

## DEFINITION OF SUPPORTIVE HOUSING

**Long-Term Care supportive housing provides personal support services and essential homemaking in permanent, preferably not-for-profit, community residential settings, for frail and/or cognitively impaired elderly persons, people with physical disabilities or acquired brain injuries and those living with HIV/AIDS, when their service requirements justify the need for the availability of 24-hour, on-site assistance.**

To clarify this definition and minimize ambiguity, the following explanation of terms is provided.

**“personal support services and essential homemaking”** These are the services a person must have in order to remain in the community. They include personal support and homemaking services similar to those now provided through the various Home Care programs, to be amalgamated in time within the multi-service agencies. Professional services will not be offered within supportive housing projects but will be available, on a visiting basis only, through the multi-service agencies.

**“permanent”** It is expected that consumers who move to or are residents in supportive housing projects will, if they choose, remain there and have their service needs met by the on-site provider. The consumer will have protection under the *Landlord and Tenant Act (LTA)* or be subject to the provisions of the *Cooperative Corporations Act (CCA)* if living in cooperative housing.

While the intent is to support the principle of stability, it may become impossible to provide sufficient levels of service when a person's needs change and continuous medical or professional services are required. An example would be a person in the latter stages of a degenerative disease whose medical or other professional needs cannot be met by the on-site services. In these instances alternative service arrangements can be sought through the multi-service agency and its Placement Coordination Service (PCS). Eviction under

the LTA or through the bylaws of a corporation under the CCA is possible for people who become a danger to themselves or others. Alternative accommodation and service arrangements must be made available before such action is taken.

**“preferably not-for-profit, community residential settings”** It is expected that most housing will involve rent-geared-to-income social housing. However, any form of housing where the number of consumers in need warrants the development of an on-site service component could develop supportive housing. This also refers to existing housing where potential consumers of Long-Term Care services already live. It could include private or for-profit housing, but provisions for Ministry of Housing rent subsidies might have to be made so that no person would be prevented from accessing services due to an inability to pay market value rent.

This does not include group homes or other forms of community living where funding is available through other programs; for example, services provided under Acts administered by the Ministry of Community and Social Services.

**“frail and/or cognitively impaired elderly persons, people with physical disabilities or acquired brain injuries and those living with HIV/AIDS”** These are the currently mandated consumer groups of the Long-Term Care Division who would be eligible for supportive housing. Supportive housing will be provided generally to those aged 65 and over and, for the other groups, to those 16 and over. However, there are elderly and/or cognitively impaired people whose needs are similar to the above but who have not reached 65. Services may be made available based on their needs without consideration of age.

**“service requirements justify the need for the availability of 24-hour, on-site assistance”** Crucial to the role of supportive housing in Long-Term Care services is the understanding that some people's needs can be met in the community but not cost-effectively on a visiting basis. These are relatively independent people who need support services available on a 24-hour basis because they require monitoring or services during the night, need emergency response services, or their determined level of personal support service and essential homemaking warrants on-site services.

## CHARACTERISTICS OF SUPPORTIVE HOUSING

Some general characteristics of supportive housing can be identified as guides for future development efforts regardless of which consumer group is being served or what model of service delivery is used. The characteristics should not necessarily cause existing service programs to change in order to meet these requirements. Rather, they are a set features against which future program development can be monitored and evaluated.

### **Tenancy**

All consumers living in supportive housing will have their tenancy protected under the *Landlord and Tenant Act* as provided in Bill 120, the *Residents' Rights Act*. Tenancy may also be protected through bylaws developed under the *Cooperative Corporations Act* or through membership in a cooperative housing project.

### **Clustered Accommodation**

Although the residential settings should be self-contained, with private kitchens, bathrooms, bedrooms and living space, the living units are usually clustered in a building complex or in close proximity to facilitate the delivery of on-site services in an efficient, cost-effective manner.

### **Tenant Mix**

Supportive housing environments should inter-mix apartments for people with support needs with those who do not require services. Accommodation for people requiring services should be spread throughout a project and not just in isolated areas within a site. People with support needs should not be concentrated at such a level that they dominate a housing site or neighbourhood.

## **Community Integration**

Buildings where supportive housing units are located should be integral part of the community in which they are located. Malls stores and services should be nearby and accessible. Programs and services should reflect this characteristic of supportive housing in their design and delivery.

## **Not-for-profit Service Providers**

Services in supportive housing will be provided by community-based, new or existing, not-for-profit service provider agencies.

## **Off-site Administrative Offices**

On-site staffing is necessary to provide support services in a timely and effective manner. When possible, however, central agency administrative offices should be located away from the accommodation site. This is not to say there should be no space for staff to take breaks, keep and update records or store equipment. The purpose is to minimize the intrusion of non-service providers into people's lives, in keeping with an integrated approach to service delivery.

## **Delinked Services**

To satisfy the service principles and meet the expectations of the above characteristics, future supportive housing initiatives should, as much as possible, feature projects where the service provider is **not** also the provider of the accommodation.

This characteristic defines the roles of the various stakeholders in the community, housing agencies versus service agencies, as well as minimizing the non-service activities of agencies whose major focus should be the delivery of support services. It is at the core of consumer empowerment and important in striking a power balance between the consumer and service provider.

## **Congregate Living**

Despite attempts to provide integrated settings for the delivery of LTC services, special groups have needs for which small segregated housing units will be the best alternative for support service delivery. These groups include people with Alzheimer's and other early-onset cognitive disorders, people in the later stages of degenerative diseases and those with severe traumatic brain injuries. These consumers do not require extensive medical care, but they do need small settings that allow for intense supervision and/or specialized treatment or training.

Ideally, these residential settings will accommodate no more than six people and will be integrated as much as possible into communities. This model is not the preferred alternative for most consumers but could be used selectively for particular groups or to respond to unique requirements.

### **Variations**

The above examples do not include the range of supportive housing options that will need to be developed to serve the needs of various communities and groups. Some variations on the above models will be required to respond to community needs through the local District Health Council (DHC) planning processes. The models are intended to be flexible and adaptable to meet individual and specific needs. Already there are examples of modifications that could be made to improve service delivery in supportive housing settings.

For instance, in some seniors' buildings amenity space has been added to the original design to provide such things as recreation and activity space as well as communal dining or "restaurant" areas. The inclusion of an infirmary gives residents immediate care for minor household injuries that might otherwise go unattended, foot care on a regular basis and even respite for family caregivers in emergencies.

Amenity space that cannot be incorporated into supportive housing projects includes nursing stations, sick bays, doctors' offices, staff apartments or sleeping areas, and any other facilities usually considered essential to a staffed institution.

### 3. MANDATORY REQUIREMENTS OF SUPPORTIVE HOUSING PROGRAMS

This section:

- defines the scope of support services in supportive housing
- identifies the mandatory characteristics of supportive housing programs funded by Long-Term Care
- provides specific criteria for each mandatory requirement
- provides brief background information on the rationale each requirement.

The mandatory characteristics outlined here have all been identified throughout the policy consultations as important aspects of a high-quality supportive housing environment. These characteristics have also been highlighted in the definition of supportive housing and espoused in the principles of the *Supportive Housing Policy* document.

These mandatory characteristics are:

- tenant status
- not-for-profit service provider
- housing provider requirements
- 24-hour support services on-site
- client/family involvement
- maximum service levels/user fees
- measuring cost-effectiveness.

#### Useful Definitions

**Essential services** are the support services a person needs to remain as independent as possible in his or her home. They include a full range of personal support and homemaking services tailored to meet a consumer's specific needs. Services that go beyond day-to-day needs, that could be characterized as 'convenient but not necessary' are not essential and could be charged to the consumer based on MSA fees.

**Personal support services** are the services a person must have to remain in his or her community. They will include all of those services now provided through the various In-Home Services programs, with the exception of professional services. Professional services will be available on a visiting basis for eligible consumers through local multi-service agencies (MSAs). Personal support services may include (also see Glossary):

- assistance with personal hygiene
- assistance with activities of daily living
- transferring/positioning/trimming
- training a person to carry out or assist with the above activities
- providing prescribed equipment, supplies or other goods
- any other services that may be included in Part II(6) of Bill 173.

**Essential homemaking services** are services a person must have in order to remain in his or her home. As with personal support services, essential homemaking services will be determined based on the person's inability to carry out the activities of daily living. They may include:

- house cleaning
- laundry/ironing/mending
- shopping
- banking/paying bills
- planning/preparing meals
- caring for children (not babysitting)
- assisting a person with the above
- training a person to do or assist with any of the above.
- any other services that may be included in Part II(5) of Bill 173.

## **Mandatory Requirements**

### ***Tenant Status***

- Clients participating in a supportive housing program must have their security of tenure protected by legislation. In Ontario only two pieces of legislation protect tenancy rights: the *Landlord and Tenant Act* and the *Cooperative Corporations Act*.
- All clients of a supportive housing program must have a lease agreement with the housing provider that is distinct and separate from any support

service agreement. Rents must be paid by the client to the housing provider for the accommodation only. Service charges or user fees must be calculated separately and governed by separate agreements (for example, support services agreement).

### *Rationale*

People participating in a supportive housing program must have the same basic rights of security and stability as any other resident of Ontario. The *Landlord and Tenant Act* (LTA) outlines the specific responsibilities a resident must uphold to maintain his or her tenancy rights. The LTA does not allow evictions without due process through the courts. Note that clients' refusal to accept services is not an allowable violation of tenancy rights and cannot be used as a grounds for eviction proceedings.

The government recently proclaimed the *Residents' Rights Act*, which amended the *Landlord and Tenant Act*, *Rent Control Act* and *Residential Tenancies Act*. The amendments substantially reduce exemptions from LTA coverage, require the separation of accommodation costs and support service costs, place accommodation costs under rent control, and require tenant notification (minimum of 90 days) for any increases in service fees.

If you have additional questions regarding the applicability of the *Landlord and Tenant Act*, please contact your local Rent Control Office listed in the Blue Pages of the telephone directory.

### *Not-for-Profit Service Provider*

- The agency that provides support services to people living in supportive housing must be incorporated and registered as a not-for-profit and/or charitable agency with the Ministry of Consumer and Commercial Relations. The only exemptions are service agencies of a municipality duly registered as a corporation or an Indian band serving aboriginal people.
- These service agencies must have a board of directors, which will be held accountable for the use of public funds.

- A supportive housing proposal must identify the agency that will be providing on-site support services.
- For-profit service agencies are not currently eligible to sponsor or be the primary service provider for a supportive housing program funded by the Ministry of Health.

### *Rationale*

The Ministry of Health general policy is not to provide funding to private for-profit facilities or service agencies. Public funds should be used for service delivery, not profits. In addition, the expenditure of public funds requires detailed accountability that is often not available when purchasing for-profit services.

The Ministry negotiates the operating funding for a provider for supportive housing programs and requires public accountability for these expenditures. As a result, the supportive housing proposal must identify the agency that will provide the support services. The *Ministry of Health Act* does not permit public funds from the Ministry to be allocated without a clearly defined transfer payment arrangement in place with a board of directors.

### *Housing Provider Requirements*

- Supportive housing may be created in all types of permanent residential accommodation. These include social housing (non-profit, cooperatives), and Ontario Housing Corporation buildings, government-funded group homes, as well as private sector rental accommodation and owner-occupied housing. It is preferred, however, that supportive housing programs be developed in not-for-profit settings to ensure that affordability is not a barrier to access.
- The common feature of all supportive housing proposals must be permanent accommodation.
- The Long-Term Care Division will be developing processes, in conjunction with appropriate stakeholders, to address the issue of affordability being a barrier to access in for-profit housing.

Social housing settings (OHC and non-profit housing) provide affordable accommodation and are financially assisted by government funding. As a result, the creation of Long-Term Care supportive housing programs in social housing settings are encouraged where need exists. This will ensure equal access for all residents of Ontario.

Consultations on supportive housing policy clearly indicated broad support for making private sector rental accommodation and home ownership eligible for supportive housing programs.

In some cases, rents in private-sector rental buildings may be equal to (or less than) those non-profit housing projects. In addition, non-profit housing may not be available, making the development of supportive housing programs a necessity in other types of housing.

The welfare system and Ministry of Housing may provide shelter subsidies or rent supplements to people who require supportive housing services but cannot pay market rents. Discussions between the ministries of Health, Housing, and Community and Social Services and representatives from the private landlord sector will address this issue.

#### *24-Hour Support Services On-Site*

- The levels of service required by people eligible for supportive housing should necessitate personal support and homemaking services on-site. Community-based services delivered on a visiting basis should have been determined to be cost-prohibitive and/or not able to meet their needs effectively.
- Ideally, the on-site supportive housing program should provide all the personal support and essential homemaking services required by clients. If this is not possible, the on-site agency should, at a minimum, provide the range of personal support services required by the clients. Any needs not met by the on-site component of the program must be negotiated with an appropriate support service provider and purchased through the program funding.

- Programs must have the capability of providing services any time during a 24-hour period (for example, emergency response).
- Professional services, such as nursing care or physician care, will not be available on-site. These services may be accessed through the multi-service agency (MSA) on a visiting basis only.
- Clients may also be eligible for Enhanced Funding Levels of Services<sup>1</sup> offered through the MSA. These services may include palliative care, quick response, short-term rehabilitation, Hospital-in-the-Home Program or similar types of hospital replacement programs, and life-support technology care. These services will be available to clients only for an interim period. If the need will be ongoing, the program should attempt to acquire the levels of expertise and/or service to meet the increased service needs.
- Programs may offer a time-limited (12 months per client) transitional service designed to help people with the social adjustment of moving into supportive housing. These services could consist of counselling (social and emotional) and training/education in the types of services and expectations of the program. Funding for this will be available through the Long-Term Care Area Office on a case-by-case basis, and is **not** intended to address mental health needs.

### *Rationale*

Supportive housing programs should be viewed as community alternatives to placement in a long-term care facility. People who qualify for supportive housing may or may not be eligible for a facility placement, but their support service needs should be high enough to make visiting support services difficult and/or not cost-effective.

Services delivered by MSAs will not be available to supplement or top-up those that consumers receive in a supportive housing program. These programs

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<sup>1</sup> The Enhanced Funding Levels part of the multi-service agency policy has not been finalized and this section will be revised to reflect any changes.