WELLESLEY INSTITUTE
advancing urban health

The Community Perspectives Series

Private Personal Care Homes and the 'Hardest to House'

Toronto Christian Resource Centre

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The Community Perspectives Series:

Recent community based research from our enabling grants program

The Wellesley Institute is a non-profit research and policy institute advancing urban health through research, policy, community engagement and social innovation. Our focus is on developing research and community-based policy solutions to the problems of urban health particularly in housing and homelessness, healthcare reform, immigrant health and social innovation through health equity lens.

The Community Perspectives Series features recently completed community-based research on a range of health-related issues. Community-based research strives to promote the research capacity of communities by enabling community members to identify and examine a particular health issue and to recommend effective solutions. Through our Community-Based Research grants programme we offer ‘Enabling Grants’; small, time-limited grants to support community and academic researchers to collaboratively pursue research on issues that urban communities identify . These can include identifying unmet health needs, exploring or testing effective solutions to problems they experience, or increasing our understanding of the forces that shape people's health and the way these forces affect people's health.

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Introduction

Our aim was to survey the housing history of tenants in private boarding homes and examine the levels of care and support in these homes. Our starting hypothesis, based on anecdotal evidence, was that private boarding homes catered to a disproportionately higher percentage of hard-to-house individuals and that the housing history of these tenants would show a pattern of evictions from other non-profit housing providers. We found the latter not to be the case and were very surprised to find little evidence of non-profit housing in tenants' past. We interviewed discharge planners in an attempt to explain this finding and arrived at some tentative conclusions. The tenant interviews provided us with a good sense of tenant likes and dislikes and what worked for them. This data coupled with results from landlord interviews points the way toward developing best practices and standards for these homes.

Project Overview

We conducted 75 interviews with tenants of private boarding homes, a good representative sampling of the estimated 200 residents of these homes in the former city of Toronto. We also conducted a focus group with 7 private boarding home owner/operators. In addition, we added supplementary interviews with a Centre for Addiction and Mental Health (CAMH) discharge planner and a manager from the John Howard Society to get a sense of common practices in the field of housing placement.

Some outcomes were expected, i.e., a high proportion of middle-aged males and a significant incidence of a history of homelessness.

One unexpected outcome was the relative lack of non-profit housing in clients' housing histories, as far as we could tell from the limited qualitative survey. Because of the limits in some people's cognitive abilities (for example, some couldn't remember the address of their previous boarding home), we were not able to probe more deeply into some of their housing histories.

We expected to see a history of evictions from non-profit housing and subsidized housing into the private boarding homes sector. This, however, was not the case. A large number have lived in private boarding homes for many years moving from house to house (often belonging to the same landlord). Most have experienced some crisis which led to a period of housing instability then a settling into the boarding home milieu. Many left family care, this often associated with an incidence of hospitalization, jail time or death of a family care giver. Some had their own apartments but had to leave due to eviction or physical infirmity.

Two questions arose:

1. How does this group find its way into the private boarding homes?
2. Why aren't they going into the non-profit sector?

We hypothesized that perhaps these individuals were steered into the boarding home milieu after having been identified by workers as likely candidates for boarding home living. To answer this question we decided to interview discharge planners. We were able to interview a discharge planner from the Community Support and Research Unit at the CAMH Queen St. location. As a large number of respondents were living with mental health problems, most would have had some contact with CAMH. We also interviewed a manager at the John Howard Society to get a sense of the practices of their housing workers.

Another surprise for us was that we were inclined to re-think the term "hardest to house". The common presumption is that this term refers to difficult behaviour due to mental health and/or addiction problems. We quickly found, however, a high percentage of clients who also had physical health and mobility problems. The latter would perhaps not be enough to categorize someone as "hard to house" but combined with mental health and addiction problems it increased the level of need and complexity of issues for staff to deal with. This may also explain the small subset of clients who had come from private long-term care facilities.

Outcomes/Findings/Themes

The population is overwhelming male (69 out of 75) and middle-aged. The single biggest age group was 40-55 (or 54%). The next largest group was 56+ (or 19 %).

Very few have a history in non-profit housing (6 out of 75).

For the most part, people were satisfied with the homes. Most like the services provided (food, cleaning, laundry, medication, other daily living help) and found them essential.

Safety and security was a prime concern and many identified boarding homes as an improvement in this regard over previous housing. Some tenants cited house rules as important to a feeling of safety. (One said, "I feel stronger here and can sleep better because I am looked after better here and because I have friends in the house and the nearby community").

A common theme was an appreciation for the almost family-like social environment of boarding homes. People often developed strong friendships and would follow friends from house to house. This was echoed by the CAMH discharge planner who said that often people were

abandoned by their family and the boarding home became a second family to them (although, from their perspective, this can be a drawback as tenants could become too dependent on the landlord).

Conversely, many people cited trouble with their fellow residents (arguments, noise) as a problem.

Several said they appreciated the independence. They could come and go when they wanted. Others (about 40%) expressed a desire to move out into their own apartments.

Many who shared said they would prefer their own room.

Paradoxically, there was a higher rate of satisfaction in some of the homes in poorer condition, this often being associated with higher incidences (in fact, 100%) of homelessness. A possible reason for this goes back to security and housing stability. This history may indicate a population that is, over all, harder to house, and may represent an increased burden in terms of maintenance and property damage. In most histories there was a common story of a crisis in a person's life (health problem, eviction, jail time, death of a family caretaker) followed by a period of housing instability or homelessness then stability in the boarding home milieu.

Health

All houses had a doctor who made regular visits to the house. Some tenants found this service very welcome, especially those with mobility problems. However, most reported using their own family doctor in a clinic or private practice. Many tenants reported that a worker would regularly visit them, although a few went offsite to see the worker.

High rates of hospitalization in the last 5 years were reported (approximately 65%).

Although there was a high rate of homelessness (approximately 50%) in interviewees' history, nevertheless 32% have remained in their living situation for 3-5 years, indicating some success in keeping people housed.

Landlord Focus Group

Some Generalizations

Hands-on involvement of owner/operators is critical, especially owners with social work or nursing skills. Also helpful is a knowledge of and relationship with social agencies and health services. That being said, not all landlords had training or professional experience. One landlord

in particular had no training or experience but seems to have developed a skill-set similar to a drop-in worker. Almost all respondents at his house cited his ability to de-escalate tense situations and his communication skills. They felt these qualities along with strong house rules contributed to a sense of security and safety.

In regard to the above, one interviewee noted this landlord spoke to him in his native patois. This points out another feature of this sector: each house tends to have its own character and specialty. This can be in regard to a particular ethnic group or medical condition. The lone owner/operator is often able to target a particular type of person he/she has an affinity for or "cultural competence" with in a way that would be difficult for a mainstream provider.

We asked landlords 10 questions.

Although throughout the interview landlords stressed the need for subsidy, when discussing motivation none mentioned a financial interest as a prime motivation. Most (5 out of 7) mentioned the desire to help. Some were retired social workers or nurses who wished to keep practicing in retirement. One said, "I was a nurse in the emergency department. I saw people in distress and thought, ‘Someday I want to help.’" Another said "Canada has done a lot for me. This is my way of paying back. I was a social worker and I always tried to treat people well. After I retired I observed ODSP [Ontario Disability Support Plan] workers disrespecting people, I decided I wanted to treat people with respect and love. People shouldn't be disrespected because they are poor, disabled or have other problems". In addition, almost all were very active in their church. One woman said she wanted to help people who are poor and this may be because of her background as her father was a preacher. Another woman said she saw this as her vocation.

As to financial goals, all mentioned that their businesses only broke even or cost them money to run. Consequently, a primary goal was to meet payments. Several mentioned they would like to have enough money to hire more experienced staff. All mentioned that they contributed their time at no charge. One mentioned the intermittent temptation to sell, to which all agreed. All had property in downtown Toronto which had increased in value such that they could recoup substantial gains if they sold.

As to what works for them, several mentioned how important it was to set standards or house rules. One woman mentioned that older tenants knew the rules and would acquaint new tenants with the house rules. Another mentioned setting boundaries on staff re: respect for the clients. One man mentioned that they used to participate in the former Metro Homes Satellite Program and they still stick to those operating standards and the rules of that program. They find that to be a very helpful format. Another said her experience as a social worker was the primary help for her. One man said it was helpful to him to identify clients who seem to have potential to change and to focus his efforts on them.

As to recommendations to improve their operations, most cited subsidies. Any home that meets licensing requirements should be entitled to an operating subsidy. If the standards are set high, this would provide an incentive for more operators to meet those standards. Another recommendation was to have a resource to find people suitable for their home.

As to further needs, all agreed that "if you have the funding it takes care of itself. For instance, we could hire more staff." All agreed the best staff to client ratio would be about 8 to 1. Most (4 out of 7) mentioned increased staffing as a top priority. Second priorities were more programming activities for clients and infrastructure improvements. Some would remunerate themselves, but not as a first resort.

Almost all (5) said that they wanted to stay in the field as long as they could. A small number (2) said they were near the end of their rope. Some are concerned that the financial burden will become too great. Others are concerned, should a crisis such as an epidemic break out, that they wouldn't have the support or insurance coverage.

One said that an agency has offered to buy her house at a good price and if her financial situation doesn't change soon she may take them up on the offer. One landlord is doing an extensive renovation converting back to more of a residential style so that it can be run as a boarding home but easily sold as a private home should the need arise.

Other Comments

"Private homes are seen as the "poor cousin" (compared to other housing providers) but we provide a necessary niche service to the community."

"Programs like Out of the Cold are much more expensive than we are."

Interview with CAMH Community Support and Research Unit (CSRU)

CSRU as a policy only refers people to regulated (Habitat) boarding homes However, CAMH as an institution places people in what they call "unregulated" (private, non-Habitat) boarding homes. This is because in practice CSRU does not do all the discharge planning. CAMH has 13 major programs each with its own in-patient and out-patient section. Also, each clinician may refer people directly. They will place people in private homes for different reasons.

Often the situation is urgent and the paperwork in conventional supportive housing takes too long. They may know of a private boarding home operator who will take the person immediately. Also, if a person is evicted from a Habitat home, staff people sometime assume (incorrectly) that they then cannot refer to Habitat again. They then contact the private boarding homes.

Another common situation occurs when police bring people into emergency on a “Form 1”. CAMH can only hold them for 72 hours and are responsible for discharging that person. If that person is homeless, the task becomes very difficult. Although they do not have a policy against discharging people into shelters they prefer not to and in this situation will sometimes call a private operator. Also, sometimes clients refuse the housing a worker suggests or the client’s family doesn't feel the housing offered is suitable.

Interview with John Howard Society Manager

Their housing workers have a particularly difficult time for many reasons. Local and international studies have determined that the time immediately after release is critical for the ex-prisoner. However, many people on remand (i.e., charged but not convicted, awaiting trial) are released quickly without having contact with discharge planners because they don't have a release date. Also, some prisoners are released in areas unfamiliar to them. Housing workers will try their best to place ex-prisoners anywhere they can as quickly as they can. Some probably end up in private homes. Also some prisoners who have been incarcerated for long periods can become institutionalized and need assistance with basic life skills. Supportive housing would be the best for them but due to the scarcity of supportive housing stock they may be placed in private homes. Prisoners with a mental health diagnosis are streamed into discharge/support programs but many have undiagnosed mental health or addiction problems and are not caught by that stream, yet need some form of supportive housing.

Reflections

One challenge that came up immediately was conducting off-site interviews. Out of concern for client confidentiality we thought it best to conduct interviews outside of their homes or at least offer people the option. However most were adamant that they did not want to leave. Some had mobility problems. Others had memory and other problems that made it difficult for them to commit to an appointment. Other more vulnerable clients felt safe in their homes and didn't want to leave. Given this situation, we arranged a private room in each house which was away from staff and out of earshot of other tenants. We were also concerned that some staff may be selecting clients, so as much as possible we tried to select interviewees without staff involvement.

Another problem was how to define "hard-to-house". Our hypothesis had been that a history of evictions from other supportive housing providers would strongly imply hard-to-house characteristics. There are other markers, but a more rigorous analysis was beyond the scope of

the current project and would probably require the development of an assessment tool and a comparison study of clients in other housing forms.

A member of the steering committee suggested many of the boarding homes cited in the histories would have been Habitat-subsidized homes. However, that was not easy to determine as respondents often didn't remember addresses and wouldn't necessarily be aware that a house was in the Habitat program.

Next Steps

We are aware of a number of findings or markers in this study that will need further study. They include:

- researching and furthering standards on best practices and how to build capacity in the sector
- holding a symposium with private-market and non-profit boarding home operators and workers in order to further standards on best practices and find ways to build capacity in the sector
- having more in-depth interviews with discharge planners about their housing policies to un-cover the practices and policy for housing people in need of supportive housing
- a day of observing what happens in a boarding house
- because many of our interviewees suffer from chronic pain, studying their work history may unearth important data
- study of the services available in Habitat-supported boarding homes as a comparison study for the present one
- study of tenants' housing histories in Habitat-supported homes as a comparison study for the present one
- establishing (better) connections between discharge planners and landlords

Appendix

Tenant Questionnaire

1 How long have you been living here?
2 Please tell me what you like about living here? (e.g., staff/food)
3 Are there things You do not like about living here?
4 Could you tell me where you lived before moving here? (please give me 2 or more places over the last 5 years)
5 What did you like about those places?
6 What did you not like about them?
7 Do you have any other housing supports besides the staff here?
8 Are there drop-in centres you go to? Which ones?
9 Over the last 5 to 7 years have you ever been homeless?
10 Where do you go for health services?
11 Over the last 5 years have you been in hospital (including emergency visits)?
12 Do you feel there is a need for more personal care homes for people?
13 Why do we need more boarding homes? What do they provide that other housing does not?
14 Do you want to stay here or would you like to move? Are you planning to move?
15 If you want to move, where would you move to?
16 Do you have any more comments?

Questions for CSRU

1. How do you decide where to place people upon discharge?
2. Do you refer many to non-profits (including Habitat)?
3. Which non-profits do you use?
4. Has work with non-profits gone well?
5. Do you use boarding homes?
6. How do you choose people to place in boarding homes? What are your criteria?
7. How has it worked out?
8. Who else besides yourself places people?
9. Any other comments?

Questions for Landlord Focus group

1. How long have you been doing this?
2. What motivates you?
3. What are your financial goals?
4. What were they when you started? Have they changed?
5. What has worked for you?
6. Could you recommend 3 or 4 things that would improve your operation?
7. How long do you intend to keep doing this?
8. What do you foresee you will do when you finish with the business?
9. Are you contemplating any changes to your operation?

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45 Charles St. E. Suite 101
Toronto, ON, M4Y 1S2
416-972-1010
contact@wellesleyinstitute.com
www.wellesleyinstitute.com

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