; in Labrador, for example, 47% of female lone parent families are low income.

- A positive development is the movement towards more diversified housing stock. In four regions the growth of apartment buildings and other types of dwellings has outpaced the growth of single detached units. Greater housing diversity contributes to affordability and provides more options to residents.

- The housing market is not well balanced between rental and ownership. Rental housing ranges from approximately 20-25% of total stock, depending on the region. Rental housing is often the only choice for those with low to moderate income, and a lack of availability puts financial pressure on these households. The pressure is most severe in the Avalon region, which has both the highest average rent and the second-highest rate of low income in the Province.

- Between 31-43% of the housing stock in the Province was built in the 1970s, depending on the region, and another 23-36% was added in the 1980s. Many houses are therefore reaching the age where major structural components will need to be replaced, often at a high cost.

- Income Support (IS) assistance incidence has decreased in every region, with Burin experiencing the most significant decline in total annual cases. On the other hand, Grand Falls-Windsor region has experienced the smallest decline in total IS cases.

- The proportion of people in low income has also decreased in every region. The Avalon, Stephenville and Grand Falls-Windsor have the highest number of people living in low income, but Stephenville has also experience the second-largest decrease in low-income incidence. The overall decrease in people living below the low-income threshold is a major accomplishment and should be recognized as a success.

Demographics

Every region except Avalon has experienced a marked decline in residents under the age of 50. In the case of Avalon, the declines are not nearly as deep as experienced in other regions, and the region still experienced a small increase in the 40-49 cohort. Stephenville and Burin are aging quicker than the other regions overall, having experienced the sharpest drops in younger age cohorts. These two regions have also experienced the greatest percentage increases in the over 90 population.

Figure B1: Percent Change in Age Cohorts, 1996-2006, All Regions[58]

The number of married couple families decreased in all but one region, and common-law families increase in number everywhere. Meanwhile, in all but two regions common-law couples are more likely to have children than married couples. Consequently, and with a few exceptions, most family growth has come from common law and lone parent family types.

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58   Newfoundland and Labrador Statistics Agency, Community Accounts.

Figure B2: Percent Change in Family Formation Type, All Regions[59]

Table B1: Family Types, Percentage with Children, All Regions[60]

	% of all Census families with children at home	% of married couples with children at home	% of common law couples with children at home
Avalon	63.9	58.9	45.5
Burin	59.8	51.7	69.2
Labrador	65.2	59.4	57.3
Clarenville-Bonavista & Gander New Wes Valley	53.4	47.7	49.3
Corner Brook-Rocky Harbour & St. Anthony	57.6	49.5	51.1
Stephenville	57.4	46.5	57.7
Grand Falls-Windsor-BaieVerte-Harbour Breton	55.2	47.9	58.2
City of St. John's	64.6	58.9	33.3

Housing

The Avalon region has experienced the largest increase in housing stock in the Province, with growth in apartments buildings and other types of dwellings outpacing single detached forms. Consequently, the Avalon region has some of the newest housing stock in the province. Currently, the Avalon region has one of the lowest rates of rental tenancy in the Province, but this may change given the expansion of apartment-type units. Burin has experienced a very noticeable movement away from single housing

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59   Newfoundland and Labrador Statistics Agency, Community Accounts.
60   Newfoundland and Labrador Statistics Agency, Community Accounts.

types, with a net decline overall in single detached homes. In contrast, apartment buildings have surged, and Burin has led the province in apartment building growth. The Burin region also has the oldest housing stock in the province, with 43% of dwelling units constructed before 1990. Tenancy is overwhelmingly ownership based, with just 16% of the housing stock in the rental market.

Labrador has experienced a very small increase in dwellings overall, with its recent growth coming in the form of apartment buildings. The movement away from single detached units is matched by a comparatively high portion of stock in the rental market; Labrador has the highest rate of rental tenancy in the Province at 27%. Labrador also has the second oldest housing stock in the province, with approximately 42% of dwelling units constructed between 1971-1980.

The Clarenville-Bonavista/Gander New Wes Valley region is one of the few in the Province that is experiencing an increase in single detached units and a decrease in apartments and other types of dwellings. Connected to this trend is the fact that this region also has one of the lowest proportions of rental housing in the province at just 15%. Clarenville-Bonavista/Gander New Wes Valley ranks fifth in terms of relative newness of stock, and experienced a steep drop-off in construction after 1995. The Corner Brook-Rocky Harbour & St. Anthony region has experienced slight increases in housing stock of all types. The region is average in its proportion of rental housing, with slightly under one-fifth (18%) of households in the rental market.

Table B2: Change in Housing Stock, 2001-2006[61]

	Total Number of Dwellings	**Detached House**	**Apartment Building**	**Other Type of Dwelling**
Avalon	10.6%	6.9%	29.0%	29.3%
Burin	-1.8%	-3.7%	32.5%	11.2%
Labrador	1.0%	-0.2%	10.8%	-2.1%
Clarenville-Bonavista + Gander New Wes Valley	2.5%	3.5%	-4.2%	-6.9%
Corner Brook - Rocky Harbour + St. Anthony - Port au Choix	3.3%	2.1%	n/a	1.6%
Stephenville-Port aux Basques	0.0%	-0.9%	-12.0%	11.0%
Grand Falls-Windsor-BaieVerte-Harbour Breton	2.9%	0.8%	19.2%	0.0%
St. John's	4.0%	5.7%	5.7%	11.0%

Stephenville's housing stock has experienced no net growth or decline from 2001 to 2006, and the region has seen a sharp decline in apartment dwellings. The most recently available data indicates that Stephenville has the third highest proportion of rental housing in the Province. The region also has the third oldest housing stock of the regions under review, with three-quarters of dwellings constructed between 1971 and 1990. Stephenville is average in its division of housing tenancy, with 22% of households in the rental market. Finally, housing in Grand Falls-Windsor is slowly moving towards more single detached units, as apartment building and other types have actually decreased. The region benefits from some of the newer housing stock in the Province, but also has the second-lowest percentages of rental housing

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61   Newfoundland and Labrador Statistics Agency, Community Accounts.

at 17%. The growth in apartment buildings may help the region to increase its rental stock in the years ahead. See also **"Table 6: Change in Housing Stock, 2001-2006, Actual Units" on page 34**.

Income

Rates of income growth are an important measure of economic well being, as it conveys the ability of families to cope with rising costs of living. As **"Table B4: Change in Transfer Contribution to Income and Self-Reliance Ratio, 2005-2010"** shows, income growth has not been evenly dispersed throughout the regions, nor does every family type benefit equally. Median income increased by 28% between 2005-2010 in the Avalon Region, with female and lone parent families experiencing the fastest rates of median income growth. Burin experienced a slightly slower rate of income growth, and is tied with Gander for the fastest increase in the self-reliance ratio.[62] Labrador's growth in median income has been amongst the slowest in the province, and the region ranks last in income growth for lone-parent families. On the other hand, Labrador has the highest self-reliance ratio (by far) in the Province. The two sub-regions of Clarenville and Gander are nearly identical in their rates of income growth, but both rank near the bottom when compared to other regions.

Figure B4: Change in Median Income, 2005-2010, All Families[63]

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62   The self-reliance ratio measures the proportion of income that comes from employment and other market sources, compared to the proportion contributed by government transfers.
63   Newfoundland and Labrador Statistics Agency, Community Accounts.

The Corner Brook-Rocky Harbour and St. Anthony region ranks near the middle of the pack in regards to income growth. St. Anthony has enjoyed the fastest growth of the self-reliance ratio in the province, despite having one of the lowest ratios. Changes in income source in Corner Brook-Rocky Harbour, however, are relatively minor. Stephenville has experienced the second-fastest growth in median income in the Province. On the other hand, Stephenville has also experienced very minor changes to its self-reliance ratio. The self-reliance ratio measures the proportion of income that comes from employment and other market sources, compared to the proportion contributed by government transfers.

Table B3: Change in Median Income by Gender, 2005-2010[64]

Region	Gender	Median Increase in Income
Avalon	Male	29.0%
	Female	35.2%
Burin	Male	27.2%
	Female	29.4%
Labrador	Male	22.2%
	Female	36.4%
Clarenville-Bonavista	Male	25.2%
	Female	30.9%
Gander New Wes Valley	Male	24.7%
	Female	28.6%
Corner Brook – Rocky Harbour	Male	22.3%
	Female	31.0%
St. Anthony - Port au Choix	Male	26.6%
	Female	33.3%
Stephenville-Port aux Basques	Male	21.4%
	Female	29.8%
Grand Falls-Windsor-BaieVerte-Harbour Breton	Male	23.4%
	Female	30.9%
St. John's	Male	24.6%
	Female	31.8%

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64   Newfoundland and Labrador Statistics Agency, Community Accounts.

Grand Falls-Windsor is tied with Labrador for the slowest rate of income growth in the province, and is last in the Province for reduction in total IS cases. In fact, while there have been large swings in IS assistance incidence over the past five years, the total number of annual cases in 2012 is essentially unchanged from 2007. The Grand Falls-Windsor region has experienced very large increases in IS usage in its over-55 population, and the duration of IS usage increased across all family types.

Table B4: Change in Transfer Contribution to Income and Self-Reliance Ratio, 2005-2010[65]

Region	Statistic	2005	2006	2007	2008	2009	2010
Avalon	Transfer contribution	17.00%	16.90%	16.10%	15.50%	15.70%	15.40%
	Self-reliance ratio	83.00%	83.10%	83.90%	84.50%	84.30%	84.60%
Burin	Transfer contribution	30.00%	31.50%	28.10%	26.40%	29.20%	27.70%
	Self-reliance ratio	70.00%	68.50%	71.90%	73.60%	70.80%	72.30%
Labrador	Transfer contribution	12.20%	12.30%	11.90%	11.10%	12.40%	11.40%
	Self-reliance ratio	87.80%	87.70%	88.10%	88.90%	87.60%	88.60%
Clarenville-Bonavista	Transfer contribution	29.70%	28.90%	28.40%	28.00%	29.10%	28.00%
	Self-reliance ratio	70.30%	71.10%	71.60%	72.00%	70.90%	72.00%
Gander – New-Wes-Valley	Transfer contribution	29.70%	29.10%	28.20%	26.70%	28.20%	27.40%
	Self-reliance ratio	70.30%	70.90%	71.80%	73.30%	71.80%	72.60%
Corner Brook-Rocky Harbour	Transfer contribution	23.50%	23.50%	22.90%	22.20%	23.10%	22.50%
	Self-reliance ratio	76.50%	76.50%	77.10%	77.80%	76.90%	77.50%
St. Anthony	Transfer contribution	34.60%	33.10%	32.50%	31.10%	33.20%	31.30%
	Self-reliance ratio	65.40%	66.90%	67.50%	68.90%	66.80%	68.70%
Stephenville	Transfer contribution	31.60%	32.40%	31.50%	30.00%	31.80%	30.70%
	Self-reliance ratio	68.40%	67.60%	68.50%	70.00%	68.20%	69.30%
Grand Falls-Windsor	Transfer contribution	29.20%	28.80%	27.60%	26.10%	28.10%	27.60%
	Self-reliance ratio	70.80%	71.20%	72.40%	73.90%	71.90%	72.40%
St. Johns	Transfer contribution	14.10%	14.10%	13.60%	13.40%	13.20%	13.20%
	Self-reliance ratio	85.90%	85.90%	86.40%	86.70%	86.80%	86.80%

Note: Transfer contributions include payments made to individuals by the provincial and federal governments.

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65   Newfoundland and Labrador Statistics Agency, Community Accounts.

Figure B5: Self Reliance Ratio, 2005-2010, by Region[66]

Income Support and Employment Insurance

Similar to all other regions, the incidence of Income Support has decreased in Avalon. Despite the overall decline in cases, the number of individuals aged over 55 and 20 to 24 who are receiving Income Support has actually increased over the last five years, in the former case reflecting the province's aging population.. Meanwhile, all family types have experienced small increases in the average time spent receiving Income Support.

In Burin, the total number of income support cases decreased by 12% over the last five years on record, the largest decline in the Province. The reduction was most significant for residents under 20, and those aged 25 to 44. The average time receiving benefits increased for all family types, particularly those with children. By 2012, a couple with children and a lone parent were receiving IS for an average of 9.1 and 9.9 months, respectively. Combined, the two sub-regions of Clarenville and Gander have the second slowest decrease of total IS cases.

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66   Newfoundland and Labrador Statistics Agency, Community Accounts.

Figure B6: Change in Income Support Incidence, 2007-2012[67]

Labrador's decline in total IS cases is one of the fastest in the province, shrinking 8.5% over the last five years on record. The decline in IS usage was limited to those 54 and under, however, and all family types except couples without children experienced an increase in the average duration receiving benefits. The St. Anthony sub-region had the lowest rate of IS assistance incidence in 2006, and has maintained that position relative to other regions. The combined Corner Brook/St. Anthony region is largely average in its decline of total IS cases, although it is one of the few regions to experience a decline in duration of benefits for unattached individuals.

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67   Newfoundland and Labrador Statistics Agency, Community Accounts.

Table B5: Change in Individual and Total Income Support Cases, 2007-2012[68]

Avalon	Individuals	-16.7%
	Total annual cases (Total families, includes unattached individuals)	-9.0%
Burin	Individuals	-20.9%
	Total annual cases (Total families, includes unattached individuals)	-12.0%
Clarenville+Gander	Individuals	-12.3%
	Total annual cases (Total families, includes unattached individuals)	-5.5%
Corner Brook+St. Anthony	Individuals	-15.9%
	Total annual cases (Total families, includes unattached individuals)	-6.8%
Labrador	Individuals	-16.5%
	Total annual cases (Total families, includes unattached individuals)	-8.5%
Grand Falls	Individuals	-9.0%
	Total annual cases (Total families, includes unattached individuals)	-0.2%
Stephenville	Individuals	-14.6%
	Total annual cases (Total families, includes unattached individuals)	-5.7%
St. John's	Individuals	-8.1%
	Total annual cases (Total families, includes unattached individuals)	-3.4%

Stephenville continues to have the highest IS incidence, and its decrease in total cases is the third slowest in the region. The region is one of the few to see an increase in IS usage for those aged 20 to 24, and decreases in duration of services largely occurred in families without children

Table B6: Changes in Income Support Incidence, by Age Cohort, 2007-2012[69]

	< 20	20 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65+
Avalon	-44.70%	-6.50%	-8.10%	-16.90%	-6.50%	15.00%	41.60%
Burin	-41.20%	-11.10%	-22.00%	-20.30%	3.80%	0.00%	-11.10%
Clarenville/ Gander	-27.30%	4.20%	-12.00%	-15.80%	-6.90%	10.70%	14.30%
Corner Brook/ St. Anthony	-46.40%	0.00%	-8.90%	-19.90%	-3.40%	5.40%	13.90%
Labrador	-42.90%	-5.00%	-4.60%	-19.20%	-7.50%	7.10%	16.70%
Grand Falls	-16.70%	-10.30%	-0.90%	-10.90%	-2.90%	18.20%	30.80%
Stephenville	-28.60%	17.30%	-5.70%	-19.30%	-8.20%	8.10%	-3.40%
St. John's	-50.00%	-13.70%	-7.70%	-12.10%	0.80%	21.90%	81.50%

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68   Newfoundland and Labrador Statistics Agency, Community Accounts.
69   Newfoundland and Labrador Statistics Agency, Community Accounts.

Of the rural regions, Burin and Stephenville experienced the greatest decrease in EI incidence over the previous five years on record. Males outnumbered females in EI usage in every region, although the difference was smallest in Labrador.

Table B7: Employment Insurance Incidence by Age and Gender[70]

	EI Incidence - Total	15-19	20-24	25-34	35-44	45-54	55-64	65+	Male	Female
Avalon	25.9	0.8	8.4	20.0	20.1	25.2	21.5	4.0	64.3	35.7
% change	-14.3%	-32.7%	-21.5%	-13.7%	-23.4%	-7.5%	22.4%	182.8%	-6.3%	-8.2%
Burin	48.6	0.6	7.3	15.8	19.4	27.3	25.3	4.4	63.7	36.3
% change	-11.4%	-50.0%	-6.5%	-20.4%	-27.2%	-16.8%	26.1%	300.0%	-7.1%	-11.2%
Labrador	26.5	1.1	10.8	19.2	22.3	24.0	18.4	3.9	58.0	42.0
% change	-10.9%	-16.7%	-1.1%	-25.3%	-26.7%	-3.7%	17.5%	142.9%	-8.3%	-11.6%
Clarenville/ Gander	45.7	0.8	6.8	14.2	21.0	27.9	24.7	4.3	62.6	37.4
% change	-7.6%	-37.0%	-15.2%	-22.0%	-21.7%	-5.7%	28.0%	227.5%	-3.8%	-5.7%
Corner Brook/ St. Anthony	39.4	0.8	7.2	15.3	20.4	27.3	24.3	4.5	61.0	39.0
% change	-9.5%	-12.0%	-18.7%	-22.9%	-26.9%	-5.8%	29.9%	176.7%	-4.0%	-10.3%
Stephenville	44.4	0.7	6.7	14.6	20.2	28.8	25.1	3.8	62.7	37.3
% change	-10.6%	-33.3%	-25.0%	-19.0%	-26.8%	-8.6%	35.5%	184.2%	-9.7%	-0.7%
Grand Falls	43.6	1.1	7.0	14.1	21.6	28.7	23.4	3.9	60.7	39.2
% change	-8.6%	-7.7%	-18.8%	-28.3%	-27.2%	-1.7%	32.2%	161.8%	-8.3%	-5.2%
St. John's	11.9	0.7	12.5	31.1	19.4	18.8	13.9	3.2	62.1	37.9
% change	-21.2%	-9.1%	-20.4%	-14.0%	-25.8%	-16.2%	8.5%	83.3%	-10.0%	-19.9%

Low Income

The Avalon region has experienced impressive declines in low-income incidence over the last seven years on record. In 2003 nearly a quarter of all families were low income, but this number has dropped to just over one-fifth by 2009. Lone-parent families are still more likely to be low income than other family types, and female lone-parent families continue to have the highest risk of falling below the low-income threshold. Low-income incidence has also declined in Burin, although the number of lone parent families remains high. The number of single males and females below the low-income threshold has actually increased over the past seven years on record, an anomaly amongst the regions.

Although the number of individuals below the low-income threshold has decreased overall, Labrador still has the highest proportion of lone-parent families in low-income status in the Province, with nearly half female lone-parent families below the threshold. In Clarenville/Gander, the number of families below the low-income threshold, couple families and male lone parent families have decreased most significantly, while female lone parent families have decreased the least. The number of unattached males below the

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70   Newfoundland and Labrador Statistics Agency, Community Accounts.

low-income threshold has also slightly increased. The St. Anthony sub-region is one of only two to experience an increase in recent years in the number of people below the low-income threshold. The increase, which has only occurred post-2008, is concentrated in lone parent families.

Similar to other regions, lone-parent families in Stephenville continue to struggle with low-income status, although Stephenville has experienced some of the most dramatic declines in families below the threshold. In 2003, for example, 59% of female lone-parent families were below the threshold, dropping to 39% by 2009. The number of low-income couple families was reduced by half over this period, and no family type experienced an increase. Finally, Grand Falls Windsor also experienced a decline in the number of residents below the low-income threshold, but single males in particular have increased in this measure.

Table B8: Change in Number Below Low Income Threshold, 2003-2009[71]

	Avalon	Burin	Labrador	Clarenville/ Gander	Corner Brook/ St. Anthony	Stephenville	Grand Falls	St. John's
All Families	-30.6%	-24.8%	-24.4%	-29.2%	-34.1%	-30.6%	-25.5%	-17.8%
Couple Families	-52.1%	-48.4%	-31.3%	-47.4%	-52.4%	-50.4%	-46.3%	-34.5%
Lone-Parent Families	-29.6%	-28.3%	-20.3%	-31.7%	-36.9%	-34.8%	-26.7%	-31.4%
Male Lone-Parent Families	-40.0%	-20.0%	-33.3%	-47.4%	-33.3%	-33.3%	-20.0%	-32.1%
Female Lone-Parent Families	-28.4%	-27.1%	-19.7%	-29.6%	-36.6%	-35.0%	-27.4%	-31.3%
Non-Family	-16.1%	5.9%	-22.5%	-4.9%	-16.5%	-8.7%	1.4%	-5.5%
Male Non-Family	-11.8%	3.7%	-16.2%	2.0%	-5.6%	-8.1%	9.0%	-0.6%
Female Non-Family	-20.1%	8.3%	-29.4%	-11.3%	-25.0%	-7.8%	-5.6%	-10.5%

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71   Newfoundland and Labrador Statistics Agency, Community Accounts.

Appendix C: Understanding the Importance of Housing

In Newfoundland and Labrador, the home has always been seen as more than just the structure in which we live and raise our families. The home has also served as the place for building stronger connections with friends and families and the safe harbour to return to after long stints on the mainland or abroad. Housing is vital to the creation of healthy, sustainable and complete communities. Residents of all ages, income levels, abilities, and family types rely on housing to offer a meaningful place to grow and a safe and secure place to live. Having a full range of housing options to meet the needs of all residents is a key contributor to maintaining a high quality of life, a vibrant local economy, and a healthy community.

When people have housing that they can afford, with supports where necessary, they are empowered to seek employment and integrate with the community. Individuals and families who have more complex needs and face additional barriers to full integration with the community are better able to benefit from assistance to overcome those barriers and address their needs when they are stably housed. In addition to being the only solution to homelessness, safe, affordable, accessible and adequate housing is also a prerequisite for health, community integration, educational and employment participation and economic prosperity for the individual, the community and the province. The following sections demonstrate the importance of ensuring that initiatives to end homelessness occur in tandem with improvements to the availability of a range of affordable housing options that includes rent-geared-to-income housing.

Housing As a Factor in Health

As one of the social determinants of health, housing is recognized as an essential component for stability and wellness. Research demonstrates that people who experience stable, secure and affordable housing have better health outcomes. The reverse of this is also true. Housing instability has been strongly linked to poor health. In our consultations with health practitioners throughout the province, the importance of housing for improved health was emphasized. Unfortunately, health professionals were honest that in their daily work, the need to assist clients/patients find and/or maintain housing was so time-consuming that it often reduced their ability to provide the treatment/counseling/interventions that were mandated by their departments.

People who are homeless are subject to higher mortality rates and more chronic health ailments.[72] Although people who are homeless experience the same spectrum of illnesses as their housed neighbours, the frequency and severity of their illnesses is much higher.[73] People experiencing homelessness have much higher rates of virtually all illnesses, particularly infectious diseases such as tuberculosis, HIV infection, and hepatitis B and C.[74] In addition, they tend to have higher rates of most afflictions, with chronic diseases such as hypertension, diabetes, seizures, musculoskeletal disorders, and chronic obstructive pulmonary disease. These illnesses often go undiagnosed and/or untreated.[75]

The amount of time spent homeless tends to worsen existing conditions. Homeless individuals with a serious illness are less able to care for themselves in ways that housed individuals can, such as by eating healthy food, taking medications on time, and getting sufficient bed rest. Sleeping in congregate settings and having fewer opportunities to tend to personal hygiene also expose homeless individuals to disease and infection at higher rates than the general populace.[76]

72   Hwang, Stephen W., *'Mortality Among Men Using Homeless Shelters in Toronto, Ontario'.* Journal of the American Medical Association.283.16 (2000); Khandor, Erika and Kate Mason, "Street Health Report 2007", Street Health, Toronto.

73   Schanzer, B., Dominques B., Shrout P., et al. *Homelessness, Health Status and Health Care Use.* Am J Public Health, 2007; 97:469-9

74   Hwang, S. & Henderson, M. (2010).*Health Care Utilization in Homeless People: Translating Research into Policy and Practice.* Agency for Healthcare Research and Quality, Working Paper No. 10002.

75   Ibid.

76   Gaetz, S. (2012) *The Real Cost of Homelessness: Can We Save Money by Doing the Right Thing?* The Homeless Hub, Paper #3.

As a result, people experiencing homelessness tend to be frequent users of the health care system. In particular, higher cost services are used more often, such as emergency rooms and ambulances.[77] One study found that persons experiencing homelessness visit the emergency room an average of 2.1 times per year, a rate more than 10 times higher than the housed population.[78] Cost effectiveness studies from the United States show that people who are homeless have high rates of health care utilization. They often obtain care from emergency departments and are hospitalized up to five times more often than the general public.[79]

Improving opportunities for persons experiencing homelessness to access preventative and non-emergency healthcare would stabilize and/or improve their health and reduce the demand on Newfoundland and Labrador's emergency medical services.

Such findings, however, do not provide the entire picture. Research has also demonstrated the value of housing for people who were once homeless. An examination of self-reported health once a homeless person has achieved housing demonstrates improved health outcomes.[80] The understandable challenges for people experiencing homelessness related to managing medications, following a prescribed diet and attending follow-up medical appointments are of course much more manageable once housing is achieved.[81] The affordability of housing to the household income also ensures the residents have access to the necessary funds to purchase more nutritious food, thereby further improving their health indicators and their quality of life.[82]

Further research evidence has yielded validation that affordable and safe housing is a vehicle for health by providing a range of housing supports to meet the needs of residents. For low-income households with children, it has also been shown that children who are in a household receiving subsidies are healthier. Iron deficiencies, malnutrition and underdevelopment are more common amongst children in low-income families that do not receive a housing subsidy.[83] Research has also suggested that positive health impacts of affordable housing on children increase over time.[84] Recognizing that 9.3% of the children live in low-income households in Newfoundland and Labrador, the impact of housing instability on the future of their education and health cannot be underestimated.[85]

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77   Ibid.

78   Hwang, S. & Henderson, M. (2010).*Health Care Utilization in Homeless People: Translating Research into Policy and Practice*. Agency for Healthcare Research and Quality, Working Paper No. 10002.

79   Martell, J. v., Seitz, R. S., Harada, J. K., Kobayashi, J., Sasaki, v. K., & Wong, C. (1992). *Hospitalization in an urban homeless population: The Honolulu urban Homeless Project*. Annals of internal Medicine, 116(4), 299-303.

80   Raine, Laurel and Tricia Marcellin. *"What Housing First Means to People: Results of 2007 Post-Occupancy Research"*. City of Toronto, Shelter, Support and Housing Administration Division, 2007.

81   Edmonton Committee to End Homelessness. *A Place to Call Home*, Edmonton, 2009; Brickner, Philip W., Brian C. Scanlan, Barbara Conanan, Alexander Elvy, John McAdam, Linda Keen Scharer, and William J. Vicic. 1986. *Homeless Persons and Health Care*. Annals of Internal Medicine 104: 405-409; Hwang, Stephen W. and Ann L. Bugeja. 2000. *Barriers to Appropriate Diabetes Management Among Homeless People in Toronto*. Canadian Medical Association Journal 163(2): 161-165

82   Lipman, Barbara J. 2005. *Something's Gotta Give: Working Families and the Cost of Housing*. Washington, D.C.: Center for Housing Policy; Lee, Wang, Eric Beecroft, Jill Khadduri, and Rhiannon Patterson. 2003. *Impacts of Welfare Reform on Recipients of Housing Assistance: Evidence from Indiana and Delaware*. Prepared for the U.S. Department of Housing and Urban Development by Abt Associates, Inc.

83   Meyers, Alan, Diana Cutts, Deborah A. Frank, Suzette Levenson, Anne Skalicky, Timothy Heeren, John Cook, Carol Berkowitz, Maureen Black, Patrick Casey, and Nieves Zaldivar. 2005. *Subsidized Housing and Children's Nutritional Status: Data from a Multisite Surveillance Study*. Archives of Pediatrics and Adolescent Medicine 159: 551-556; Meyers, Alan, Dana Rubin, Maria Napoleone, and Kevin Nichols. 1993. *Public Housing Subsidies May Improve Poor Children's Nutrition*. American Journal of Public Health 83(1): 115.

84   Currie, J. and M. Stabile (2003): "*Socioeconomic Status and Health: Why is the Relationship Stronger for Older Children?*" American Economic Review, 93, 1813-1823; Harkness, Joseph and Sandra J. Newman. 2005. *Housing Affordability and Children's Well-Being: Evidence from the National Survey of America's Families*. Housing Policy Debate 16(2): 223-255.

85   Statistics Canada. *Survey of Labour and Income Dynamics 2000 and 2009.*

Mental Health and Addictions

It is estimated that 67% of individuals who are homeless have a mental illness or have experienced mental illness sometime in their lives.[86] The experience of being homeless has been proven to worsen mental wellbeing, exacerbate pre-existing mental illnesses, and lead to new problems including substance use. In fact, a recent study found an inverse relationship between psychiatric hospital beds and homelessness—fewer beds correspond to more homelessness.[87] Thus, there is a correlation between chronic homelessness, substance use, and worsened mental health.[88]

Evidence suggests that the best approach to helping homeless individuals who are experiencing poor mental health and substance use problems is to end their homelessness by providing safe, permanent and supported housing.[89] No one sector can meet the challenges alone so creative funding and service delivery partnerships are essential to advance the availability of permanent supported housing units for those most in need.

The Mental Health Commission of Canada received a federal investment of $110 million for a five year, five-city demonstration project comparing Housing First approaches to "treatment as usual". The "At Home/Chez Soi" Interim Report published in 2012 found that for high-service users, this approach resulted in savings to government of $9,390 per person per year and that for every dollar spent on this type of housing and support intervention, $1.54 was saved in reductions to shelter, health, and justice services.[90] Therefore, the net cost of providing the Housing First Intervention of $16,825 was still significantly less than the cost of "treatment as usual group." While this type of service delivery is intensive and generally more costly than "housing help" services that do not provide supports to people in a housing first context, the longer-term payoff clearly demonstrates that the investment is a prudent use of available resources. This is especially true when one considers that this type of intervention resulted in 86% of clients remaining in their first or second unit, compared to only 30% of the "treatment as usual" population.

Housing as a Vehicle for Improved Participation

With safe, affordable housing options, residents receive increased opportunities to participate in the many aspects of community life that ensure our sense of ownership over our community and our future. The security of a home automatically increases a resident's access to health and social services, an opportunity to fully participate in the labour force, and even an opportunity to have increased influence upon decisions made by the governments and other institutions. Residents who do not have a home have limited power to reach their personal and economic potential and to participate fully in all aspects of community, including health care, educational opportunities, employment and training options. The provision of improved housing options throughout the Province to meet the needs of a broad range of groups is preferable and more effective than a "one size fits all" approach. Increased supports to people once they are housed and a focus on ending homelessness in Newfoundland and Labrador will promote better community integration and improved perceptions of safety.

Housing as a Vehicle for Future Economic Prosperity

The growth in a community's housing stock is often linked to its economic health. In the most straight-forward sense, growth contributes to growth. As new residents move into the area in pursuit of employment—or at least proximity to employment—developers either convert vacant land into housing or

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86 Hwang, S. & Henderson, M. (2010). *Health Care Utilization in Homeless People: Translating Research into Policy and Practice.* Agency for Healthcare Research and Quality, Working Paper No. 10002.
87 Markowitz, F. E. (2006) *Psychiatric Hospital Capacity, Homelessness, and Crime and Arrest Rates.* Criminology, 44(1).
88 Gaetz, S. (2012) *The Real Cost of Homelessness: Can We Save Money by Doing the Right Thing?* Toronto: Canadian Homelessness Research Network Press.
89 Mental Health Commission of Canada. (2012) *At Home/Chez Soi Interim Report.*
90 Ibid.

redevelop existing residential areas into more intensive housing forms. Population growth thus fuels housing stock growth, but the availability of affordable housing also serves to draw residents.

Throughout the Province, stakeholders for this report have shared that economic developments are impacting local economies, housing stock pressures, income levels and even the traditional sense of belonging in communities. The effects of such economic developments are not just felt in the capital region where the offshore oil industry has increased employment opportunities and service demands but also in rural areas such as the Clarenville area that is impacted by the upswing in development in Long Harbour and Come By Chance. Labrador West has also experienced the impacts on housing and affordability since the current demand for iron-ore has ensured rapid growth in this commodities-based economy.

Unfortunately, high economic growth comes at a price when the influx in workers increases housing demands, ensuring a rise in rental costs and a reduction in the vacancy rate. In rural areas in particular, such prosperity can be a primary driver for an increase in homelessness as local residents attempt to make ends meet in a landscape that has dramatically changed within a relatively short period of time.

In examining the inventory of major capital projects for the province for 2013, over $36 billion in major capital spending was planned or underway across the province, with mining, oil and gas projects leading the list with about $20 billion.[91] Although the economic indicators are positive, the Province's future is not without risk. Housing, in particular, provides a cause for concern as the inability of residents to obtain and maintain stable, affordable housing can be an economic drag that curtails growth and burdens public sector budgets. Individuals and families relying on fixed incomes and various types of social assistance are already feeling the brunt of a housing market that has been transformed to high rental rates, low vacancies and decreased affordable options. To ensure continued economic prosperity, a continued focus on increasing both the availability and affordability of housing throughout the regions will be paramount in the future.

Understanding Homelessness as a Housing Issue

As is the case in communities across the country, homelessness across Newfoundland and Labrador is not unexpected. Throughout Canada, two trends are largely responsible for the rise in homelessness over the past 20 years: an increasing shortage of affordable housing and increasing poverty. Homelessness and poverty are inextricably intertwined. With limited resources that cover only some of the everyday necessities of living, difficult choices must be made between covering housing costs, purchasing food, and dealing with the costs of health care, child care and education. Even in Newfoundland and Labrador, being poor may mean that an illness, an accident or one missed paycheck can result in the loss of a person's housing.

Homelessness in Canada is the natural consequence of an active process of "de-housing" people. Although a complex problem, the lack of priority placed on affordable housing by governments in recent decades has intensified the risk of "de-housing" throughout communities. This "de-housing" process, now more commonly referred to as homelessness, is directly associated with a number of influences, including: low income; inadequate supports to prevent or assist during family break-down; health, mental health, addiction services that can not meet the needs of residents throughout the province; and, limited overall support services for individuals that have complex and co-occurring issues. Although everyone's experience of homelessness may be unique, these are just some of the more obvious routes to de-housing people.

Homelessness is rarely the result of a single event. It is most often a series of events that converge into the experience of being dislodged from housing. For most people in Canada that are de-housed, the experience of homelessness is a once in a lifetime event lasting days instead of months or years. It is for these individuals and families that the short-term emergency assistance system can benefit.

91 Government of Newfoundland and Labrador. Department of Finance – Economic Research and Analysis Division, The Economy 2013. URL: http://www.economics.gov.nl.ca/TheEconomy2013.asp

This emergency service system was never designed or intended to address the needs of people who have multiple episodes of homelessness in his/her lifetime, or who experience chronic homelessness. While these latter groups are the minority of people and families that experience homelessness, time and again it has been proven that they consume the majority of services. Chronically homeless individuals consume hundreds of thousands or even millions of dollars of service per person over a lifetime due to emergency shelter bed use; interactions with police and ambulance; repeated emergency room and medical clinic interactions; hospitalization; psychiatric care; periods of involvement with detoxification services; and, repeated experiences of incarceration.

Table C1: By the Numbers

Managing Homelessness with Emergency Responses	
$49.5 Billion	the amount of money that Canadian taxpayers spent between 1994 and 2004 to fund emergency services to manage homelessness. Homelessness continued to increase across the country.[92]
$4.5 Billion – $6 Billion	a conservative estimate of the annual cost of homelessness in 2007 for the provision of emergency service to manage homelessness in Canada. Homelessness continued to increase.[93]
$66,000 – $120,000	the annual cost of institutional responses (health and/or corrections) per homeless person that uses a lot of services.[94]
$13,000 – $18,000	the annual cost of emergency shelters per person.[95]
$16, 720,134	Total cost of emergency and domestic violence shelters in Newfoundland and Labrador in 2012-13.[96]

Historically, communities across the country have endeavoured to address homelessness through a variety of approaches. Based on empirical evidence from jurisdictions in North America, this is what we can confirm as factual:

• Expanding shelter capacity will not end or even reduce homelessness.

• Sobriety is not a pre-condition for housing success; most people with addictions to substances will never experience homelessness.

• Being compliant with medications or involvement with psychiatry is not a pre-condition for housing success; most people with a mental health condition will never experience homelessness.

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92   Laird, G. (2007a). *Shelter: Homelessness in a Growth Economy: Canada's 21 Century Paradox.* Calgary, Alberta: Sheldon Chumir Foundation for Ethics in Leadership.
93   Gaetz, S. (2012). *The Real Cost of Homelessness: Can We Save Money by Doing the Right Thing?* Toronto: Canadian Homelessness Research Network Press.
94   Pomeroy, S. (2005). T*he Cost of Homelessness: Analysis of Alternate Responses in Four Canadian Cities.* Ottawa, Ontario: National Secretariat on Homelessness. 37 Pomeroy, S. (2005).
95   Ibid.
96   Government of Newfoundland and Labrador, Departments of Health, Advanced Education and Skills and Child Youth and Family Services.

- Transitional housing does not end homelessness. Most transitional housing models are compliance-based and/or have fixed lengths of stay, data across many jurisdictions has demonstrated time and again that it has poor long-term outcomes at approximately 10 times the cost of permanent housing with supports.[97]

- While it is necessary to create more affordable housing to reduce risks for segments of this population, not everyone who experiences economic poverty must have access to rent-geared-to-income housing. Most people that experience economic poverty never experience homelessness.

Housing is the only known cure for homelessness.

Table C2: By the Numbers...Continued

Working to End Homelessness through Housing and Appropriate Supports:	
$9,390	the average savings to government each year for housing and supporting a homeless person that uses a lot of services, compared to business as usual.[98]
$13,000 - $18,000	the annual cost of supportive and transitional housing per person.[99]
$5,000 - $8,000	the annual cost of affordable housing without supports per person.[100]
86%	the percentage of individuals that will continue to dwell in their first or second apartment after moving out of homelessness; compared to less than 40% of those that are served through business as usual and return to homelessness repeatedly.[101]
17% & 32%	the percentage of people, respectively, that will quit drinking and reduce their drinking once housed.[102]
91%	the percentage of people that report an overall improvement in life once in housing.[103]

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97   National Alliance to End Homelessness, Washington, DC. 2012.
98   Goering, P, Velhuizen, S., Watson, A., Adair, C., Kopp, B., Latimer, E. and Ly, A. (2012).*At Home/Chez Soi Interim Report. Mental Health Commission of Canada.
99   Pomeroy, S. (2005).
100   Ibid.
101   City of Toronto, Shelter, Support and Housing Administration (2007). *What Housing First Means for People: Results of Streets to Homes* 2007 Post-Occupancy Research.
102   Ibid.
103   Ibid.

Appendix D: Homeless-Driven Investments

Emergency Shelter Investments	Department	Investment
Naomi Centre	Eastern Health	$800,584.00
Choices for Youth	CYFS (3 beds)	$152,259.00
	AES (6 beds)	$406,010.00
Wiseman Centre	AES - Operations	$1,028,498.00
	AES - Mortgage	$87,228.00
St. John's Native Friendship Centre	AES - Per Diem[104]	$220,000.00
Tommy Sexton Centre	AES - Per Diem[104]	$147,130.70
Emergency Shelter –Motel Stays	AES[104]	$224,128.52
Family Violence Shelters	Regional Health Authorities[105]	$5,872,667.00
Emergency Response Sub-Total		**$8,938,505.22**

Funding for emergency response comprises 58% of the total budget.

Transitional /Supported/Supportive Housing	Department	Investment
Choices for Youth	CYFS_Transition/Supported	$991,929.00
Choices for Youth - Lilly	AES - Transitional	$100,464.00
Marguerites's Place	AES - Transitional	$57,408.00
Wiseman Centre	AES - Transitional	$71,760.00
Stella's Circle	AES - Supported/Transitional	$344,448.00
Choices for Youth - Lilly	NLHC - SLP/Transitional	$704,049.00
Choices for Youth - TH	NLHC - SLP/Transitional	$159,114.00
Pleasant Manor	NLHC - SLP/Transitional	$113,900.00
Marguerites's Place	NLHC - SLP/Transitional	$564,372.00
CBSWC	NLHC - SLP/Transitional	$47,800.00
Wiseman Centre	NLHC - SLP/Supported	$58,285.00
Thrive	NLHC - SLP/Supported	$78,170.00
Carbonear HSW	NLHC - SLP/Supported	$63,423.54
Burin HSW	NLHC - SLP/Supported	$83,902.77
Clarenville HSW	NLHC - SLP/Supported	$72,600.00
GF-W HSW	NLHC - SLP/Supported	$69,519.86
CB HSW	NLHC - SLP/Supported	$65,247.00

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104   2011-12 expenditures were most recent available data. 2012-13 data unavailable at the time of report writing.
105   Budget for 2013-14 was most inclusive data available for province-wide investment.

Transitional /Supported/Supportive Housing	Department	Investment
Stephenville HSW	NLHC - SLP/Supported	$63,259.60
HV-GB HSW	NLHC - SLP/Supported	$70,406.00
Lab West HSW	NLHC - SLP/Supported	$89,724.00
HV-GB Mokami	NLHC - SLP/Supported	$551,270.00
Access House	Eastern Health	$409,330.00
Pleasant Manor	Eastern Health	$136,993.00
Transitional /Supported/Supportive Housing Sub-Total		**$4,967,374.77**

NAVNET Investments	Department	Investment
NAVNET	NLHC - SLP	$131,372.00
NAVNET Sub-Total		**$131,372.00**

Outreach/In-Reach/Resource Centres	Department	Investment
Stella's Circle - BMHRC	NLHC - SLP	$524,284.00
Stella's Circle - Prison In-Reach	NLHC - SLP	$89,683.00
Thrive - Street Reach	NLHC - SLP	$104,571.00
Community MH Initiative Drop in Resource Centre	NLHC - SLP	$73,500.00
New Hope Community Centre - Resource Centre	NLHC - SLP	$24,985.00
The Gathering Place - Interim Admin	NLHC - SLP	$20,125.00
Outreach/In-Reach/Resource Centres Sub-Total		**$837,148.00**

Ancillary - Client-Based & Provincial	Department	Investment
Furniture Bank - GF-W SWC	NLHC - SLP	$10,099.79
Furniture Bank - Stephenville	NLHC - SLP	$2,292.40
Life Skills Development - GF-W SWC	NLHC - SLP	$17,195.00
Thrive - Capacity Building	NLHC - SLP	$7,372.00
NLHHN	NLHC - SLP	$398,750.00
Ancillary - Client-Based & Provincial Sub-Total		**$435,709.19**

Funding for housing programs comprises 42% of the total budget.

Grand Total	Investment
Emergency Response	**$8,938,505.22**
Housing Programs	**$6,371,603.96**
Grand Total of Homelessness Driven Investments	**$15,310,109.18**

The Provincial budget for Homelessness is over $15 million annually.

Appendix E: Cost of Homelessness in Newfoundland and Labrador

The Cost of Managing Homelessness in Newfoundland and Labrador – The Reactive Approach

"Table E1: The Cost of Managing Homelessness in Newfoundland and Labrador, Part 1: Individual Costs" on page 111 describes the average annual costs per homeless person broken down by services used. The method used to estimate the cost of homelessness was developed through the following means. First, the total homeless population was estimated to be 1685 people for 2012. Second, the population was divided into five quintiles (groups of equal size with 337 persons per group), which were arranged by length of time homeless. In the absence of more detailed data, length of time homeless was used as a proxy for acuity.[106] Those in the first quintile (top 20%) are therefore assumed to have had higher acuity and were homeless for longer than those in the last quintile (bottom 20%).

A similar approach was used in Philadelphia and published in the academic journal Psychiatric Services. This study divided the homeless population by level of service usage into five groups, ranging from the top 20% (First Quintile), who were found to account for over 60% of the costs associated with homelessness, to the bottom 20% (Fifth Quintile), who while comprising the same number of individuals experiencing homelessness, accounted for less than 2% of all service use.[107] While OrgCode acknowledges that higher service use is not the same thing as length of time homeless, this approach is valid for three reasons: (1) studies from a number of jurisdictions indicate that chronically homeless individuals are among the highest service users[108], (2) with a lack of better data, length of time homeless was the most complete data available, and (3) specifically, the length of time homeless data was obtained from shelter providers province-wide, meaning that those who are in the first quintile in this model were in fact the highest users of shelters in Newfoundland and Labrador, not necessarily those who had simply been homeless the longest.

The following chart was derived using a similar approach, using values obtained from a number of Canadian sources.[109]

106   Kuhn, R. & Culhane, D. P. (1998) Applying Cluster Analysis to Test a Typology of Homelessness by Pattern of Shelter Utilization: Results from the Analysis of Administrative Data. American Journal of Community Psychology, 26(2).

107   Poulin, S., Maguire, M., Metraux, S., & Culhane, D. (2010). Service use and costs for persons experiencing chronic homelessness in Philadelphia: a population- based study. Psychiatric Services, 61(11).

108   Department of Housing and Urban Development. (2012) The 2012 Point-in-Time Estimates of Homelessness: Volume 1 of the 2012 Annual Homeless Assessment Report.

109   Data obtained from: City of Kingston; Frontenac Paramedic Services; Kingston General Hospital; Mental Health Commission of Canada. (2012) At Home/Chez Soi Interim Report; Ku, B. S., Scott, K. C., Kertesz, S. G., & Pitts, S. R. (2010) Factors Associated with Use of Urban Emergency Departments by the U.S. Homeless Population. Public Health Reports, 125(3); Calgary Homeless Foundation. (2008) Report on the Cost of Homelessness in Calgary.

Table E1: The Cost of Managing Homelessness in Newfoundland and Labrador, Part 1: Individual Costs

Service Unit	Cost per Use	1st Quintile		2nd Quintile		3rd Quintile		4th Quintile		5th Quintile		Average	
		Cost	Uses	Cost	Uses	Cost	Uses	Cost	Uses	Cost	Uses	Cost	Uses
Days in emergency shelter	$103	$7,559	74	$2,964	29	$1,580	15	$456	4	$124	1	$2,597	25
Days in DV shelter	$703	$10,510	15	$3,491	5	$2,877	4	$2,171	3	$1,091	2	$3,485	5
Days in HSW program	$9	$853	97	$441	50	$249	28	$130	15	$47	5	$343	39
Land Ambulance	$215	$6	0.03	$2	0.01	$1	0.005	$1	0.005	$0	0	$2	0
Emergency Room Visit	$360	$3,134	9	$1,103	3	$583	2	$311	1	$93	0	$1,045	3
Hospitalization	$1,564	$468	0.3	$165	0.1	$87	0	$46	0	$14	0	$156	0
Detox	$257	$1,695	7	$597	2	$315	1	$168	1	$50	0	$565	2
Psychiatric crisis response	$475	$2,249	5	$851	2	$338	1	$147	0	$52	0	$727	2
Psychiatric inpatient days	$1,898	$566	0.3	$200	0.1	$105	0.1	$56	0	$17	0	$189	0
Addictions treatment inpatient days	$72	$1,892	26	$666	9	$352	5	$188	3	$56	1	$631	9
Community policing	$84	$1,269	15	$448	5	$236	3	$126	2	$0	0	$424	5
Police detention	$261	$984	4	$329	1	$98	0.4	$25	0	$3	0	$288	1
Provincial prison	$311	$13,625	44	$4,797	15	$2,532	8	$1,354	4	$404	1	$4,542	15
Total annual costs per person		**$44,812**		**$16,052**		**$9,353**		**$5,181**		**$1,952**		**$14,994**	

Table E2: The Cost of Managing Homelessness in Newfoundland and Labrador, Part 2: Total Costs

Total Cost	Population Estimate	1st Quintile	2nd Quintile	3rd Quintile	4th Quintile	5th Quintile	Total
Total Cost - Low Estimate[110]	(1,685)	$15,101,644	$5,409,535	$3,151,855	$1,746,115	$657,665	$26,066,813
Total Cost - Medium Estimate[111]	(2,785)	$24,960,284	$8,940,964	$5,209,621	$2,885,817	$1,087,264	$43,083,950
Total Cost - High Estimate[112]	(5,569)	$49,911,604	$17,878,753	$10,417,020	$5,770,986	$2,173,614	$86,151,978

Notes for the Calculations

Days in Emergency Shelter

The annual total budget for emergency shelters in NL is $4,390,507.24, and in 2012, there were a total of 42,815 bed-nights. This results in an approximate cost per bed-night equal to $102.55.

For each quintile, the mean number of days in emergency shelters was obtained. The results were 73.72 days for the first quintile, 28.90 days for the second quintile, 15.41 days for the third quintile, 4.45 days for the fourth quintile, and 1.21 days for the fifth quintile. This value was multiplied by the cost per bed-night to determine the annual cost, per quintile, of emergency shelter usage.

Days in Domestic Violence Shelters

The annual total budget for domestic violence shelters in NL is $5,872,667.00, and in 2012, there were a total of 8,359 bed-nights. This results in an approximate cost per bed-night equal to $702.56.

Again, the mean values for number of DV shelter stay days were calculated for each quintile. However, only 651 unique individuals stayed in DV shelters in 2012, therefore, not all homeless persons stayed in domestic violence shelters. Since it is unknown what the overlap was between

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110   Population estimate includes the sheltered homeless population in 2012.
111   Population estimate includes half of the total homeless population in 2012.
112   Population estimate includes total homeless population in 2012 - sheltered, unsheltered and hidden homeless.

persons staying in DV shelters and persons staying in emergency shelters, the assumption was made that DV shelter usage was evenly distributed amongst each quintile. Thus, 130 persons accessing DV shelters were placed in each quintile, and the mean DV shelter-nights for each quintile was multiplied by 130/338 to acquire a value for the entirety of the 338-person quintile.

It is entirely possible (in fact, likely) that the distribution of DV shelter days was not evenly distributed throughout the entirety of the homeless population. The likeliest scenario is that DV shelter users were homeless for shorter periods of time, considering that for DV shelter users only, the mean length of stay was half that of emergency shelter users, but given the local data, there is no way to say for sure which DV shelter users also stayed in emergency shelters. Thus, this is a known limitation of this model.

Days in Housing Support Worker Program

The annual total budget for the HSW program in NL is $524,286, and based on the length of time service user was involved in the program in 2012, there were a total of 65,853 days of usage. This results in an approximate cost per day of usage is approximately $7.96.

Again, the mean values for number of HSW usage days were calculated for each quintile. However, only 574 unique individuals accessed the HSW in 2012, therefore, not all homeless persons used this program. As per the calculations for DV shelter usage, the assumption was made that HSW program usage was evenly distributed amongst each quintile. Thus, 115 persons accessing the program were placed in each quintile, and the mean usage for each quintile was multiplied by 115/338 to acquire a value for the entirety of the 338-person quintile.

As with the DV calculations, it is probable that the usage patterns for the HSW program and emergency shelters do not overlap, particularly because the HSW program is designed for use in rural and remote areas of the province without reasonable access to emergency shelters. However, given the local data, there is no way to say for sure which HSW users also stayed in emergency shelters, another known limitation.

Land Ambulance

There were 15 ambulance rides for persons with No Fixed Address (NFA) in 2011-2012,[113] and the cost per ambulance ride is $215.00[114] (assuming short distances). Poulin et al. (2010) found the typical distribution of emergency service usage by quintile to be 59.99% for the first quintile, 21.12% for the second quintile, 11.15% for the third quintile, 5.96% for the fourth quintile, and 1.78% for the fifth quintile. Thus, we assigned these values to each quintile: 15 rides x 59.99% = 9 ambulance rides used by the first quintile, and so on. Nine rides divided by the 338 persons in the first quintile results in 0.03 rides per person per year.

It is the opinion of the consultants that this rate is extremely low. A recent study on rural homelessness in Frontenac County, Ontario found that 40% of homeless people in rural areas had ridden in an ambulance at least once in the past year, many of which had done so more than once. Thus, we would estimate that the overall rate of ambulance usage should be closer to 0.5 rides per person, 1.5 for the first quintile. This would result in approximately 850 ambulance rides per year by homeless individuals. However, as we were unable to confirm the definitions used by the health authority that provided the estimate of 15 rides, we cannot confirm its accuracy. For instance, it is entirely possible that 15 is the number of people who did not provide any address at all, while others who were in fact homeless provided the address of a shelter, a friend's house, or the last place they lived upon intake.

Emergency Room Visit

The rate for Emergency Room visits is unknown in Newfoundland and Labrador, as is the cost for such a visit. The cost per visit was set at $360.30, which was derived from the Mental Health Commission

113   Data Compiled by Research and Evaluation Department, NL Centre for Health Information
114   Data provided through correspondence with Department of Health and Community Services.

of Canada's At Home/Chez Soi Interim Report (2012). The $360.30 value was an average of ER costs in Moncton, Montreal, Toronto, Winnipeg, and Vancouver. Also taken from this report is the annual rate of ER visit, which was 2.9 visits per person per year.

As with the land ambulance calculations, we applied the rate of emergency service usage by quintile from Poulin et al., resulting in 8.7 ER visits per person in the first quintile, 3.06 for the second quintile, 1.62 visits for the third quintile, 0.86 visits for the fourth quintile, and 0.26 visits for the fifth quintile.

Hospitalization

The cost per hospital-days is $1,564.00. This value was provided from the Health Sciences Centre as being a conservative value. There were 21 NFA patients over the year that stayed for an average of 8 days each, resulting in 168 hospital-days over the course of the year. As in the land ambulance calculations, we applied the rate of emergency service usage by quintile from Poulin et al., determining rates of 0.3 hospital-days for the first quintile, 0.1 for the second, 0.06 for the third, 0.03 for the fourth, and 0.01 for the fifth.

As with the land ambulance usage rates, it is the opinion of the consultants that this rate is low. The Frontenac County study found that 45% of respondents had been hospitalized in the past year. If 45% had been hospitalized and the average duration of stay is 8 days, this suggests the overall rate of hospitalization should be closer to 3.6 hospital days per person. Similarly, a national study conducted by the Mental Health Commission of Canada found that the rate of hospitalization among homeless persons was approximately 2.6 hospital days per person per year. Again, however, we were not able to confirm the definition used to obtain the 21 NFA patients provided.

Detox

The values for detox usage were obtained through the same method as for the Emergency Room visits.

Psychiatric inpatient days

The cost per hospital-day for psychiatric services is $1,898.00, a number provided by the Waterford Hospital, however, there was no data provided as to the number of NFA patients or number of hospital-days used by NFA patients. Thus, initially, estimates were generated using the same method as for Emergency Room visits, but using the $1,898 cost per day instead of an average. However, this resulted in values inconsistent with (i.e. 55 times higher than) other numbers in this table such as the rates of hospitalization and ambulance usage, which were based on local data. As a result, the decision was made to use the same usage rates as hospitalization. These values, therefore, should be taken with the same caveat as those for land ambulance and hospitalization rates.

Addictions treatment inpatient days

The values for addictions treatment were obtained through the same method as for the Emergency Room visits.

Community policing

The cost per interaction with police is $84.00, a value obtained from the Calgary Homeless Foundation's (2008) Report on the Cost of Homelessness in Calgary. The study found that the top service users had 272 police interactions in a year, divided by 18 people to obtain 15.11 interactions per person for the top quintile. Assuming the same distribution as emergency service usage as described in the land ambulance calculations, we determine the average interactions per person if the top quintile accounts for 59.99% of the total, to be 5.05 interactions per person per year, and are able to fill in the remaining values.

Police detention

The values for police detention were obtained through the same method as for the Emergency Room visits.

Provincial prison

The values for provincial or federal prison were obtained through the same method as for the Emergency Room visits, with one difference. Instead of taking an average of the cost of incarceration that could be gained through research completed in other jurisdictions, the daily rate of $311.12 was provided by the Newfoundland and Labrador Department of Justice and Public Safety.

The Cost of Ending Homelessness in Newfoundland and Labrador – The Proactive Approach

As described above, the methodology regarding the development of quintiles was used for these calculations. In determining the values for the costs of programming dedicated to ending homelessness, information on investments currently being dedicated to services by the Government of Newfoundland and Labrador and the number of clients served was used whenever possible. For those values that are currently identified as "unknown", recent research into the cost of ending homelessness completed in other jurisdictions was used to generate estimates.

"Table E4: Comparing The Costs of Managing versus Ending Homelessness in Newfoundland and Labrador, Per Person, Per Year" identifies the cost of programming and rental assistance only. It does not account for the post-housing use of health, social services and correctional services.

Table E3: The Cost of Managing Homelessness in Newfoundland and Labrador, Per Person, Per Year

Cost of Being Reactive	1st Quintile	2nd Quintile	3rd Quintile	4th Quintile	5th Quintile	Average
	Cost	Cost	Cost	Cost	Cost	Cost
Cost of Reaction, Per Person	$44,812	$16,052	$9,353	$5,181	$1,952	$14,994

Table E4: Comparing The Costs of Managing versus Ending Homelessness in Newfoundland and Labrador, Per Person, Per Year

Cost of Being Proactive		1st Quintile	2nd Quintile	3rd Quintile	4th Quintile	5th Quintile	Average
Service Unit	**Annual Cost**	Cost	Cost	Cost	Cost	Cost	Cost
Assertive Community Treatment	$14,409	$14,409	$-	$-	$-	$-	$2,882
Light Supports	$7,151	$-	$7,151	$-	$-	$-	$1,430
Targeted Prevention	$1,500	$-	$-	$-	$-	$1,500	$300
Rent Supplement	$5,081	$5,081	$5,081	$5,081	$5,081	$-	$4,065
Cost of Proaction, Per Person		**$19,490**	**$12,232**	**$5,081**	**$5,081**	**$1,500**	**$8,677**
Net Savings, Per Person		**$25,322**	**$3,820**	**$4,272**	**$100**	**$452**	**$6,318**

Table E5: Comparing The Costs of Managing versus Ending Homelessness in Newfoundland and Labrador, Total Cost, Per Year[115]

	1st Quintile	2nd Quintile	3rd Quintile	4th Quintile	5th Quintile	Total
Total Cost of Reacting to Homelessness	$15,101,644	$5,409,535	$3,151,855	$1,746,115	$657,665	$26,066,813
Total Cost of Proacting to Homelessness	$6,568,130	$4,122,184	$1,712,297	$1,712,297	$505,500	$14,620,408
Total Net Savings	**$8,533,514**	**$1,287,351**	**$1,439,558**	**$33,818**	**$152,165**	**$11,446,405**

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115   These estimates are derived by multiplying the cost per person times the total population, assuming 1,685 homeless persons in Newfoundland and Labrador.

Notes for the Calculations

The cost of Assertive Community Treatment (ACT) was calculated as an average of existing costs by ACT teams in Newfoundland and Labrador. Financial information provided revealed that the Central Health ACT team had a budget of $857,590.00 and 53 clients; while the Western Health ACT team had a budget of $914,723.00 and 70 clients. The sum of the budgets was divided by the total number of clients, resulting in a provincial average of $14,409.05 per client per year. Please note that similar information was not available for Eastern Health.

"Light supports" describe the assistance provided to clients for a short period of time and may include shallow case management and minimum, time-limited rental supports. The cost of "light supports" was not available for Newfoundland and Labrador, therefore a 2006 Halifax-based report was used for information.[116] Two residential facilities providing light supports to their clients were calculated at $11 per day and $23 per day, respectively, and again, an average cost per client was calculated, resulting in $19.59 per day or $7151.30 annually.

The cost of "targeted prevention" that ensures priority is given to those individuals and families that are deemed "eligible" for assistance was obtained from the Community Start-Up and Maintenance Benefit (CSUMB) program, which has been operating in Ontario since 1993, and limits the amount of homelessness prevention assistance per household to $1500 per two years. This financial assistance is targeted for specific client group and the idea is that the episode of homelessness has been averted and they won't need to receive the funding again the second year.

The cost of the rent supplement was provided by NLHC.

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116 The Cost of Homelessness: The Value of Investment in Housing Support Services in Halifax. (2006) Halifax Regional Municipality.

Appendix F: Recommended Pre-Screen & Assessment Tools

The important role played by valid screening and assessment tools is that it ensures the right person receives the right service at the right time. There are three primary assessment tools that have been empirically validated in North America. Given the current use of the Service Prioritization Decision Assistance Tool (SPDAT) in Newfoundland and Labrador, the VI-SPDAT is recommended as the screening tool and the SPDAT is endorsed as the most applicable assessment and case management tool for funded initiatives throughout the province.

Pre-Screen Tools

A pre-screen is a tool that can quickly identify the presence of issues that may impede an individual or family's ability to independently find and maintain housing. Such a pre-screen becomes especially valuable in busy environments.

Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) Screening Tool

The VI-SPDAT is a first-of-its-kind tool designed to fill the need for screening, helping communities end homelessness in a quick, strategic fashion. The VI-SPDAT combines the strengths of two widely used assessments:

- The Vulnerability Index, developed by Community Solutions, is a street outreach tool currently in use in more than 100 communities. Rooted in leading medical research, the VI helps determine the chronicity and medical vulnerability of homeless individuals.

- The Service Prioritization Decision Assistance Tool, developed by OrgCode Consulting, Inc., is an intake and case management tool in use in more than 70 communities. Based on a wide body of social science research, the tool helps service providers allocate resources in a logical, targeted way.

- After completing the screen, which provides a first filter of clients and housing/support needs, the SPDAT provides the full assessment and functions as an ongoing case management tool.

Assessment Tools

An assessment tool should be both comprehensive and succinct, and provide information that will allow for service prioritization. As an additional benefit, assessment tools can be applied at multiple times with the same client in order to assess changes in acuity as a result of the service intervention.

Service Prioritization Decision Assistance Tool (SPDAT)

More information about SPDAT is available online at: http://www.orgcode.com/spdat/

The Service Prioritization Decision Assistance Tool (SPDAT) is an assessment tool designed by OrgCode. Launched in 2011, the SPDAT is now in use in more than 70 communities across North America, and is a "best practice" requirement in several of those communities.

The SPDAT uses 15 dimensions to determine an acuity score that will help inform professional Housing First or Rapid Re-Housing practitioners about the following:

- people who will benefit most from Housing First

- people who will benefit most from Rapid Re-Housing

- people who are most likely to end their own homelessness with little to no intervention on your part

• which areas of the person's life that can be the initial focus of attention in the case management relationship to improve housing stability

• how individuals and families are changing over time as a result of the case management process

The 15 dimensions are:

1. Self Care and Daily Living Skills

2. Social Relationships and Networks

3. Meaningful Daily Activity

4. Personal Administration and Money Management

5. Managing Tenancy

6. Physical Health and Wellness

7. Mental Health and Wellness

8. Medication

9. Interaction with Emergency Services

10. Involvement in High Risk and/or Exploitive Situations

11. Substance Use

12. Abuse and/or Trauma

13. Risk of Personal Harm/ Harm to Others

14. Legal

15. History of Homelessness and Housing

The SPDAT can be integrated with existing HMIS systems and, in many communities, it has been used to supplement or replace various self-sufficiency matrices. In collaboration with Service Canada and partly based on OrgCode's work with NLHC, SPDAT will be incorporated into the Homeless Individuals and Families Information System (HIFIS) software and will therefore be readily accessible to provide detailed information on the client, program and system based outcomes achieved in ending homelessness in Newfoundland and Labrador.

The SPDAT has been reviewed by practitioners in the health, mental health, addictions, housing and homelessness sectors and has proven to be effective for a range of populations from age, gender and cultural perspectives. Appropriate use of the SPDAT requires a one or two-day training program to ensure that frontline staff, team leaders, supervisors and other important community stakeholders know how to effectively use this tool.

Appendix G: A Structural Shift in Leadership

The Newfoundland and Labrador Housing Corporation

The Newfoundland and Labrador Housing Corporation (NLHC) has a historical mandate to meet the housing needs of Newfoundlanders and Labradorians who live independently. Recently, NLHC has assumed expanded responsibilities for administration of the Supportive Living Program that exists to provide the supports that will help some people stabilize their housing. NLHC is well positioned to provide provincial government leadership for housing and homelessness.

The NLHC will provide provincial funding to support housing and homelessness activities throughout the province and provide final approval of funding proposals. It will work at the systems level and be responsible for ensuring that government policies; programming, delivery processes and investments support and align with efforts to prevent homelessness and respond adequately to those in housing crisis. The NLHC will also house the HMIS, and provide access to the System in a manner that complies with privacy regulations.

> *Examples of Housing-Focused Agency as Lead Government Agency*
>
> *Housing is the solution to homelessness, and many communities increasingly recognize that public housing authorities are key partners in the work of ending homelessness. PHAs are ideally positioned to play a leading role in the expansion of affordable and permanent supportive housing stock and to coordinate access to housing for individuals and families experiencing homelessness.*
>
> *Department of Housing & Urban Affairs (the former HUA is now part of the amalgamated Department of Human Services), Government of Alberta: in 2009 when the Government of Alberta adopted a mandate to end homelessness, the provincial government body designated to lead the implementation of the Plan and the system transformation required to end homelessness was Housing & Urban Affairs which was responsible for meeting the housing needs of Albertans. In 2009, this department was responsible for social housing, affordable housing, emergency shelters and homelessness initiatives.*
>
> *MaineHousing (State of Maine): This independent state housing corporation coordinates applications for federal homelessness funding and administers the Continuum of Care, and acts as the HMIS Lead Agency, in addition to administering other sources of funds for housing programs.*
>
> *Houston Housing Authority (Houston, Texas): through its active partnership in the Continuum of Care, the HHA developed processes to coordinate access to housing for homeless persons, integrated triage tools, and now uses HMIS to track outcomes of those who are housed.*
>
> *Fresno Housing (Fresno, California): Coordinates applications for federal homelessness funding, serves as the HMIS Lead Agency and assists with Point in Time homeless counts, and is working to increase its stock of affordable housing and permanent supportive housing to meet the identified needs.*

Interdepartmental Advisory Committee

In its work to address homelessness throughout the province, the NLHC has been assisted by a successful and active Interdepartmental Advisory Committee composed of representatives from different provincial departments. Moving forward, the role of the IAC will become more important as efforts increase to align provincial policies, programming, protocols and investments with a shared vision of ending homelessness.

> **Examples of the Important Role of Interdepartmental/Interagency Committees**
>
> *As has been shared, the goal of ending homelessness is not the responsibility of just one entity. The shift from managing homelessness to ending it requires a shared vision by both government and community based bodies; homeless serving and mainstream sectors as well as non-profit, public and private collaborations. Across North America, interdepartmental/interagency collaborations have resulted in policy, protocol and program changes to ensure that homeless individuals and families have improved access to essential financial benefits, social supports and safe affordable housing. Recognizing that homelessness is a complex issues, people experiencing homelessness rely on many government agencies for support and assistance, including Health and Community Services, Income Support, Child Youth and Family Services, Justice and Public Safety, Employment, etc. Those jurisdictions that have been successful in achieving outcomes needed to end homelessness have benefitted from active and influential interdepartmental/interagency committees that have decision making authority to impact system transformation and the capacity to efficiently incorporate improved approaches in each of their respective departments/sectors.*
>
> **The Alberta Interagency Council on Homelessness:** *The Council provides advice and guidance on policy, regulatory and program changes required for successful implementation of the 10-year plan. In meeting this mandate, the Council explores systemic change required to address housing and homelessness in Alberta, and provide strategic recommendations to the Government of Alberta, through the Minister of Human Services. In addition to representatives from provincial ministries, the Council brings together a broad range of stakeholders, including leaders of community-based organizations, shelters and other orders of government.*
>
> **The US Interagency Council on Homelessness (USICH)** *coordinates the Federal response to homelessness by creating partnerships with every level of government and the private sector to reduce and end homelessness while maximizing the effectiveness of the Federal government by providing professional and technical assistance while monitoring, evaluating and recommending improvements.*

Reporting to the Executive Committee, the IAC will facilitate the following objectives to ensure system transformation across the province:

1. Formalize service pathways to improve the delivery of mainstream and homeless services;

2. Improve province-wide coordination of mainstream programs;

3. Integrate homeless services with key public systems and supports, including justice and public safety, child, youth and family services, health and community services (including mental health and addictions), poverty reduction initiatives, affordable and social housing, etc.;

4. Collaborate for the identification and revision of policies and practices that create barriers to housing and supports;

5. Review proposals submitted by the regions and deemed appropriate by the Third Party Lead Agency;

6. Ensure that recommended initiatives and programs are evidence informed and dedicated to serving individuals and families who meet the Government of Newfoundland and Labrador's definition of homelessness through a Housing First Philosophy, i.e., the people in greatest need will be prioritized for service;

7. Provide recommendations for proposal approvals by NLHC;

8. Review and recommend provincial progress reports developed by the Third Party Lead Agency prior to these being forwarded to NLHC for approval. Special attention will be given to the identification of future priorities for programming and investments.

Third Party Lead Agency

Although the NLHC will be the source of funding on behalf of the Provincial Government, it is recommended that third party leadership be identified to lead the management and administration of provincial funding to approved community based projects in each of the five regions across the province. This Third Party Lead Agency will serve as the conduit of communication, information and advice between community and government. The Third Party Agency will disburse the funding (upon IAC recommendation and NLHC approval) and support and monitor funded projects to ensure activities maintain fidelity and expected outputs and outcomes established by NLHC are achieved.

As a funded agency of the NLHC, the Third Party Lead Agency has a series of duties to fulfill their contractual responsibilities to the government:

1. Work with communities and partners in a respectful manner that supports the NLHC's mandate and strategies to end homelessness;

2. Assist in communicating the goals and strategies of the **Road Map for Ending Homelessness** to help achieve broad support across Newfoundland and Labrador;

3. Implement standardized operational policies and innovative practices to enhance service delivery, partner collaboration and program outcomes;

4. Facilitate multi-year strategic planning for homeless programs and services that incorporates evidence informed practices, regional perspectives on local needs and the goals defined in the regional Community Plans;

Examples of Third Party Lead Agency

Many communities designate a third-party agency to take the lead in coordinating and funding homelessness services, resulting in greater independence and flexibility to set priorities for action. Third-party lead agencies may take a variety of forms in different governance contexts and depending on the specific role within the community: among the examples of third-party lead agencies in homeless service systems, there are non-profit corporations, municipal governments, foundations and arm's-length commissions of local governments.

7-Cities on Housing and Homelessness (Province of Alberta): long term plans to end homelessness are administered by independent entities called Community Based Organizations (CBO) in the 7 major cities across the province. Each of these independent CBOs is responsible for the administration, evaluation and monitoring of provincial and federal investments in their respective cities.

The Continuum of Care System (CoC, in the US): Since 1994, HUD has required that communities submit a single comprehensive CoC application for funding which demonstrates the collective success on locally funded programs. The CoC's fund local networks of organizations to quickly rehouse homeless individuals and to minimize the trauma and dislocation caused to individuals, families, and communities by homelessness.

Fresno First Steps Home (Fresno, California): city-sponsored non-profit corporation tasked with raising and allocating funding for homelessness services

Los Angeles Homeless Services Authority (Los Angeles, California): independent commission authorized by the City and County governments and tasked with administering federal, state, and county funding to homelessness service providers, planning and program design, and providing technical assistance to individual service providers.

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5. Perform duties related to performance management, quality assurance, evaluation and compliance with standards of care with the goals of improving housing and stability outcomes and enhancing the professionalization of front line supports;

6. While supporting the role and operations of funded agencies and regional CABs, identify barriers to implementation including policy issues and present these (and potential solutions) to the NLHC and IAC for consideration and corrective action;

7. Monitor progress and provide annual progress reports to the NLHC and IAC on the implementation of strategic actions designed to end homelessness in the Province;

8. When requested, assist regional partners and Community Advisory Boards in updating local Community Plans and preparing annual funding applications to NLHC and other funders, including Service Canada;

9. Encourage collaboration across regions by communicating best practices.

Regional Community Advisory Boards (CABs)

Beyond the realm of provincial government policies and practices, ending homelessness cannot be accomplished without the direct involvement of service providers, funders and residents located in regions throughout the Province. The following provides a list of the CABs operating in each of the 5 designated service areas to implement local Community Plans[117]:

Table G1: Established CABs Operating in Designated Service Regions[118]

Designated Service Region	Established CABs
Avalon Urban – St. John's and surrounding area	• St. John's Community Advisory Committee on Homelessness
East Coast Rural – Avalon Rural, Clarenville and area, Burin Peninsula and area	• Baccalieu Engaging Diverse Supports • Regional Action Committee on Housing, Clarenville • Burin Peninsula Housing & Homelessness Committee
Central Rural – Gander and Grand Falls-Windsor and areas	• Gander and Area Community Advisory Board for Housing and Homelessness • Central Housing and Homelessness Network, Grand Falls-Windsor and area
Western Rural – Corner Brook, Stephenville and Northern Peninsula and surrounding areas	• Corner Brook Coalition on Housing & Homelessness • Southwestern Newfoundland Housing Stability Initiative, Stephenville
Labrador – Labrador West, Happy Valley-Goose Bay and all surrounding communities	• Happy Valley-Goose Bay Housing & Homelessness Coalition • Labrador West Coalition on Housing

As a grassroots movement that developed in response to the desire to meet local housing needs and to respond to the Government of Canada's promotion of CABs as part of its Homelessness Partnering Strategy, the agenda and responsibilities are controlled by its community-based membership. Historically

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117   Three additional CABs were in varying stages of development (or in the initial stages of operation) in the Coast of Bays, Mount Pearl and the Northern Peninsula. These areas have not developed Community Plans at the time of this report writing.

118   At the time of this research, two additional community boards were "in development". Local volunteers were active in the Coast of Bays and on the Northern Peninsula. hould these CABs become established in their work, the Coast of Bays committee would join in the Central Rural Service Region and the Northern Peninsula committee would join the Western Rural Region.

they have supported the implementation of programming that focuses on meeting the homeless supports and housing needs of local residents, with some CABs hosting these initiatives as the funded agency. CABs have also been instrumental in identifying local stakeholders and mainstream systems that are connected to local homeless services and supports.

The vast geographical area of the Province combined with variances in local realities that impact each region's experience with homelessness—especially the different economic conditions and employment opportunities—means that CABs will continue to be an integral component in ending homelessness in the province. This role must be reviewed within the new structure to ensure that these valuable regional boards can continue to provide the guidance and advisory role for which they were initially designed. Regional Coordinators will assist CABs in organizing meetings and ensuring that the insights into current needs, progress and gaps in services within each region are communicated to the Third Party Lead Agency and the Government of Newfoundland and Labrador.

CABs will be responsible for:

1. Networking locally to ensure that emerging needs, gaps and barriers and opportunities for improved service delivery are identified, communicated and monitored;

2. Monitoring the local delivery of services and the implementation of its own local Community Plan;

3. Improving the public's awareness and understanding of homelessness and its impact on individuals, families, communities and the Province; and,

4. Enhancing local efforts to implement the Strategic Priorities of the **Road Map** report by encouraging local collaboration and cooperation dedicated to meeting local needs and improving housing and life stability of service participants. To further enhance opportunities for local collaboration between homeless serving and mainstream systems, it is also recommended that CABs invite local representatives from affiliated provincial government departments to participate in discussions and activities.

NLHHN Evaluation

Throughout this report, we have integrated the findings from our evaluation of the NLHHN to support the premise that there is the need for a healthy, vibrant and effective organization such as the NLHHN to advocate—province-wide—for the goal of ending of homelessness in Newfoundland and Labrador. A provincial network provides an important networking and information vehicle to facilitate the sharing of innovative and successful practices, the discovery of emerging needs throughout the regions and a collective, provincial voice that advocates for the development and promotion of policies, practices and investments designed to end homelessness.

Investing in the evaluation of an organization is always done with the primary intent to determine how the entity is performing relative to its mission, values and mandate. An organizational evaluation is at the heart of continuous improvement and sustainable development. Within the organization, alignment of skills, resources and time investments ensure achievement of the goals attached to a shared vision so that, externally, the organization can function effectively within the context of its enabling environments.

The evaluation was conducted over a period of six months by means of extensive research, stakeholder interviews, community meetings, financial review, surveys and focus groups with service providers. The methodology is outlined in **"Appendix A: Methodology Employed"**.

The timing of this evaluation coincided with some critical changes for the NLHHN. In early 2013, just prior to the OrgCode evaluation period, the NLHHN installed a new Board of Directors to ensure professional governance. A few months after the Board was assembled, the Executive Director left the NLHHN and two Community Advisory Boards (CABs) rescinded their membership in the Network. The Board delayed the 2013 fall conference until this report could help inform their direction for the future.

During the evaluation, members of the former St. John's Housing and Homelessness Network and a local, external strategy consultant worked with OrgCode to identify the major events and activities related to the early days of the Network.

History of the NLHHN

In its early days, the NLHHN had a great deal of positive impact and relatively recent challenges that the NLHHN encountered should not overshadow the impact and importance that a provincial network can have in tackling such social and economic issues as housing and homelessness. The inspirational origins of the NLHHN can be traced to the creation of the first rural CAB that was formed in 2006 through the Happy Valley-Goose Bay Community Plan.

The formation of the St. John's Housing and Homelessness Network (SJHHN) the following year was a significant effort to coordinate City emergency shelters and regional responses to homelessness. The SJHHN leapt into action in 2007 by conducting a conference for service providers that featured an aggressive agenda starting with developing shelter standards, providing low-threshold homeless services and determining how to respond to substance use in homeless service settings. Regional data coordination was elevated to priority status as a means to provide coordinated housing and homeless services to clients. In 2008, SJHHN conducted three conferences in April, May and November and completed a shelter study for the Department of Human Resources, Labour and Employment (HRLE).

The Government announcement to form the Supportive Living Program (SLP) and Provincial Homelessness Fund (PHF) in 2009 formed the backdrop for the expansion of the Network's influence and the creation of the NLHHN as a province-wide, evolved extension of the SJHHN. The subsequent release of the Social Housing Plan in August of that year was an appropriate precursor for the first NLHHN strategic planning

meeting in October and the NLHHN Conference entitled *From the Outside In: Navigating a path for inclusion and choice for individuals with complex needs*. An Executive Director was hired in November 2009 and the NLHHN launched a renewed focus on data collection and analysis to help "forge a community of practice".[119]

In 2010 and 2011, the NLHHN was challenged by the magnitude of their province-wide mandate following the transition away from an urban-centric initiative. The NLHHN sent proposals to the HRLE and Homelessness Partnering Strategy (HPS) to create Housing Development Coordinators for rural CABs and the proposals were countered with the Federal Government's concern about the expansion of the CABs based on the challenge that there was "too much staffing and not enough development of actionable plans".

In 2011, the NLHHN continued its advocacy for local housing and homelessness support and this resulted in the formation of Housing Support Workers (HSWs) who were engaged to serve rural communities in Newfoundland and Labrador. The organization pressure was mounting and the NLHHN experienced a "vision clash" internally and externally regarding the direction that the organization should be taking. The Executive Director recognized this reality and a "re-visioning day" was conducted in February 2011 that reaffirmed the NLHHN mission and vision.

In 2012, there was a flurry of activity and events in the communities but the NLHHN's "authority" as a provincial advocate was eroding and was amplified by negative feedback from some of the CABs. In response, the NLHHN engaged a consultant to conduct a strategic planning day and the need for better communication with the CABs was one of the discussion topics. However, the dissatisfaction and tension between the CABs and the NLHHN continued until two CABs submitted their resignations in 2013.

That brings us to the present day and the submission of this **Road Map** report.

NLHHN Evaluation - Conclusion

Whether it is a Girl Guides troop or the United Nations, all organizations experience periods when there is a need to de-structure and re-structure the entity in alignment with their mission and vision and external realities. Ultimately, organizational performance hinges on three variables: 1) Organizational Motivation, 2) Organizational Capacity, and 3) External Environment. Funding an organization (inputs) without accountability or measurement is not just a potential waste of money, it can generate unintended consequences and create false arguments about performance effectiveness and efficiency that rely on individual perceptions and anecdotal evidence. Future funding of the NLHHN is contingent on funder confidence that the NLHHN has successfully reset itself for the future.

At the time of writing, the mission and vision of the NLHHN is not consistent with the "Third Party Lead Agency" role that OrgCode is recommending in this report. Structurally, if the NLHHN continues to exist, all NLHHN staff positions will need to be reviewed as the organization "reboots" itself.

A return to the commitment of NLHHN to work collaboratively with the regional CABs on issues related to homelessness and housing will be critical. This collaboration will help shape the response to homelessness in the Province and will ensure that all members—rural and urban—have a voice based on a shared vision.

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119   In 2009, the Supportive Living Program was formed and the NLHHN hosted Dr. Gabor Maté from Vancouver for a speaking engagement. The NL Government released the Social Housing Plan in August 2009 and five rural Community Plans were in the first stages of implementation. This was also the year that the need for accurate and reliable data related to housing and homelessness was discussed at length.

OrgCode is confident that a re-invented NLHHN that is sanctioned by the NLHC and governed by a professional Board of Directors with province-wide representation can help to end homelessness in Newfoundland and Labrador.

A Final Note on Leadership & Governance

No single department, agency or network can end homelessness. Given the costly impacts of homelessness and the present and future health and prosperity of the province, ending homelessness must be recognized as a shared responsibility by federal, provincial and municipal governments, non-profit and volunteer partners and the private sector.

The goals of increasing efficiencies and optimizing the impact of the investment to prevent and end homelessness will result in opportunities to realign provincial investments while enhancing opportunities for mainstream systems to focus on their original mandates. However, given the comprehensive leadership model described that engages all affiliated departments and agencies, the stage is set to ensure policy development, funding allocation, service coordination and strategic planning that is dedicated to ending homelessness. Project and service outcomes will demonstrate improvements in housing stability, health and wellness, and prosperity experienced by all people across the entire province. The diagrams provided in the following pages illustrate the structure of leadership in Newfoundland and Labrador's approach to ending homelessness.

Regional Implementation of Strategies – Structure and Staffing for the Third Party Lead Agency

As previously identified, it is recommended that the following five (5) regions will comprise a structural framework and focus on strategic planning, program implementation and quality assurance activities:

> ***Region 1:*** Avalon Urban – St. John's and surrounding area

> ***Region 2:*** East Coast Rural – Avalon Rural, Clarenville and area, Burin Peninsula and area

> ***Region 3:*** Central Rural – Gander and Grand Falls-Windsor and areas

> ***Region 4:*** Western Rural – Corner Brook, Stephenville and Northern Peninsula and surrounding areas

> ***Region 5:*** Labrador – Labrador West, Happy Valley-Goose Bay and all surrounding communities

The Third Party Lead Agency will facilitate implementation of strategies to end homelessness within this regional approach. Internally, staffing would include a Provincial Manager responsible for ensuring the administration and monitoring of provincial homelessness initiatives and the supervision of staff. The Third Party Lead Agency will focus on three activity streams:

1. Evaluation and Performance Management;

2. Strategic Planning and Investment; and,

3. Capacity Building and Professional Development.

Given the limited resources to assist Community Advisory Boards and local housing and homelessness projects and initiatives in rural regions, it is recommended that Regional Coordinators be recruited and selected to support each of the five identified regions. As employees of the Third Party Lead Agency, these Coordinators will ensure the streams of activity identified above are facilitated in the regions. The CABs will continue in their roles as the advisory agents for addressing homelessness in their regions and Regional Coordinators will be tasked with communicating regional needs, priorities and service coordination progress to the Provincial Manager. Although CABs will be relied upon to provide valuable feedback,

data and evidence informed practices will also determine revisions to the implementation of the **Road Map**.

Locally, the wide array of tasks involved in creating and operating successful regional efforts to end homelessness should not be underestimated. Regional Coordinators will be responsible for the following:

- Assess the performance of funded service providers with a goal of continuous improvement and outcome based successes

- Provide technical assistance to providers and support the work of the CABs

- Organize and lead needs assessments, including a PIT Homeless Count

- Identify service and professional development needs

- Maintain communication and facilitate partnerships between stakeholders, including service providers, funders, municipal governments, faith based organizations, industry and landlords

- Manage and oversee the preparation of Provincial funding applications

- Oversee regional service coordination, including gap analysis and duplication of efforts

The following diagrams illustrate the implementation leadership structure required to end homelessness in Newfoundland and Labrador:

Figure G1: Implementation Leadership for Ending Homelessness in Newfoundland and Labrador

Figure G2: Governance Structure for Ending Homelessness in Newfoundland and Labrador

Resourcing
&
Mandate

Newfoundland Labrador

Provincial Strategic Priorities & Investments
NLHC
(with Interdepartmental Advisory Committee Guidance)

Administration, Evaluation & Support
Third Party Lead Agency

Championing Monitoring & Advisory Role
Regional Community Advisory Boards

Implementation of Strategies & Priorities
Funded Agency / Partner   **Funded Agency / Partner**

Lead Agency

1
Strategic Planning
&
Investment

2
Evaluation
&
Performance Management

3
Capacity Building
&
Professional Development

Plan Implementation

Regional Funding Priorities

Service Integration

Advocacy & Awareness

Performance Measurement & Technical Assistance

HMIS Liaison & Training

Emergency Response

Coordinated Access & Assessment

Homelessness Prevention

Housing Programs

Affordable Housing Initiatives

EmergencyShelters/ Hotel Vouchers

General Housing Assistance

Rapid Re-Housing

Transitional Housing

Housing First ICM/PSH

Figure G3: Three Streams of Activity for the Third Party Lead Agency