`HOUSING FOR HEALTH´: CARING FOR AND PRIORITIZING VULNERABLE COMMUNITY MEMBERS EXPERIENCING HOMELESSNESS IN DUFFERIN COUNTY

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INTRODUCTION

Recognizing lack of housing as a significant barrier for maintaining or improving health, the Dufferin Area Family Health Team – from May 2020 to May 2022 – `stepped forward' to actively participate in our community's vision to eliminate homelessness in Dufferin. This action was birthed out of our growing acknowledgment and responsibility to address `social determinants of health' – including food insecurity, poverty, and homelessness. Our aim was to truly focus on 'housing as a health need'.

While homelessness may not be as visible in Dufferin County as in many urban communities, we wanted to play a role in addressing the suffering of vulnerable community members often hidden from our health care gaze. Moreover, in this vital work to reduce homelessness, we sought to 'do our part'.

In the process, we discovered new ways of working in community and new partnerships with social care organizations. Project funding was provided through a federal program aimed at reducing homelessness, locally administered by the County of Dufferin on behalf of Dufferin's Community Advisory Board. Additional Covid relief funds, as well as organizational support and resources for coordination, staffing, and administration were instrumental to this initiative.

Throughout the project we learned a great deal about the struggles and challenges faced by those who are homeless. We became more aware of the perpetuating impact of mental health and addiction, barriers to accessing appropriate and timely support – including health care, and of the complexity faced by community partners working to reduce homelessness. Moreover, we increasingly understood the necessity of community collaboration and the important plodding work of holding hope and steadfast commitment to 'ending homelessness'.

DUFFERIN AREA FAMILY HEALTH TEAM: WHO ARE WE?

- 48,000+ patients
- 36 family physicians; plus support for 12 physicians in Bolton-Caledon providing access to mental health and other services for their patients
- 49 FTE Allied Health Providers
- Located in and serving Dufferin County – 100 kms northwest of Toronto, north of Toronto, east of Guelph; covering 1486 sq kms; population 69,000+
- Mostly rural with 3 urban communities – Grand Valley, Orangeville and Shelburne; Orangeville is the largest community with half the population

PROJECT OVERVIEW: `HOUSING FOR HEALTH'

- **February 2020** – Submitted proposal to partially cover salaries for 2 Housing Support Workers (60%) for a two-year term.
- **March 2020** – MOU with County of Dufferin and DAFHT signed.
- **April-May 2020** – Recruited and hired; arranged for Project Coordinator.
- **June 1, 2020** – Housing Support Workers began supporting individuals identified as chronically homeless through Dufferin's Coordinated Access Approach (3 days per week) and DAFHT patients with insecure housing needs (2 days per week).
- **December 2020 – February 2022** – Received Covid 19 relief funding for resources to help meet needs of homeless individuals and purchase communication tools for workers (cell phones, laptops). Items for clients included masks, gloves and hand sanitizer, grocery and pharmacy gift cards, tents and sleeping bags, transportation support, clothing, and personal hygiene needs. Essential household items were also provided to assist in 'new home' set up.
- **March 2021** – 3rd Housing Support Worker hired.
- **April 2021** – Funding was increased to fully cover salaries for the Housing Support Workers; Reimbursement received for Project Coordinator's time; Project focus shifted to supporting only individuals experiencing chronic or non-chronic homelessness, project no longer supported DAFHT patients. (DAFHT patients referred for housing needs were then assisted by other members of the social work team.)
- **April 26, 2021** – Low barrier Covid Vaccination Clinic for homeless and vulnerable community members.
- **July 14, 2021** – 2nd Covid Vaccination Clinic.
- **March 2022** – Decision by DAFHT to not seek further funding for project continuation due to organizational needs; offer to extend project to May 31.
- **May 31, 2022** – Transferred clients, office equipment, and unused supplies to Dufferin County who hired 3 Housing Support Workers and assumed responsibility of the initiative as of June 1, 2022.

REFLECTIONS: CHALLENGE & OPPORTUNITY

Covid-19

Access to services, resources

Increased funding

Affordable housing

Creative collaboration

Project/Term Funding

Recruitment, retention

DAFHT's focus on housing, homelessness

WHAT DID WE LEARN?

- **Profound barriers exist to affordable housing in Dufferin.**
- **Unmet mental health and addiction needs often perpetuate a cycle of homelessness.**
- **Collaboration, commitment, and innovation is vital to achieving results.**

WHAT DID CLIENTS SAY?

"I was homeless and in rough shape. I had good care in the program and am forever grateful, very satisfied."

"The motel program got me out of my car; the Housing Support Worker was helpful with transitioning."

"Ongoing support and contact with Housing Support Worker worked well."

"Very satisfied, very helpful; looking at units with support helped."

"Awesome people, helpful, understanding, met all my needs."

Also helpful:

- taxi and transportation assistance
- access to communication devices, ex. phones, tablets
- food supports
- connection to healthcare and community resources

RESULTS: WHAT HAS BEEN THE IMPACT?

93 homeless persons supported

58 persons (**62.4%**) successful in acquiring and maintaining housing

RECOMMENDATIONS: MOVING FORWARD

For DAFHT:

- Continue to prioritize collaborative health care for patients struggling with housing issues or homelessness.
- Enhance DAFHT staffing by adding a system navigator role with a focus on supporting patients with housing related needs.
- Encourage physicians to accept unattached patients identified as homeless.

For Dufferin:

- Commit to timely responsive care for the mental health/addiction needs of individuals who are homeless or at risk of homelessness – including fast tracking or rapidly reinstating services for individuals who have 'dropped out' or been 'closed' for services.
- Ensure essential training opportunities for providers, including 'trauma-informed care', 'harm reduction', 'addictions', and 'mental health first aid'
- Pursue permanent funding for housing support services, to stabilize the community's efforts to effectively put 'housing first' for vulnerable community members.
- Enhance and build capacity in housing for individuals with specific needs and vulnerabilities, such as brain injury, dementia, as well as physical mobility impairments (i.e., ground floor units, specialized care options).
- Continue to 'hold hope' and celebrate moments of success in reducing homelessness and poverty.

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