Ethnography of the Central East Health, Housing, & Homelessness Steering Committee

Report & Toolkit

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in collaboration with:

Central East Local Health
Integration Network
Service Manager Representatives
from the Regional Municipality of
Durham, City of Kawartha Lakes,
County of Northumberland, and
City of Peterborough

TRENT UNIVERSITY

Ethnography of the Central East Health, Housing, and Homelessness Steering Committee: Report & Toolkit

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This report details the findings of an ethnographic study on the Central East Housing and Homelessness Steering Committee, comprised of members from the Central East Local Health Integration Network (CE-LHIN) and representatives of Service Managers (SMs) from the Regional Municipality of Durham, City of Kawartha Lakes, [1] County of Northumberland, and City of Peterborough. The report is divided into five sections: (1) Introduction and Background, (2) Historical and Legislative Context, (3) The Ten-Year Housing and Homelessness Plans, (4) the Housing and Homelessness Steering Committee, and (5) Key Learnings and Take-Away Messages. Following the report is a toolkit resource for other existing or future groups of this nature. The toolkit includes three components: (1) the committee's jointly created guiding principles and key terms document, (2) sample meeting agenda, and (3) a list of questions and issues for groups to consider.

The History and Legislation section traces the evolution of the Service Manager role and the formation of the LHINs in Ontario. Interviews with 8 SM representatives highlights the long-standing impacts of devolution and social housing policy changes. The work of SMs is directed by the Housing Services Act (HSA), formerly the Social Housing Reform Act (SHRA), and through a network of other policy and legislative terms. The SMs describe their work as being a public service role in funding, establishing, and administering housing and/or homelessness programs, in collaboration with key stakeholders both inside and outside municipalities. SMs report to local elected officials, as well as to one or more ministries. Within their roles, SMs have different networks that regularly bring them together. The history of the LHIN was detailed through interviews with 3 CE-LHIN members. Emerging out of the Local Health System Integration Act (LHSIA), the LHINs faced some public skepticism when first introduced. Fears around integration, job loss, and an uncertainty over their role caused some initial concerns. Over time, and through the development of their Integrated Health Service Plans (IHSPs), the CE-LHIN has established itself as the local health authority and works closely with organizations, other LHINs, and the Ministry of Health and Long-Term Care. While historically the CE-LHIN and SMs have not worked together directly in any kind of coordinated way, there was hope among the study participants that a new provincial push to desilo ministries will help address some previous challenges, and allow for more integrated planning opportunities.

The Ten-Year Housing and Homelessness Plan section traces the process that SMs undertook in creating the provincially mandated community plans that, in accordance with the Ontario Housing Policy Statement, demonstrated how they would each move toward integrated human service delivery and planning.[2] Despite having different end products that are unique to their respective communities, the SMs followed similar processes. Initially, the SMs consulted internally with other municipal

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[1] The City of Kawartha Lakes is also the Service Manager for the County of Haliburton.
[2] Government of Ontario. (n.d.). *Ontario housing policy statement*. Ontario: Government of Ontario.

departments, they checked with other regions and the Ontario Municipal Social Services Association (OMSSA), they each hired an external consultant, reached out to existing networks, and sought community input through surveys, meetings, forums, and presentations. Throughout the process the SMs received valuable input, although some did at times struggle to ensure that everyone's opinions were respected and included in a balanced way. The majority of the plans incorporated a housing continuum as a way of conceptualizing housing and homelessness issues. While the reasons why they chose to include a continuum or not varied, the SMs all emphasized the need for choice in housing options. The language used in the plans was a central focus of all SM regions, as participants spoke about the deep consideration that went into selecting what they believed to be the right words and phrases for their respective communities. As the ministry overseeing this process, the Ministry of Municipal Affairs and Housing (MMAH) had a dedicated person available to SMs, but most preferred to have arms-length guidance so that their plans reflected the views and needs of their communities. At the time of the interviews, data had not been provided by the MMAH on the collective ten-year plans, a source of concern and disappointment for some participants.

The Housing and Homelessness Steering Committee section traces the evolution and development of the joint SMs and CE-LHIN meeting table. Despite coming from different roles and backgrounds, the members of the committee held similar perspectives on the link between housing, homelessness, and health. It was believed that housing is essential to the health of all persons, but that certain populations and issues require particular supports, and that a systems-wide approach is needed. This particular group formed as a response to the ten-year plans, and through the efforts of a former CE-LHIN director who reached out to SMs. The reaction of SM members was initially mixed, with some expressing suspicion. Over time the group developed a common framework document, a process that while ultimately beneficial was described as being long and overly focused on wordsmithing. The group members hoped to gain a better understanding of each other's processes and pressures. Given that SMs have other networks through which to connect with one another, the greatest draw in this collaboration was to gain insight from – and the attention of – the CE-LHIN. At the time of the interviews, participants reported having gained more knowledge of one another's processes but report that full transparency has not been achieved. The current work of the group was described as developing joint strategies to address homelessness in general and was not related to individual clients or organizations within the central east region. The future of the group was unknown but members shared their hope that it would continue to evolve, develop a work plan, and incorporate a means of reporting and evaluation.

The Key Learnings and Take-Away Messages section offers ten suggestions for others in existing collaborative relationships or those who seek to establish them. The advice given by steering group members is to: (1) develop a guiding document; (2) have a local focus, but build on the work of others, (3) get to know one another, (4) start with a low-key introduction, (5) be clear about your abilities and expectations, (6) remember that words can have multiple interpretations, (7) bring something to the table, (8) consider the time of year and its implications, (9) know that members bring different experiences to the group, and (10) have a purpose. This report and toolkit is the outcome of a reflective

research process involving Trent University, the Central East Local Health Integration Network, and Service Manager representatives from the Regional Municipality of Durham, City of Kawartha Lakes, County of Northumberland, and City of Peterborough. It is hoped that the information shared within will be of interest and value to others in their own work around issues of health, housing, and homelessness.

INTRODUCTION AND BACKGROUND

On September 24th, 2014 the Central East Local Health Integration Network (CE-LHIN) announced to social media followers[3] the development of a Housing and Homelessness Framework Steering Committee, aligned with municipal Service Managers (SMs). According to the guiding terms of the group, the framework is intended, "to set the stage for successful LHIN and Municipal Service Manager collaboration," and outlines three common needs that underlie the partnership:[4]

Collaborate during organizational strategic planning with intent to identify common priorities;

Undertake collaborative service level planning to improve coordination of services and ability for residents to obtain and then retain tenancy; and

Identify opportunities to align and maximize new investments and existing funding to address needs in [each] community.

The CE-LHIN is a regional health body in the province of Ontario that oversees and funds health and wellness services in the regions of Peterborough, Durham, City of Kawartha Lakes, Northumberland County, and Scarborough. Despite being housed within one local health body, these regions – and the populations of service users within them – are socially and geographically diverse. In September 2014, the CE-LHIN partnered with SMs from these regions (with the exception of Scarborough, which occurred through a separate process), to discuss improving community wellness through a focus on integrative social and health care services. While integrated care (i.e. combining health and social service care) is a well-documented practice in the United Kingdom,[5] it is only recently coming to the attention

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[3] Twitter account, @CentralEastLHIN

[4] Steering Committee of the Central East LHIN and Service Managers for the Communities of Durham, Peterborough, Northumberland, City of Kawartha Lakes, and County of Haliburton. (2015). *Housing and Homelessness Framework: Guiding Principles and Terms of Reference.* See appendix for the complete document.

[5] See: Keohane, N. (2015). Introduction. In N. Keohane (Ed.), *A problem shared? Essays on the integration of health and social care,* (pp. 6-10). London: The Social Market Foundation. Public Health England. (2015). *Local leadership, new approaches: How new ways of working are helping to improve the health of local communities.* London: Public Health England.

of Canadian policy-makers and service providers as a viable approach to meeting the health and wellness needs of marginalized community members.[6] The purpose of this study is to document the work of the steering committee as they navigate the institutional challenges of working together within and across sectors. As a relatively new approach in Canada, this kind of collaboration between regional health authorities and municipal Service Managers is largely unprecedented.

This report details the findings of an ethnographic study into the on-going collaboration between the CE-LHIN and SMs in the central east area, to address their shared interests in matters of housing, health, and homelessness. As a researcher living and working in the central east part of Ontario, I[7] was intrigued by the social media post and subsequently contacted the CE-LHIN to learn more about the group and its intentions. The initial purpose of the study was to focus solely on the group as it existed in present time. However, the committee is a truly unique one; not only does it contain SM representatives from four different communities, it brings together individuals working under different Ministries, mandates, legislation, and funding sources.

In an attempt to explain to myself the complexities of the ruling relations[8] of those at the table, I began to chart them in a historical timeline, identifying key legislation, policy, and the histories of each. I wanted to tease apart where the CE-LHIN and SMs were distinct and where they overlapped. Three things quickly became apparent. First, I needed a much bigger piece of paper. Second, the story of the group – and why these individuals were sitting at this table in this moment in time – could not be told independent of the history that created it. And third, this group marks a moment in time where the historical practices of government siloing have begun to shift towards more collaborative, participatory relationships. While the timeline showed very little overlap between the CE-LHIN and SMs prior to this group, its members have together created something important. Whether this group represents a turn toward a new paradigm of integrated care in Ontario (if not Canada), or whether it is merely a stand-alone example is not yet clear.

This report tells the story of this group, how it came to be, and where it might be going in the years to come. It is divided into five sections, focusing on the introduction to the study, history and legislation, ten year housing and homelessness plans, the work of the group, and key lessons learned. The report is laid-out chronologically and while it is recommended that the reader review all sections, those interested in certain sections will be able to follow without reading the report in its entirety. Accompanying the report is a toolkit for other groups that wish to form similar partnerships, working across ministries, communities, and sectors. The hope is that this report and toolkit will serve as an aid to other groups, highlighting some of the issues that arose, the ways in which the group worked through them, and providing a solid base from which others can begin their own unique discussions and collaborations.

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[6] Work on systems integration for homeless persons in Canada is being collected in a forthcoming book by the Canadian Observatory on Homelessness.
[7] Use of "I" refers to Kristy Buccieri
[8] Smith, D. (2005). *Institutional ethnography: A sociology for people*. Oxford: AltaMira Press.

THE CENTRAL EAST ONTARIO REGION

The central east region is comprised of Service Managers in the Regional Municipality of Durham, City of Kawartha Lakes, County of Northumberland, and City of Peterborough,[9] and is located to the North-East of Toronto. The geographic span is large, consisting of both urban and rural landscapes, with populations ranging from 73,200 to 608,000.[10]

Overlapping Populations of the Steering Committee

- Durham
- K. Lakes / Haliburton
- Northumberland
- Peterborough

123,300
77,500
90,226
608,000
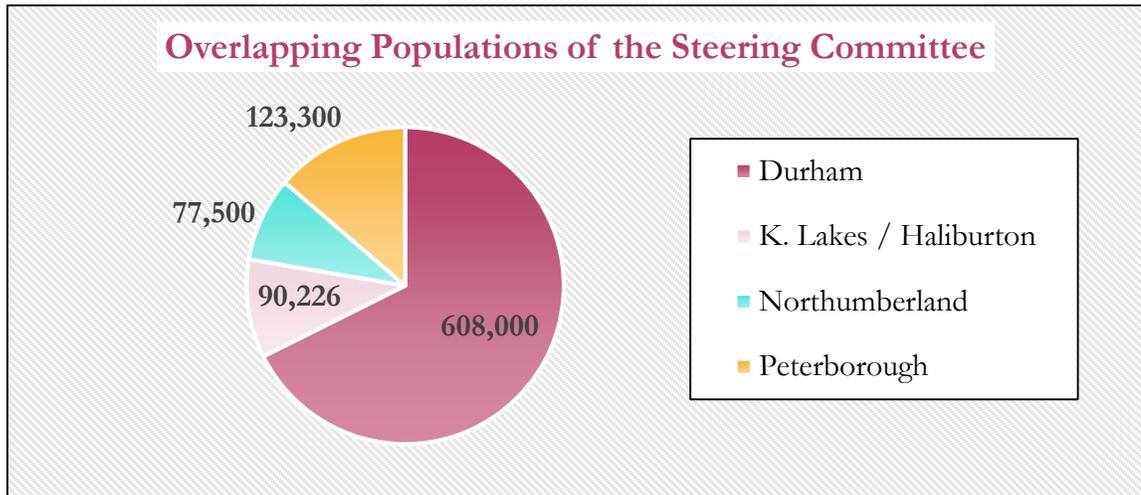
The communities that comprise the central east are diverse in many ways. Durham region has the largest population of the four communities and consists of, "…the cities of Oshawa and Pickering, the towns of Ajax and Whitby, the Municipality of Clarington and the townships of Brock, Scugog and Uxbridge."[11] It is described as being:

"…a vibrant and growing region that includes a diverse mix of urban and rural areas. The majority of the population and housing in the region is concentrated in distinct urban areas along the Lake Ontario shoreline, while the more northerly communities comprise small towns, villages and hamlets."[12]

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[9] Scarborough also falls within the Central East LHIN geographic borders, but is not discussed within the scope of this report.

[10] Population data collected from: Regional Municipality of Durham (n.d.). *At home in Durham: Durham Region housing plan 2014-2024*. Link. City of Kawartha Lakes. (n.d.). *Building strong communities: Housing and homelessness plan 2014-2023*. Link. Northumberland County. (n.d.). Experience Northumberland: County profile. Link. Statistics Canada. (2015). Population of census metropolitan areas. Link

[11] The Regional Municipality of Durham (n.d.). *At home in Durham: Durham Region housing plan 2014-2024*. Link. Page 1.

[12] Ibid. Page 1

The second largest population resides in the Peterborough region, which is described as consisting of:

"…rural and urban communities in the City and County, with its eight Townships. There are two First Nations communities within the geographic area. The City is the Service Manager for housing and social services under provincial legislation. The City and County jointly fund housing and homelessness services and collaborate through the Joint Services Steering Committee. Townships are represented by the County and cooperate on local solutions."[13]

The City of Kawartha Lakes and Northumberland County have similar population sizes to one another and occupy urban and rural spaces. The City of Kawartha Lakes has over 250 lakes and is economically supported through industries such as, "…agriculture, manufacturing, construction, retail trade, finance and real estate, tourism, educational services and other public sector jobs."[14] Northumberland County, the region with the smallest population, is also a region with a considerable number of senior residents. Accordingly, "The percentage of seniors in the County is already significantly higher than the provincial average and it is forecast to continue to increase, putting pressure on more housing to be accessible."[15]

ABOUT THE STUDY

The study's methodology was informed by the sociological tradition of Institutional Ethnography.[16] In this approach, texts are used as an entry point into analyzing and understanding the relations of individuals, pertaining to a given issue or problematic. The goals of this study were to better understand the dynamics of the steering group and to document the history that brought each member to the table. The project began informally in September 2014, when I sent an invitation to the CE-LHIN to discuss research possibilities around their work with the municipal SMs in their geographic area. Following a brief written proposal and oral discussion with the steering committee, they granted permission for the ethnographic study to move forward.

The data collection occurred in the spring and summer of 2015 and consisted of three key components. First, a literature review was conducted to identify documents produced in and/or by the CE-LHIN and four SM areas, as they pertained to issues of health, housing, and homelessness. These documents included public access reports (such as each region's ten year housing and homelessness plan), and privately acquired documents and communications provided by the participants within the CE-LHIN

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[13] City of Peterborough. (2013). *Peterborough: 10-year housing and homelessness plan 2014-2024*. Link. Page 2.
[14] City of Kawartha Lakes. (n.d.). *Building strong communities: Housing and homelessness plan 2014-2023*. Link. Page 4.
[15] Northumberland County. (n.d.). *Northumberland housing and homelessness plan 2014-2023*. Link. Page 10.
[16] Smith, D. (2005). *Institutional ethnography: A sociology for people*. Oxford: AltaMira Press.

and each region. The documents were reviewed for information on the inner-workings of each institution such as policies and legislative contexts, the language used, and the issues they addressed.

Secondly, as a researcher I was invited to attend the meetings of the steering committee, which occur every two months on a rotating basis, by SM region. In these meetings I actively took research field notes and constructed an accompanying set of research diaries, outlining trends and recurring themes.

Finally, interviews were conducted with three individuals from the CE-LHIN and two representatives from each SM area. In all but one region, the interviews were conducted in pairs or groups. The interviews lasted between one to three hours and were semi-structured, with a key set of questions posed to each participant. Questions were provided to participants prior to the interviews to allow time for reflection. At the completion of each interview, the timeline document that I had previously created was shown to participants in order to gain a better understanding of whether it was complete and/or a correct representation of the factors that led them to be part of the steering group. This exercise was particularly informative in highlighting the turning points in history that shaped social housing policy in Ontario.

The study was reviewed and approved by Trent University's Research Ethics Board prior to data collection. All interview participants were asked to read and sign informed consent documents. Within this report, individual participant names are not provided and participants do not know who said what, outside the context of the interview in which they participated. The interviews were audio-recorded and transcribed verbatim by the researcher and a research assistant. Due to the potentially identifying nature of the study, each participant was provided with a copy of his/her interview transcript and was given thirty days to retract or change any of the statements made. While some minor revisions emerged, none of the transcripts were significantly altered.

"I am also aware that your work, your interest, is – like mine – 'political' in the broad and best sense of that broad word. I really do not know how people who work for the best interest of their country and of the public can be described at any time as being 'non-political.' And it is the widest possible extension of this type of political interest and political work that we must encourage in our country."

Lester B. Pearson

(September 1965 speech to the Ontario Association of Housing Authorities)

HISTORICAL AND LEGISLATIVE CONTEXT

Historically, the evolution of Municipal Service Managers and the Local Health Integration Networks have taken different paths in Ontario. This section provides an overview of the history of each, the legislation that governs them, their current roles, and those they report to and work closely with. The respective histories of the SMs and LHIN are extensive, and a detailed discussion is beyond the scope of this report.[17] As such, the intent of this section is not to provide an exhaustive summary, but rather to share the participants' views on how their roles have developed and how they experience them today. Understanding the historical and legislative contexts are important in framing the development of collaborative relations between the CE-LHIN and SMs.

THE MUNICIPAL SERVICE MANAGER ROLE

The contemporary impacts of devolution[18] was a theme that consistently ran through the interviews with SMs. "It's a very different world since download," one SM noted, while another shared that, "…back in 2001 when they transferred housing to the Service Manager – just a box. Here's a box and a handshake, and I'm serious about that." By the summer of 2015, when these interviews were conducted, an interesting shift had started to occur in which many of the individuals who were part of the process were retiring, leaving gaps in knowledge, but not in the felt effects of history.

> One of the interesting things about Service Managers, and our evolution, is when housing portfolio was downloaded there were a ton of people with lots of 20-30 years' experience in housing delivery, provincial housing delivery program, that ended up in Service Manager positions across the province. So, some of those, well they're all now retiring, but we rely on that legacy information as well to help…We rely on that expertise that is now imbedded within the Service Manager role to help create some information, fill the information gaps that sometimes younger folk, all these young folk don't have (SM).[19]

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[17] For details on the history of the Local Health Integration Networks see: Barker, P. (2007). *Local health integration networks: The arrival of regional health authorities in Ontario.* Link. For details on devolution and the history of social housing policy in Canada and Ontario, see: Hulchanski, D. J., & Shapcott, M. (Eds). (2004). *Finding room: Policy options for a Canadian rental housing strategy.* Toronto: CUCS Press. ONPHA. (2015). *Timeline: A history of social housing in Ontario: 1945-2015.* Link

[18] "Prior to the 1990s, the federal government through Canada Mortgage and Housing Corporation (CMHC) maintained administrative and funding responsibility for social housing and provided funding to provinces and territories that shared the costs according to levels determined by overarching program agreements. However, the 90s ushered in a period of dramatic political and funding structure changes in Canada. These changes were due to the nationally increased economic instability experienced in Canada and the growing concern surrounding national debts and deficits. These concerns resulted in increased neo-conservative ideological solutions to social welfare funding structures (pg.2)." See: Housing Services Corporation. (2014). *Canada's social and affordable housing landscape: A province-to-province overview.* Canada: Housing Services Corporation. Link.

[19] Where not identified in text, participant quotes are followed by (SM) to indicate the speaker was a Service Manager representative or (CE-LHIN) to indicate the speaker was a Central East Local Health Integration Network representative.

The need for historical documentation is particularly important with the retirements of those who possessed such institutional knowledge. The history of devolution heavily overlays the contemporary work of those in SM roles. As one SM noted of the current-day effects of devolution:

> It's overly complicated, I think at this point. And I think the root of the problem is that the devolution was done too quickly and there wasn't enough consolidation at that point and there wasn't enough faith in municipalities that they could do a good job and that may have been appropriate back in the day. Municipalities were terribly resistant to this and so therefore there had to be pretty specific restrictions to preserve the service in a community. But it may be the case now, so for instance, during devolution the province thought it was appropriate that reserve funds should be harmonized into one reserve fund, that insurance should be set-up as a bulk purchase, and that gas should be set-up as a bulk purchase. And so they did a cross-provincial initiative and created the Social Housing Services Corporation…They did that rather than looking at the responsibilities that municipalities already have in those three areas…I feel absolutely confident that we could have rolled-in those operational procedures too. If the province wanted to make it mandatory that social housing providers participate in bulk programs, those bulk programs could have been run by each Service Manager municipality. So, I think the system hasn't matured and…reinforced the breadth of the municipal role in a community.

"Our municipal partners have had to deal with downloads…They also are still having conversations with their municipal councils discussing the appropriateness of who delivers what. And we have similar conversations but the 'who delivers what' and 'who's being asked to deliver what' is very at the forefront of their discussions, as I understand" (CE-LHIN).

The historical effects of devolution are still felt by SMs today. Yet, while there were concerns about how the process unfolded, several SMs also noted that there were some positive outcomes as well. As one SM noted, "There's a lot more procedures, a lot more things written down…certainly there were no Service Managers, that kind of collaboration between Service Managers to get things in place. It's a lot more formal and written down, so that hopefully years and years from now, people won't have to go, 'Why did that happen?'" For those who have been in their roles for longer periods, the changes brought about over the past several decades are described as revolutionary.

Well, when I see it now and when I came into it…I'm excited and appreciate the journey, that I've witnessed the change in the system that introduced new policies, new regulations, new acts, new technology, and enhanced the service of Ontario Works. But yet, at the same time, provided education and training to all the staff that were involved and to the municipal levels of government (SM).

At present, the SM role is legislated through the Housing Services Act (HSA) which, "…is the framework for how housing and homelessness programs are administered in the province of Ontario….It sets out the roles of the Service Manager, it sets out roles of housing providers. It sets out the role of the ministry, to a certain extent" (SM). The predecessor of the HSA was the Social Housing Reform Act (SHRA) which, "…was intended to help, or in fact helped with the transition to a new world-order" (SM). The introduction of the HSA changed some facets of the SM role and responsibilities. "What were the most significant changes?" one SM posed, "The introduction of a little bit more clarity around what it meant for a Service Manager to be the implementer, administrator, and funder of new affordable housing programs. And the requirement to create housing and homelessness plans." Another SM agreed that there were some distinct differences between the SHRA and the HSA:

> …what the Housing Services Act does that was different from the SHRA was very much focused on the legacy systems. The Housing Services Act now focuses on the broader housing system and gives us responsibility for things that are outside our control. It gives us responsibility for planning an entire housing system, which includes the private sector, which we have no control over other than through our official plans and those kinds of planning instruments. So it starts to create a different relationship for us that, quite frankly, is helpful but is not as helpful as it could be.

"Lessons are learned in the housing world because it's so fragmented in a lot of ways, that housing was developed, and how it was built in the past. But we can certainly learn how to do it better from that" (SM).

The HSA was described by SMs as being, "reasonable, it gives good guidance," and as being "much more flexible than the SHRA." Yet, it was also noted by many SM participants that while there is flexibility at the local level, the HSA, "…does not go far enough. There is still far, far too many things within the Act that are far too prescriptive and kind of tie the hands of Service Managers" (SM). The most common concern raised by SM participants was the complex rent-geared-to-income (RGI) calculations and the different funding formulas for providers. For instance, "the very complex calculation for RGI rent," was mentioned by more than one SM as a challenge of the HSA, and it was noted, "…that's the one section that didn't change from the SHRA." Further concerns around funding formulas arose in that, as one SM said:

…[the SHRA] was an Act that had a lot of technical and transitional implementation pieces in it that persist in the Housing Services Act…An example of that would be that there are historical categories and programs that were used to create all these housing providers that we have now. What we inherited as a municipality, and what persists under the Housing Services Act, is these silo-programs making our work kind of complicated because we have different funding formulas for each of the providers, which can be situated side-by-side on a street. So, one provider gets funding formula XYZ and the other provider gets no funding at all but a property tax incentive instead. I think it was perhaps just too complicated to harmonize, but that's pretty darn silly. A truly modern approach that respected the role of the Service Manager as a robust part of a municipal government would have given us the authority to create our own funding formulas.

The HSA exists as part of a network of legislation, programs, and policy documents informing the work of SMs around housing and homelessness. These documents span the government sectors, between federal, provincial, and municipal texts. When asked

> "The Long-Term Affordable Housing Strategy gave birth to the HSA and the need for housing and homelessness plans" (SM).

specifically to name the most important and/or frequently referenced guiding documents, the SMs identified [20] the Residential Tenancies Act, Ontario Not-for-Profit Corporations Act, Long-Term Affordable Housing Strategy, Community Homelessness Prevention Initiative, Ontario Works Act, Ontario Disability Support Plan Act, Accessibility for Ontarians with Disabilities Act, Municipal Freedom of Information and Protection of Privacy Act, Occupational Health and Safety Act, and local property standards / fire codes / poverty reduction strategies.

The SM role is undertaken by a range of individuals, and is organized differently across regions. Generally, as a whole, "It's a public servant role, with the municipal level of government" (SM):

…the responsibilities of the Service Manager are essentially to implement the goals of its housing and homelessness plan. This is under the HSA… and in doing so, it might fund, establish, administer, create various programs, housing, homelessness programs to support that. The other role is to administer the legacy programs, the provincial legacy programs and the federal legacy programs that were transferred to us under the Social Housing Reform Act. So, that's kind of the role of the Service Manager (SM).

SMs, "…do planning around what locally is needed within an overall provincial framework and then…work with community partners [in] delivering that plan" (SM). The daily work of SMs brings together a range of internal and external stakeholders, including – but not limited to – Managers and Directors from various departments (such as finance, legal, planning, community services), front-line

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[20] In no particular order

staff, housing providers, and landlords. Through the SM role, participants noted having contact with a range of ministries, although to varying degrees. Those that were mentioned included respectively the Ministries of Community and Social Services, Children and Youth Services, Education, and Health and Long-Term Care.

Certainly the most prominently related to their work was the Ministry of Municipal Affairs and Housing (MMAH). As one SM noted, "We have a formal reporting relationship with the ministry, in some instances on a quarterly basis and for other reports on an annual basis." One SM reported that, "…we look to MMAH to coordinate that [system-wide] response and they seem to have a desire to want to bring their sister ministries together to the table." Not all commentary on the relationship with the MMAH – and ministries in general – was favourable. The institutional nature of ministries was a concern for one SM in particular who felt that ministries, "…have to have the policies to support their funding decisions, but at the end of the day that shift to, 'What do people really need to make their lives easier?' I don't think has been made."

While SM participants mentioned that they report to MMAH, the more direct accountability was to elected officials / council, as one SM noted, "Who are the Service Manager, and reminding them of that role…The day-to-day work is all about ensuring that there's communication to and from, in keeping that loop open." All SM participants spoke about reporting to council as part of their responsibilities, but the nature of those relationships varied by community. One SM reported that:

> "They're much closer to the political process than we are. They answer to an elected council, whereas we don't. We have an appointed board, so we don't really have those same pressures" (CE-LHIN).

> I think at my level, I have a closer contact with our elected officials. It's more of a neighbourly relationship. I can sit down and talk to them, we can go out for lunch, there's a comfortable relaxing environment. Whereas, from what I hear from our bigger areas, that's all formalized and protocol.

When asked to comment on their relationship with council, another SM comparatively replied by stating, "That's a funny question because I don't see council as, when you talk about relationships I think of individual one-on-one relationships. Council is a body of people with whom I have, some people I have, a closer relationship with than others." These differences emerge, as one SM noted, because:

> It's a little bit different in every Service Manager…So, it can be different in terms of the reporting. In terms of the broader goals and objectives and the things that we have to do, they're the same because we're falling under the same [legislation]. Just the nuance of council direction and priorities that are set out by those local councils and in terms of the internal arrangement and the reporting, that will be different based on what the infrastructure is within the level of government, because we're regional governments.

Despite their differences, the SMs reported that formal and informal networks exist to bring regional representatives together. Formally, there are two networks. The first is the Service Manager Housing Network, which consists of all forty-seven SMs across the province and meets monthly. The second is the Central East Housing Network, which meets quarterly and consists of SMs from Durham, Peterborough, Northumberland, Kawartha Lakes, Simcoe, Muskoka, York, Peel, and Halton. Outside of these formal networks, a lot of interaction and informal sharing of knowledge and resources occurs between SMs.

The relationships between different SMs were described as being very positive and informative. SM participants spoke about the collegial nature of their associations with one another, sharing resources, ideas, and best practices, rather than entering into competition. Much of the work of sharing this information happens informally, as one SM noted, "…we all do some things a little bit differently but we reach out to each other on an, I'd say, a fairly regular basis. 'Oh, how are you doing this? Will you share this?'" For smaller SM regions, this sharing of resources was thought to be particularly beneficial. One SM observed that, "…the smaller Service Managers really look to some of the larger Service Managers…because they don't have the same kind of capacity." A smaller SM representative agreed, stating:

> That's what is also great about a lot of the working relationships with the other Service Managers…Sometimes when you're managing housing services you feel like you have to be a bit of a jack-of-all-trades…That's where the larger Service Managers are wonderful in sharing their expertise, or their resources around ideas and thoughts that they may have about what they're doing and how we can do it here…The collaboration is great."

THE LOCAL HEALTH INTEGRATION NETWORKS

Ontario is divided into fourteen Local Health Integration Networks, based on geographic regions. When the LHINs began, "…it was very new and people were still figuring out what they did and what the LHIN actually did. So there was a lot of unpredictability – and there still is to an extent – but I think the LHIN role is far better defined than it was when we first began" (CE-LHIN). The early days of the LHIN were characterized by public uncertainty over the role of the LHINs and whether they would endure overtime through provincial elections. As one CE-LHIN research participant stated:

> "LHINs were just newly established themselves and they were getting knocked around by the opposition parties and hospitals, and so the community was picking up on all that negativity. Now with the communication strategy the province is saying, 'We have to stop and we have to think differently of how we're spending the funds that we're entrusted to spend. We have to look at what services the public is demanding and we have to look at the relationships that we have out in the community. And, "How do we define collaboration to ensure that we get a positive spin back on how services are being delivered?" And, "Can we adapt to a new community focus?" Not a new change in how things are done – if you use the word 'change' people would be resistant to that" (SM).

I think when we started it, people were like, "Oh, here comes the next – or first – wave really of integration." I have been through a few system integrations but it was always the planning entities in the province and the LHIN was the necessary move to bring planning and funding accountability into one local body. So, that's what interests me. We did not know if it would stick through governments…It's been three elections, at least, of provincial government that…it's stuck through.

Within Canada, Ontario was, "…the last province to impart some type of regionalization of health care. So a 'Made in Ontario' solution was the LHINs. It was a new concept" (CE-LHIN). The public response to the introduction of LHINs was general skepticism. Those in the mental health and addictions fields were particularly unsure of the role of the LHINs and of their tenure. According to one CE-LHIN participant:

> I think that mental health addictions providers are a tough group anyway, and I think that they were very threatened by the LHINs because they didn't really understand what it was we were going to be doing. And they prefer to have more arms-length relationships. So, every time there was an election coming up, we'd have a few people who would say, "Well I don't really have to be at this meeting because you might not be around next month." We've seen less of that over the time. I think that's evolved but I think in the beginning people just didn't know what to make of us and just couldn't figure out what we were doing. I think primary care was probably a lot more advanced in their ability to appreciate what we could do.

A different kind of relationship arose between the CE-LHIN and primary care providers because they, "…were very engaged in the beginning, but they were also very engaged because they didn't have an accountability with us…They saw the importance of influencing the work of the LHIN based

on…how it would impact their daily business. But they didn't have as much stake in the game as some did because they didn't have the performance and accountability with the LHINs."

Accordingly, much of the skepticism and uncertainty arose from those who had their accountability transferred under the LHIN. At the time, these individuals, "…were wondering what that meant. With the word 'integration' in our name and that being a new term, there was a lot of discussion about, 'What does this mean? Is that a merger? Amalgamation? Cease our service? What is that?'" (CE-LHIN) In the beginning, the staff spent a lot of time, "…explaining that, absolutely, that is part of the continuum of integration, but partnerships, collaborations, transfers, mergers, amalgamations, stop service, start service, are all in the Integration Act as a continuum. So the integration word was very unnerving" (CE-LHIN).

"You look at what people who use services need, from a holistic perspective, and then those services should be integrated around that person. To varying degrees, I think people that have very high needs, need a higher level of the same services. But, generally speaking, looking at anyone from a holistic perspective should provide that integrated system…It shouldn't be a series of systems, it should be one system that works together" (CE-LHIN).

Over time, some of the fear and uncertainty around integration that characterized the early days has been reduced. As one CE-LHIN participant noted, "I think [people] understand what it means better…There are still some providers that are very frightened by that. I think the fright comes from believing that they're going to lose their service and their jobs." Yet, at the same time:

> …the opportunity that people see now, that perhaps we saw in the beginning, is the opportunity for the people that they serve. So, whereas the planning used to be based on the service, it's now based on the person being served…Now that people see that, it's kind of renewed the interests of some people who were working in the field (CE-LHIN).

The popularity of system integration has grown increasingly around the world, particularly for vulnerable populations.[21] The concept of integrated care is one that has taken time to cultivate.

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[21] See for instance: Nichols, N., & Doberstein, C. (Eds.). (2016). *Exploring effective systems responses to homelessness*. Toronto: The Homeless Hub. Link. Tsai, J., Rosenheck, R.A., Culhane, D. P., & Artiga, S. (2013). Medicaid expansion: Chronically homeless adults will need targeted enrollment and access to a broad range of services. *Health Affairs*, 32(9), 1552–1559.

I definitely would say that the current understanding now has grown to be that the system is integrated around the person. It is whatever services that client needs and their family needs across the continuum of care, and now even outside of care. So, if it is hospital, community services, mental health, housing, that is much more the current definition of system. Whereas in the beginning, within integration it was, "Are we talking horizontal integration, like hospital to hospital?" And we had to do diagrams to help explain. "Or are you talking vertical integration that would move through…home and community, to hospital, to tertiary care?" So there's a bit of both but now, increasingly, we have less of the conversations about this being a horizontal or vertical integration and more about it being a system integration for the client's needs. Standardization of the services, standardize first and then customize, recognizing that we need to customize for certain clients (CE-LHIN).

The work around facilitating integration and addressing common misconceptions, "…is not done, and that work still remains central…We will evolve for sure; LHINs will evolve" (CE-LHIN).

The evolution of the LHINs, to date, has been guided by the Local Health System Integration Act (LHSIA), which a CE-LHIN participant noted, "…certainly does guide everything that we do and probably more than any other piece of legislation." Less frequently, the CE-LHIN participants reported that they also reference the Public Hospitals Act, Long-Term Care Homes Act, and scope of practices from various colleges.

The LHSIA gives the LHINs their "legislative credibility," as one CE-LHIN participant noted, while another agreed, adding that, "We're completely guided by it. There's not much that we do that we don't consult with the Act." At times, challenges arise through the legislation. "It's not as clear, in some ways, as we would like and there's some definitions that are a little bit strange." Among the issues the CE-LHIN participants reported that they, "stumble over most is the 'not stop the integration.'" For instance:

We have providers that get all excited and they've done all this work and it's a voluntary integration and it goes to our board and…it's good news, but within the legislation that board can only say that they don't intend to issue a decision on the integration or they're not going to stop the integration. A lot of time the providers are really kind of disappointed and say, "Well, why can't they approve it or why can't they tell us it's good?" Well, because the legislation doesn't allow for that. So explaining that has been a bit difficult (CE-LHIN).

In some instances, such as the one described above, the work of the LHIN has not matched the intent of those who created the legislation. According to one CE-LHIN participant:

…going into the development of LHSIA, perhaps they thought that there would be many integrations that organizations would want to pursue on their own and that the LHIN would have to get in there and say, "Wait a minute, that's not maybe in the best interest of the community," whereas that hasn't been our experience.

The legislation was also designed to reflect integrations across different sectors. "Because integrations between someone that we fund can happen across sectors…if somebody with health funding was entering into an integration with a housing funded organization, it would fit probably with the language of that legislation as well." The early expectation of legislators, "…that was perhaps a little premature," was that, "…those integrations would be some of the first integrations, where really [the integrations have] been within health, and now we're starting to branch out to other sectors" (CE-LHIN).

Each of the fourteen LHINs across the province are guided by the LHSIA, yet as one CE-LHIN participant noted, "…even though LHINs were provincial introduction, each LHIN is unique in the way they conduct their business…We have similar indicators, outcomes that we're expected to achieve, but people go about their business differently." The day-to-day work of the CE-LHIN is:

> …guided at a high level by our directions that are in our Integrated Health Service Plan (IHSP),[22] which then translate down to our annual business plan and the priorities that we work on are divided amongst the teams, fairly well aligned to the IHSP's strategic aims. And then there's a lot of [work] that sort of applies to all, or floats between all…that is the administrative and funding work as the planner and funder and manager of the system. There's a lot that goes together but for the most part our day-to-day work is split into teams focused with the Lead and a team on each of the aims (CE-LHIN).

The work of the CE-LHIN was described by one staff member as being, "not entirely predictable." Although much of the work is guided by the IHSP, there are times when unexpected circumstances arise. For instance, "…if there's a political request or policy request from the ministry[23] that we have to respond to…Oftentimes if something happens that has to be dealt with very quickly, that's something we collect around as well" (CE-LHIN).

While CE-LHIN participants noted that they have close working relationships internally, they also noted that they often engage cross-LHINs and with external stakeholders, such as with the Executive Directors of organizations with which they have funding arrangements. Politically, the CE-LHIN has "…relationships with our members of provincial parliament and correspond with them directly." The CE-LHIN participants noted having regular – and generally quite positive – interactions with the Ministry of Health and Long-Term Care. "We work really hard to cultivate relationships with them,"

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[22] The Integrated Health Service Plan is operational over a 4 year period, with previous and current IHSPs covering the ranges of 2007-2010, 2010-2013, and 2013-2016. At the time of the research, CE-LHIN staff were actively involved in gathering public perspectives for the 2016-2019 IHSP. Further information can be found on the CE-LHIN website Link.
[23] Ministry of Health and Long-Term Care

stated one CE-LHIN participant, "There are times when they need something from us or we need something from them, and so we know that relationship is really important."

ADDRESSING PROVINCIAL MISALIGNMENTS

With few exceptions, Service Managers and the CE-LHIN have had little direct contact with one another. There are certain populations, such as vulnerable persons in supportive housing, where the work of SMs and the CE-LHIN intersect, through their respective engagement with funded community agencies. However, the SMs have no direct accountability agreements with the CE-LHIN. Further, when SMs and the CE-LHIN both provide funding to an individual agency for similar purposes, no current inter-funder mechanisms are in place to oversee these tripartite relations.

An underlying, recurring theme that emerged throughout the interviews was the misalignment of provincial LHIN boundaries and the challenges they pose for collaboration. For instance, a CE-LHIN participant stated that, "The County of Northumberland goes beyond the Central East LHIN. So right from the beginning we've had challenges for the town of Brighton. Our service providers often serve the town of Brighton, so they'll have an accountability agreement with the South East LHIN and ourselves." Several SM participants also commented on the misalignment, sharing that, "…the LHIN geographic areas are so not connected to what the Service Managers are doing." Another SM participant raised the issue and concern of why LHIN boundaries were not more intentionally designed in accordance with SM geographic regions, stating:

> The province created the Consolidated Municipal Service Managers and the DSABs. They created this and said, "It's childcare, and it's housing, and it's EMS, and Ontario Works." And even ODSP operates within those structures and everything but health doesn't. So why, when they created the LHINs, didn't they try and align that with the Service Managers? That was created by the province, the same province, so why didn't they align it? Perhaps if they had aligned it, things would have evolved differently.

The issue of misalignment persists across the province and is symptomatic of a larger systemic issue.

The geographic boundaries at the province have never been properly addressed. It's a huge project, but the geographic boundaries are used by all ministries and they set up the province in different ways, and there ought to be an approach whereby we always know that we're connected with these five other municipalities. Whereas, we're not. So, for the Central East LHIN we're one thing, we kind of orient Toronto way, for MMAH for another thing and we orient Kingston way, and for MCSS I'm not even sure (SM).

The current system is a reflection and product of historical practices. The legislative frameworks are not coordinated and integrated in a way that easily supports the efforts of provincial and municipal bodies to work together.

"Well, it's the way it's always been done," said one SM, continuing that, "If we're tasked with delivering certain provincial programs or the housing and homeless plan and the framework legislation can't get it together so that we're not butting up against it, then we're constantly going to be butting up against each other. So, I think that a lot of it is just history, just the way things have evolved." Another SM agreed, stating that, "…historically there was the Ministry of Municipal Affairs and a Ministry of Housing. They were separate, together, separate, together. But the Ministry of Housing was very much an operational ministry."

The historical impacts of legislative decisions and shifts in provincial health and housing policies are still felt today. Yet, despite the challenges of misalignment that have plagued previous relations, many participants were hopeful that a shift was occurring. "The doors are opening," said one SM, "on both sides it's mutual sharing of information. I believe the ministries really recognize that they can't work in silos."

A CE-LHIN participant shared this optimism noting that, "It really helps when their Assistant Deputy Minister, Deputy Ministers are speaking and directly referencing the need to integrate across ministries. That has been a big driver, it opened the door." The increasing recognition of the need to desilo ministry work means that, "…there are just a lot more conversations going on and a lot more opportunities" (SM).

The housing and homelessness steering committee is one such opportunity to address historical silos. As one CE-LHIN participant said of the collaboration, "It's a good time. It fits. This initiative fits well."

"There are little nuances in policy about housing, so it's important for us to be aware of what those are, so that we're not asking for something that municipalities can't do. I think it's also important for us to look at the lens municipalities use so that we can understand how they look at things. I may come at something from a mental health, supportive housing, paid for by the Ministry of Health perspective and they come from a different perspective. So I think in order to really make any kind of strategy work, we have to understand those perspectives that go into it"

(CE-LHIN).

"…there isn't any recognition in say, the Planning Act or the Municipal Act. There isn't any recognition of the role of the Service Manager in any of those other Acts and there's some more nuances as well. More formally tying that together in legislation and in those provincial plans would give us the ability to influence, hopefully give us the ability to influence, things a little bit more"

(SM).

The Housing Services Act, 2011, mandated that every Service Manager create a ten-year housing and homelessness plan for their respective communities. The plans had to be submitted to the Ministry of Municipal Affairs and Housing and began in 2014. This section reports on the experiences of the SMs in creating their plans, working with community members and key stakeholders, choosing their language, and conceptualizing housing and homelessness as important issues to address.

THE PROCESS OF CREATING A TEN-YEAR HOUSING AND HOMELESSNESS PLAN

Creating the ten-year housing and homelessness plans was a multi-phase process for all SM communities involved. While participants reported being very pleased with the final reports, the process was described as having some challenges, primarily due to the importance SMs placed on the task. As one participant stated:

> It was a tough year for me, it really was. I felt that there was a lot at stake. I guess, partly personal reputation but partly it was a bit, had the potential to be a bit transformative. But it had to be practical. We had to have something that we could do that changed the way we do things. And in a conservative place, that's tough to bring about (SM).

Others agreed that the plans were not just a document, but were the impetus for a new approach. Another SM noted, "I guess the only real thing was saying, changing the language from, 'What are the challenges of the housing and homelessness program?' to, 'What are the opportunities?' So, it was shifting the mindset internally around opportunity."

Each community undertook the initiative in their own way, although there were several common steps that the participants reported engaging in. The first for many was to consult internally with key stakeholders in aligned municipal divisions, such as Ontario Works, Planning, and Finance. According to one SM, "…when we talk about our housing and homelessness plans, yes, it comes out of the Housing Services Division but when we're looking at poverty, it's all of our divisions here…So it's very much a team effort." SMs also reported attending workshops, primarily held by OMSSA, and, "…checking around with the other municipalities and…just seeing who was doing what" (SM). Some SMs also reported looking outside the province to, "…examples of plans from Vancouver, Edmonton…Tasmania, to get ideas about how we were going to structure our plan."

All of the SMs in the Central East worked with consultants in developing their plans and reviewed existing research and environmental scans that had been done within their respective communities to date. While the participants agreed that, "The consultants were great to work with" (SM), some also reported having initial resistance to collecting more data, when many documents already existed to inform their plans. According to one SM:

I think it was a good process. We had initially, we had talked about, "Oh, we don't need to do another consultation on this. We know what we need. We've been consulting, we've been hearing the community all along and can we not just get this done?" We did end up using a consultant and being encouraged and finally accepting, "No, you need to go back to your community and touch base, and although you've done this all along for different programs, this is a bigger deal. It is a longer term look and therefore it is important to check in with the community." And I think I'm glad that we did and I think that we did get good input.

All of the participants reported engaging in various forms of community consultations, such as presentations, forums / meetings, and online surveys. The SMs reported that there was positive uptake among the community, and that while they engaged their existing networks of service providers, others in the community stepped forward as well. SMs in this study reported that they, "…were getting a lot of different perspectives," and that, "…we were quite satisfied that people who wanted to be engaged in a discussion about housing and homelessness were engaged."

RESPECTING EVERYONE'S CONTRIBUTION

The high rates of community engagement during the ten-year plan consultations were a source of pride for the SM participants. Many also noted that the process of developing their plans meant that at times they had to balance a range of opinions and expectations. As several SMs noted, there were occasions where members of the community voiced opinions that were unpopular, shaped by misinformation, and/or outside the scope of the work being done. One SM observed that sometimes there was, "…somebody with a very particular way in which they would like to see things go forward and they make themselves known…And so, it's managing the expectation around, managing that voice, if you will, of the squeaky wheel." Two other SMs agreed, noting:

Well, the thing is the communication as to what it is, the expectations. And then the challenges from the community, whether it's special interest groups, or whether its developers and landlords. So, I wouldn't view that as a challenge, but the right to advocate and express an opinion, as much as could, kind of, get under your skin. But you, as public servants, you've got to allow that grace, whether we like it or whether we don't like it.

So, but that's what happens, you know, when you get a group of people. You have to find that balance of leading the group and absorbing their good comments and not arguing too much about a general consensus idea. That's, on a personal level, that's where I really found it challenging. People were really engaged. It was a real privilege to be able to work with them but they weren't always coming up with what I considered to be, you know, the right way. So I had to kind of let it go more than I might have liked to have, in an ideal world.

At the same time that the SMs noted divergent individuals could be challenging to manage, they also recognized that for these community members, "It's about feeling heard and feeling that they can see themselves on the agenda" (SM). The ways they addressed these different viewpoints were by being respectful, working from an understanding, "…there's a diversity of approaches…that it's not a one size fits all thing," and first and foremost ensuring, "…a good communication plan and a good education plan."

"I think to be effective as a Service Manager, you always have to make sure that the community sees you, not just as sort of token, 'We'll listen to the community but do what we want.' That you have to be accurate in your understanding of the community and therefore reflecting plans that make sense in the community, or else the community will react – and should react. Cause at the end of the day, we're doing it on behalf of our community" (SM).

Addressing the unique needs of community members, and attempting to incorporate all voices, ultimately led to the creation of stronger and more representative plans that one SM felt, "helped mobilize and get some coalescence in the community," while another agreed, "…the payoff, I think, is that people are still engaged and the plan is still alive."

CONCEPTUALIZING HOUSING AND HOMELESSNESS

A key issue of consideration in writing the ten-year plans was how to conceptualizing housing and homelessness. For many, the use of a continuum approach served as a visual way to represent the range of different experiences in their communities. As one SM noted, the housing continuum approach, "…recognizes that people are in different places at different times and sometimes move up and back a number of times before they get there."

The housing continuum was favoured for several reasons. First, it provides a broad scale perspective and is, "…an easy thing for people to get their head around if they want to see the whole system" (SM). Second, it serves as a tool for educating public officials and the community about the work of SMs:

> I think it's a really good schematic to kind of get the perspective across to the public and politicians, that the role of the municipality is quite broad in housing and homelessness. The role of the municipality in new residential construction is pretty intense. It's a regulatory role, it's not a funding role, but it's on that continuum of responsibility. And I also think it's a good conceptual, it's a good way to look at people's use of various forms of shelter (SM).

Finally, the housing continuum approach was useful for some SMs, "…even in organizing our work…It's helped [us] sort of say, 'Ok, so, yes, we have to collaborate but we also need to know what we're responsible for and who's going to take the lead on what…' And so I think it was a way for us to, sort of, organize that."

However, the housing continuum approach was not favoured among all SMs. "I think some people feel it's a bit outdated," said one SM. "I know there have been some Service Managers that maybe make a different decision…they see continuum as, 'that's where your end goal is supposed to be,' and that's suggesting to people that if you don't have home ownership, therefore you're not meeting [the goal]." Others felt that the idea of a housing continuum was "value laden," and that an alternate visual could be the use of a pie or bubble shape to show how housing is "…more like a system than a continuum" (SM).

Regardless of whether SMs favoured the continuum approach or not, many argued that the most important factor was that individuals have choice. The following statements, while very similar in nature, were made by SMs on opposite sides of the housing continuum preference:

> I look at the continuum as a great way of just figuring out where people are at and if they're comfortable where they're at. Because some people will always be comfortable maybe being homeless because of where they're at or some people are comfortable just rental. I think it just gives you that scope of what's possible, or where they're at, or if they're sliding backwards. So, just sort of a different thinking on it.

> We prefer like a menu approach based on where people are in their lives, they may need supportive housing but then they may want to be in home ownership and then they may end up going back to rental. So it's not to make a judgement around where people are, in pushing people or flowing people through this thing that ends up with homeownership…So it's more, we felt, more person-centric and recognizing that individuals could be anywhere, at any time, based on the stuff that happens in their lives.

Whether displayed as a continuum or not, the need for choice was an important concept for the SMs in this study and informed the development of their ten-year housing and homelessness plans.

"I think it's really important that as we look at policy, that the policies aren't based on what we see as home but what our customers see as home, and that we provide some kind of range within reason. We can't provide everything but…I think we need to really look at innovation on this. How can we meet these needs in a way that's going to help people stay well and warm, and fulfill the needs in the way that they want to?" (CE-LHIN)

CHOICE OF LANGUAGE

While drafting their respective ten-year housing and homelessness plans, the SMs paid very close attention to the choice of language used around goals, objectives, and commitments to the community. For some, this process involved more time than believed necessary. As one SM reported:

> I think we spent too much time in fussing and wordsmithing. And so that part was a little slower. I was a bit frustrated with that cause, and at the end of the day, I think it was a good enough product. We find even now we go back, we go, "Oh, I wonder why we were meeting with this, and look at the wording, and look at the duplication with this goal over here." So you never get it perfect.

Despite each SM region identifying their own word preference, there was a widespread agreement that the term 'action items' would not be used, given its implications. As one SM noted, "…action items has a different connotation." For the participants in this study, the connotation was linked to funding. Many shared that in a changing funding environment, using the term 'action items' could bind them to commitments that they could not afford through municipal funds alone. One SM stated:

> …at one point we talked about creating, like, a more action plan document for that. And then we kind of veered away from that. And we kind of set it broadly too, like, you'll see we have like the shorter terms. So within the first year really things that those were really things that we knew were happening or could happen and then we set the next 2 to 5 years. So then, because things change and we're not, I mean, funding changes.

Another SM participant echoed this sentiment, stating:

> …we still try to get it through the heads of some of our friends in the community that…it's not action items. If we used the word 'action items' they would nail it down. "Number six, you haven't done anything with it, and you said it was an action item." The rationale for using [our term], is our ability for small Service Manager to pay for some of these things.

For all SM regions within this project, the creation of the ten-year housing and homelessness plans involved thoughtful conversations about the language used and the expectations of their communities.

MINISTRY OF MUNICIPAL AFFAIRS AND HOUSING GUIDANCE AND INPUT

Under the Housing Services Act, SMs were required to submit their respective ten-year plans to the Ontario Ministry of Municipal Affairs and Housing. When asked about the ministry's involvement in the development of the plans, there was a common sentiment that, "…there was a general framework but there was still room for each area to be able to be unique and creative" (SM). The exact guidance provided by the ministry was not clearly recalled by the participants, who reported "…there were certain provincial indicators; I think there were seven" (SM), "I think there was a two or three page kind of

outline…it was more a reference document" (SM), and "I think OMSSA produced a couple page document about what you have to make sure that you've got in your plan" (SM). Some of the ministry guidance was confusing, as one SM noted:

> They issued so many policy documents that it got kind of confusing. We had the Act, and the Policy Statement, and the Long-Term Affordable Housing Strategy. And in order to know what was expected in the housing and homelessness plans you, in fact, had to look at all three documents. They weren't contradictory, but they weren't particularly complementary either.

For the most part, "…the Service Manager was left on their own" (SM), as the ministry, "…made it clear that we were all unique and it was supposed to be based on the local perspective. So they didn't want to get too dictatorial" (SM). Reportedly, the ministry did have a dedicated staff member who was available to assist SMs in sharing tools, outlines, documents, and approaches, though many shared that they appreciated having autonomy to create community-specific plans.

"So they, yes, they provided a hands-off kind of guidance from afar," reported one SM who continued, "But just to be clear, our plan was developed outside of that. We were like, 'What does the community want?' And if it happens to check off the boxes for the province, so be it." As another SM representative added, "I don't think that the provincial interest in housing is vastly different from the Service Manager's interest in housing. I think that's the bottom line."

As part of the process, each SM had to submit their ten-year plan to the ministry for review. The recommendation many regions received was to include more focus on specific target populations, such as Aboriginal persons, victims of domestic violence, and seniors. While the SMs appreciated that populations have unique needs, several felt that the recommendations were politically motivated and that, "…for political reasons in Ontario we need these populations to always be reflected" (SM). The ministry's focus on adding these populations to every ten-year plan felt to some like, "spicing the soup," (SM). As one noted, "So, we had the main ingredients and the ministry's input just required us to add the words 'seniors,' 'Aboriginal,' and 'victims of domestic violence' here and there within the document." The recommendations from the ministry, while intended to draw attention to the needs of unique populations, also served to undermine the sense of the plans as being community-driven and specific to the needs identified within each municipality.

At the time of this study, SM participants had just submitted their first annual report to the ministry. The lack of feedback on the plans as a whole was a source of discontent for some. As one SM noted, "I'm a little disappointed with the attitude that you get from MMAH and the lack of practical engagement." Despite having submitted the full plans a year prior, this SM noted that there has been "not a peep" on what they have learned from all the plans across the province. "It's just a black hole. There's no roll-up of information…It's very much one-way communication." When asked about why this likely occurred, the SM noted, "It's the institutional nature of the ministry. It's not the institutional nature of all ministries."

THE HOUSING & HOMELESSNESS FRAMEWORK STEERING COMMITTEE

The ten-year housing and homelessness plans served as a catalyst for bringing the housing and homelessness steering committee together. This section outlines the process by which the group formed, their experiences drafting a common guiding framework document, the purpose of the group as understood by its members, the relational and practical issues around the meeting table, and what the future holds for the continuation of the steering group.

UNDERSTANDING HEALTH, HOUSING, AND HOMELESSNESS

As a joint planning table on matters pertaining to health, housing, and homeless, the participants were asked how they themselves understand where these factors intersect. The responses were fairly consistent between all group members (whether from the CE-LHIN or a SM) and highlighted three key themes. First, having stable and high-quality housing was seen as being essential to the positive health and well-being of all persons. The positive connection between housing and health is widely report in the research literature[24] and was reflected in participant statements, such as:

> Although housing is not the be-all and end-all…it's one component to ensuring that you have a healthy person or a healthy family. That they have a suitable, affordable place to live that's in good state of repair, they're not getting sick cause there's mold or lead in the walls… and it's not precarious. That they're not constantly worrying about, that they won't have a roof over their heads. So, I think that goes a long way toward their physical health and their mental health, to supporting that (SM).

Recognizing the interconnected nature of positive physical / mental health and housing was seen as essential for supporting vulnerable individuals and those in crisis. The proverbial question of what comes first, the chicken or the egg was used as an analogy by more than one participant when asked about the relationships between health, housing, and homelessness:

> If you're housed, you're healthier. If you're homelessness, probably – not all, definitely, but you probably – have health problems already, either mental or physical, probably both. It's a bit of a chicken and an egg sort of situation. I think if you have become homeless, your life situation, including your health, has probably deteriorated. (SM)

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[24] See, for instance: Forchuk, C., Brown, S. A., Schofield, R., et al. (2008). Perceptions of health and health service utilization among homeless and housed psychiatric consumers/survivors. *Journal of Psychiatric and Mental Health Nursing*, 15(5), 399-407. Goering, P., Veldhuizen, S., Watson, A., Adair, C., Kopp, B., Latimer, E., & Aubry, T. (2014). National final report: Cross-site at home / chez soi project. Calgary: Mental Health Commission of Canada. Link Guirguis-Younger, M., McNeil, R., & Hwang, S. W. (Eds.). (2014). *Homelessness and health in Canada*. Ottawa: University of Ottawa Press. Link.

Well, it's kind of a chicken and egg relationship there. You know, if you have poor health you can lose your job, and you can lose your social ties, and wind up on the street. And if you are simply poor and disenfranchised to begin with, living on the street and in shelters can compromise your health (SM).

As a result of this close relationship between housing and health, many participants felt that addressing support needs independent of one another was not a viable approach. For instance, one SM participant noted that many community members never have housing problems but that among those who consistently do, there is a high prevalence of mental health and/or addiction issues. The participant continued to state that, "…trying to address the housing without also addressing those kinds of support needs is never going to work. It needs to be a key partnership."

While it was recognized that, "Housing is not the answer to a health problem or a social problem; housing is a resource to reduce the other conditions," (SM) there wide agreement among the participants that a systems approach offers promise for improved service provision. As one SM stated,

In this day and age, people are homeless for more than just economic reasons and there's a whole complicated system of service, health system, of services and supports that need to work together better if we're going to be able to successfully move someone from a state of homelessness to [a] secure, housed situation…You have to be able to develop – therapeutic relationship sounds too fancy – but some kind of individual, one-on-one relationship and guide people through a difficult to navigate system of services and supports, for individuals to have success.

Accordingly, one CE-LHIN participant agreed that, "…It's not about the people providing the service; it's about the person who needs the service. The work should be in

"I think fundamental to all of our aims is, "How do we serve those people who are the most vulnerable?" And certainly homeless people would fall into that category. So in many ways, we're just trying to wrap our heads around that. One of the things we've talked about a lot lately is, "How do we engage with homeless people so that they have input into our IHSP?" recognizing that to have input into anything is sort of a function of privilege more than it is anything else. So we've been spending a lot of time building a framework and looking at how we're going to do that. We'll continue to develop a strategy that's specific to that, because we really do want the input of homeless people. We want to make sure that our aims are able to address the health care needs that they identify" (CE-LHIN).

making that adapt to the individual, not the individual having to make that adapt." The steering committee emerged as one means of attempting to align the work of the respective housing and health system planners in the Central East region of Ontario.

THE ORIGINS OF THE STEERING COMMITTEE

The origin story of the steering committee can be described as cautiously optimistic, if not love at-first-sight. Prior to the formation of the group, there was limited engagement between the CE-LHIN and SMs. On a broader, provincial scale Health Links[25] was the LHIN's, "first foray into broader inter-sectoral planning" (CE-LHIN), with the intent to, "try and improve the patient experience, especially for the high users of health care, and a recognition that a patient experience and a plan needed to focus not just on their health needs but their social and economic needs" (SM). However, the Health Links initiative has not been central in connecting the CE-LHIN and SMs, as one participant noted "health care bureaucracy" has slowed the process:

> I was a bit more hopeful that it would touch more people and…move a little more speedily to get to what I think is necessary around case conferencing and collaborating with health care and social service providers, but I don't think it's there yet (SM).

Beyond the Health Links initiatives, individual partnerships on specific support services and agencies,[26] and involvement in a, "LHIN-led review of supportive housing in the Central East area" (SM), there has been no prolonged and engaged collaboration, such as the formal steering committee.

The capacity for this kind of collaboration has developed over time. According to CE-LHIN and SMs alike, there has been significant change in the past three years that has facilitated the development of the group. While the CE-LHIN's early development focused on planning, one representative noted, "I'm happy to be where we are now at the stage of organization-wide willingness to look at broader partnerships. Cause that wasn't there even three years ago."

Echoing this sentiment, one SM participant stated:

> …we're just building a relationship with the LHIN, which we applaud. Three years ago, throughout the community, doesn't matter what agency it is, what Service Manager it is, there was a negative relationship. So, we have to reach out and build and form a working professional relationship with the LHINs. So we think that's a good thing. We have to have

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According to the Ontario Ministry of Health and Long-Term Care: "Health Links will help to ensure that patients with complex conditions: no longer need to answer the same question from different providers; have support to ensure they are taking the right medications appropriately; have a care provider they can call, eliminating unnecessary provider visits; and have an individualized comprehensive plan, developed with the patient and his/her care providers who will ensure the plan is being follows." MOHLTC. (2012). *About health links*. Link

[26] Such as the Apsley home project with Peterborough and Durham Mental Health in Durham Region

an understanding of trust, and a focus, and where each party is expected to go…that's just being built.

Prior to the formation of the steering group, one SM notes, "we operated in these silos." Asked whether the relationship was negative, the participant continued by responding, "I wouldn't say it was negative…it's almost maybe that nobody knew where to start."

> "That's where all the negativity was bouncing about. If you don't know somebody, it's easy to criticize them" (SM).

The impetus for the group came from two factors aligning. The first was the individual in the role of Senior Director of the CE-LHIN at the time, who was described by CE-LHIN participants as, "a classic visionary" who had a "very tender heart and a policy mind." According to one SM participant, this individual:

> …felt that his role as Senior Director at the LHIN could be enhanced through a better understanding of what comparable entities in the community were doing. He saw himself as being part of an organization that was very similar to a municipality, as an arms-length deliverer of funding and services from a provincial body.

The second factor was the HSA requirement for SMs to develop their ten-year housing and homelessness plans. According to one SM, "…it came together from a real push…from MMAH to start trying to break down some of the silos and get us together." With the ten-year plans, there was a greater recognition that health was an important consideration and a push to come together.

> What happened, when we were doing the housing plan, [we] made a specific, conscious decision to go out to the LHIN and talk to [the former Senior Director] about, "You're the service system planner for health; we're the service system planner for housing. How can we better plan together? Where can we find some synergies?" And I think [he] was approached by a couple of other Service Managers with the same kinds of questions. And so what dawned on the LHIN was, here's an opportunity for us to work together around…better integrating the system planning around populations that require both housing supports as well as health care supports. So, I think the housing plan helped stimulate, gave rise to an impetus to bring together the two planning tables and see how we

can synergize some of the strategies that were coming forward through the LHIN that the things they were thinking of through their board-approved plan and things that they could see coming out of our housing plans and where we could find that synergy (SM).

In 2013, the CE-LHIN invited the SMs to attend a meeting together. As one SM noted, "…that was the very first time that we had connections with the individual staffers and their office. When we went there, we were very well received…it was a very comfortable and relaxed environment." Despite the warm reception, the invitation received mixed reactions from the SMs. Some responded with enthusiasm, with comments such as, "I was pleased at the reach out," and "Bring it on! We were happy to have the opportunity to create a table." Others were more tentative in their agreement to join, noting, for instance, that there were, "…some political sensitivities because of some decisions that the LHIN had made that impacted some of our housing providers." A sense of uncertainty was identified by more than one SM, with one recalling, "…we all said at the end of the day, that question of 'is it going to make a difference?'" One SM admittedly "…came as a doubtful starter…I thought I'd give it a year."

The CE-LHIN participants were aware that the response was mixed, noting that, "…there's a whole bunch of quite newness to this," and that, "with the municipal lens, to a certain extent, we're wandering into territory that we don't really understand. As well, there are some of those old wounds from other processes that we weren't involved in that rear their heads in this process."

The motivations of the CE-LHIN were questioned by some SMs – a reaction the participants were well aware of. According to one individual, "I think they were quite skeptical as to, 'Why would the LHIN be contacting all of us and wanting us to get together?'" They recognized, in particular, that perceived financial motives might have been a concern:

> They were a little taken aback. I think they thought that we were going to ask them to do something or contribute money in some way and so I think they were a little bit hesitant. But I've gotten the sense that that's sort of dissipated now and they see it more as a partnership than they did in the beginning (CE-LHIN).

The CE-LHIN's perception was correct, as one SM noted in the beginning:

> That's when I heard [from the CE-LHIN], "As the Service Manager you have the ability to collect funds." And I said, "Sorry to hear that because, don't look at us as that. Because we are governors of the public purse, but we have to be respectful of our public being able to pay for it." So any grandiose ideas of moving big initiatives out, you've got to do it in a very sensitive and well formatted manner…I would suggest if the attempt to push Service Manager too quickly and too hard with some of their philosophies – that we should go out and increase our affordable housing, or we should go out and create new initiatives for seniors to stay at home – that could break down a relationship…Don't push a philosophy unless you're going to give equal amount of dollar investment.

While political and financial sensitivities remain important considerations for the group's members, there is a sense among the CE-LHIN participants that even though the SMs initially, "…looked at it as, 'This is the LHIN meeting with us,'…it became, over time, a joint planning table."

DEVELOPING A COMMON GUIDING FRAMEWORK

Through the efforts to develop a common guiding framework document[27] for the steering committee, an interesting dynamic emerged that distinguished between the roles of the CE-LHIN and SMs. "There's an interesting kind of dynamic, in my opinion," noted one SM, "in that we're immersed in our community and we have community partners that we're trying to do this work with but we have a dual role of providing service and funding service. The LHIN has only the role of funding service." The responsibility to their individual communities means that SMs are, "…coming from very different communities who historically have very different health care inputs that are disproportionate to what the needs are in each of the communities" (SM). In this collaboration, "…there's one LHIN and then there's the Service Managers, which are multiples" (SM).

While there is recognition that, "The steering committee was set up to be more of an integrated planning [table]" (SM), the members are situated differently and bring their own unique positions. The dynamics – of one LHIN and multiple SMs – creates the circumstances in which the goals of those at the table and their accountability structures may not always perfectly align. This dynamic was widely recognized by participants:

> Their interests are most directed to their own [municipalities]. They're less interested in knowing what another municipality has. We're very interested to know how the different municipalities are using similar pots of money. That's not as much their concern, other than sometimes if it's problem solving for them (CE-LHIN).

> We're not coming at it as Service Manager / LHIN. We're coming at it from Service Managers *and* LHIN, which must make it very difficult for them because they're the ones trying to do the balance, as opposed to us figuring out how do we better balance so that we can approach the LHIN as one entity saying, "Northumberland needs this, Peterborough needs that, Kawartha Lakes needs this, and Durham needs that. Let's figure out how we can help you figure out the balance." We still haven't got to the point where we act as one service area, and I don't know if we want to do that. So that's important. I think that's an important piece of the structure that it's like a 4:1 (SM).

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[27] See Appendix I

> "We're all also pretty reasonable people and so we say as long as there's a rational approach to the allocation of funds, we'll probably all be good with that" (SM).

There was a concern raised by one SM that this planning table, "…doesn't become another place where the loudest voice gets a share of the pie and that it's not just about the LHIN and their money, but it's about the housing piece as well." The guiding principles and terms of reference document was created as one means of identifying these differences and laying the groundwork with this recognition in mind.

The process of drafting the guiding principles and terms of reference document was described variously as "kind of tedious" (SM), "a little painful but not too bad" (SM), and "not rushed; something that has been tweaked for quite a while" (SM). Among the most commonly noted challenges was that the process involved, "a lot of collective wordsmithing" (SM) and different working vocabularies and acronyms. As one SM noted, "There's some people that are extremely literal…and are not comfortable unless the language is very, very clear." The issue of wordsmithing and sectoral language was mentioned by many participants:

> I think there was an attempt just to articulate them and trying to come to some understanding and some consensus and there was a little bit of, not true consensus because you know again, "Is it all that important?" And so some people would kind of just give in, "Let's just leave it at that, right?" (SM)

> …integration was and is, I would say still, a very foreign term but our municipal partners are more uneasy with the term integration. Similar to how our service providers might have felt in the beginning around the term integration, in understanding it, because we had to spend a lot of time explaining. There was even a suggestion early on at the steering committee table that we not use the word integration. We couldn't agree to that but we can define it other ways (CE-LHIN).

The other key challenge that arose was the need to understand and incorporate one another's systems, structures, roles, and responsibilities. Accordingly, "…there's that differing approval process and different cultures, and so you're bringing all of those together and it's not easy to get sign off and language that seems to fit everyone well" (SM). The additional challenge of conflicting schedules also meant that there was some variation in who attended each meeting, "…and the person that wasn't there last time has to have their say" (SM), further prolonging its completion.

While the process was described as having its inherent challenges, the final product was well received. As one CE-LHIN participant stated, "It's taken a good solid year of discussion on this to get it forward and agreed to…but that happens when you're trying to strike guiding principles and terms between a group that has not worked together before."

The SMs generally agreed that despite the long process, the end product was strong:

> And so within the year, perhaps it took a little bit longer, we have this now signed off framework agreement which is a tangible outcome and it's nice to have. And through that development, as is often the case in these things, as you work together on something that working together, the process of working together, and this is true of the housing and homelessness plan as well, the process of working together is as valuable, and sometimes more valuable, than the final [product] (SM).

FOSTERING RELATIONSHIPS AND UNDERSTANDING

In Ontario, as previously noted, there are existing SM relationships and networks in operation. Subsequently, the largest benefit of the steering committee, as noted by SM participants, is the opportunity it provides to connect with the CE-LHIN (above and beyond connecting with other SMs). According to one participant, "…working with a lot of the members already, there was a comfort level among Service Managers of who everybody was" (SM). Another SM agreed, stating, "…we kind of get along with each other, the Service Managers, and it's a new group, it's the dynamic around the LHIN and those people. We don't know them as well" (SM). The CE-LHIN's entry into a space where pre-existing relationships exist is something they recognized. As one participant from the CE-LHIN stated:

> We are definitely the new player at the table…We may speak acronyms, it's what we do, speak acronyms, that they don't understand. But they know what they're talking about. We'll often have to say, "Ok, assistance please because all of you know what you're saying."

The willingness of the CE-LHIN to enter into this kind of collaborative relationship is appreciated, as one SM noted, "We're very fortunate that we have a LHIN that's open to having these kinds of discussions. When I talk to colleagues in other parts of Ontario…there's no door open."

Despite the relatively new nature of the group, and the differences of stakeholders involved, participants commented that the relations have generally been positive and fair within the group:

> I found [the dynamic] to be pretty respectful. I had expected that there would be some competitiveness between the [SMs], but I haven't found that at all. They seem to be very collaborative and respectful of each other and those who are a little bit more new seem to get the benefit of the experience of those that have been around a longer time. So, I was really pleasantly surprised by that (CE-LHIN).

Likewise, the SMs reported that the collegial nature of the group stems from member's appreciation of its existence. As such, SMs respectively noted that, "…everyone's just truly grateful that there's collaboration happening," and "…there's some part of me that's just very grateful to have had to opportunity to have a different lens to look at my work from."
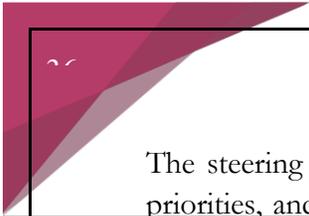
The steering committee offers participants the opportunity to learn about one another's processes, priorities, and pressures. Prior to the formation of the steering group, according to one SM, "There [were] a lot of unknowns." Through the meetings, the SMs have been, "…getting [the CE-LHIN] to understand how Service Managers work and our pressures and priorities and how we process new initiatives and, on the other hand, learning about how they make some of their decision making too." Understanding one another's processes and funding cycles offers a chance for collaboration and for members to be strategically placed when opportunities arise:

> [Health] is the biggest provincial spending that happens. To know where the pressures are and be aware of the pressures, it helps us strategically plan by learning from them, where they're going, to help us also have input into those priorities that they may be planning based on what we're seeing locally. We can be eyes and ears for their health care planning but in the same way they can help us be eyes and ears around provincial issues, around where provincial pressure – funding pressures – might be, and how we might get ahead of the game in comparison to other communities around that (SM).

Yet, while there was agreement that group members have developed a greater understanding and appreciation of one another, there is still work to be done in this area, particularly in making the CE-LHIN's process more transparent to SM members. "I still don't know enough about them," said one SM about their CE-LHIN group counterparts, echoing statements made by another when asked about challenges that arise working with SMs and the CE-LHIN:

> Well, these misunderstandings about what we do, what we do as Service Managers. And my lack of understanding of what the LHIN does, and how they make their funding decisions, and how many pots they have, and, you know, when there are funding opportunities. It's all not terribly clear to me, even now. And I'm not thick, so I think it's not very well communicated (SM).

Increased transparency from all members is a goal for the committee to work towards.

THE WORK OF THE STEERING COMMITTEE

The steering committee meetings were described as an opportunity to engage in planning and to, "…develop joint strategies to address homelessness, to look at what are the opportunities for working together, to make sure that we don't duplicate our effort, and that we bring all the resources that we can together so that we create the best possible system" (CE-LHIN). As one SM noted, "I think the purpose of the group is to improve that opportunity to align – if not restructure who funds what – but at least to align." Being able to connect regularly means that members have a chance to influence one another in ways they may not previously have had:

> We're very fortunate to be able to have these discussions and help to influence some of the spending decisions that the [CE-LHIN] board is making, in terms of its priorities. We don't

influence the priorities, I don't believe we do. But, I believe we influence, sort of, how the pie gets distributed based on them being more knowledgeable about what some of the pressures we have [are] and what we're trying to do (SM).

To date, there have been some meaningful outcomes of the steering committee, particularly in regards to rent supplement allocation. Several SM participants felt that there was a greater allocation than might otherwise have been. However, some felt there could have still been more alignment in this regard:

> I think maybe we did get more rent supplement money than we might have expected otherwise because we were ready and responsive to their questions, as they were making their funding decisions. But they still made their funding decisions a little bit autonomously.

The meeting table was described as a professional place where collaboration is the goal to the extent that it does not infringe on regional or professional confidentiality. Participants noted that there were two kinds of information they would not share with others. The first was any information that had not been confirmed or made publicly available. Comments of this nature were made by the SMs and by CE-LHIN participants. For instance, when asked what information they would not share with the group, one CE-LHIN participant said, "If we weren't sure of something. I think if we had a suspicion that something might become available, say there was an approaching funding initiative that we thought would happen. I don't think we'd share anything that wasn't definite." Likewise, some SM participants were cautious about sharing, "…information that hasn't been presented to the elected officials." Although, this political sensitivity was more apparent in some communities than others:

> [One SM community] seems to not be able to share things until it's actually at a council level, where sometimes here we can talk more broadly about the concept. I mean, the actual report you probably wouldn't share before it went to a public basis but as far as talking about ideas and how we're thinking about using funding and that (SM).

In addition to confidential political information, the group members also stated they would not share confidential information about clients or service agencies they had in common. For instance, a CE-LHIN representative said they would not share, "Any challenges that we're having with specific providers," whereas SMs noted they would not share, "information about particular clients." As a planning table, the focus of the group is on shared initiatives, but with external confidences in mind.

"I think it would be inappropriate to share concerns with the LHIN about any LHIN-funded agency, if I hadn't done my best to try and work through that and share that locally…There is a bit of an allegiance to the community, and an importance in being a community partner" (SM).

The SM members of the steering committee felt uniquely positioned to understand the needs of their individual communities and to represent these to the CE-LHIN. "I think we do have a better sense of how things are really going in the community than a Central East LHIN staff could possibly have," and that local knowledge could be a vital component to help, "…improve outcomes in the long run" (SM). Many of the group members reported wanting to take on more of a planning role than had been considered to date. For instance, one SM stated:

> Now that we've got our homework done and we've got our base, now it's a chance to take on that planning role. So, right now we've shared and we got documented where our housing programs are and what some of the new programs are from the LHIN point-of-view and where we might find some opportunity to share. Health care policy use to be developed on a regional basis and I think it's a fascinating opportunity for us to work with the LHIN, not just on what dollars need to be funded and where they need to go, but to look at health and social infrastructure at 30 thousand feet, across this broad geographic area and to get better at visioning and planning going forward, what we need to do both from a bricks and mortar and a housing and homelessness policy point of view and integrating that into health care so that we begin to influence one another from a policy point-of-view as opposed to saying, "We've done our policy planning and here's what we're going to do, so you figure out how to fit in," so we do a much better job of integrating where we're going.

The need for evaluation was also raised as a future priority in the group. According to one CE-LHIN participant, "We haven't talk about it…but how are going to report out? How are we going to evaluate our performance on this? I know our CAO and our board will ask that…It might not be explicit right now, but it will be expected." The notion that evaluation will become important as the group progresses was also raised by a SM representative, who shared that:

> We've spent more time on structure and start-up than actual, kind of, getting to work on things together, that or sharing of information that's going to have that impact. I get there's an initial investment in any group that you have to put in before you can hope to get the benefit. I think it's important that at some point we sort of say, "When and how are we going to evaluate, other than these are nice people and we're nice people?"…At what point in time should we be able to say, "Ok, we've been meeting long enough now that we should be past forming and now into something that's producing something and that therefore we can evaluate the outcome"?

Moving forward, evaluation may be an important part of the group's work together. This task may be particularly well suited to the CE-LHIN members, as one SM noted, "…they hold the Masters of outcome measuring and we're still doing our undergraduate degree. But we're happy to be able to learn from them."

The steering committee was designed to last for a duration of ten years, coinciding with the housing and homelessness plans. According to the guiding terms document, one strategic aim is, "to design and implement a Housing and Homelessness Framework to guide partnerships and collaboration between the Central East LHIN and Service Managers in the delivery of housing and homelessness services by 2024."[28] While this is a concrete term, the members were less confident in how (or whether) the group would continue to function over time.

One key issue raised was the potential for turn-over in group membership, as people retire, change positions, and new individuals step into the roles. This issue was noted by one participant who stated, "There's probably a certain amount of leadership change that's going to happen in the group" (CE-LHIN), and by another who cautioned that:

> It's not limited to the duration of the senior staff person who's attending as a representation…of the Service Manager, and that there's an opportunity for us to build that bridge so that there's ongoing continuity in terms of the understanding of what the purpose of the steering committee is…the work we want to do, and where we want to head (SM).

Many participants had difficulty thinking ten years into the future and guessing at what the needs would be. There was a general sense that, "unless it's a colossal failure, I don't see any reason not to continue it" (SM), "It's hard to look that far, but I would say there'll still be some need" (SM), and:

> I think that depends on the state we're in, in terms of how well resourced we are as a community, in terms of health services and how health services are funded and planned. And if there are other avenues around interface on those issues, then maybe not. But if this is the only place that…a municipality is interfacing with whoever is in charge of health planning, then I think there will probably be a continued role (SM).

Just as the group recognized a growing need to evaluate and report on their impact in the central east region of Ontario, members also noted that the group could benefit from regular self-reflection. "We need to evaluate every couple of years and build in an evaluation of, 'Is this getting what we want out of it?'" (SM) and that, "This next year will be a little bit of the litmus test" (SM) for the group's future progression.

Despite not know what the future holds for the group, there was a general sense of hope and optimism that the committee could be the beginning of greater initiatives to come. As one SM noted, "I would

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[28] See Appendix I

hope that it would evolve over time." Another participant shared that the collaborative work being done between SMs and the CE-LHIN, "…is just a small piece of what the overall relationship between Service Manager that's responsible for housing and the LHIN could be….we've got such a broad horizon that…I see for the future" (SM). This group is operating in a time of historic change. Moving forward, the members have the opportunity to capitalize on their involvement with one another and continue to build these planning relations. As described by one SM, the next ten years hold considerable promise:

> …everybody is developing a new business model. Everybody is focusing on what the vision that tomorrow is going to be. That's going to be exciting….the LHINs have their philosophies and are probably developing even more. We're developing some of our exciting philosophies. It's all about funding, but not to let the funding scare us. It should be getting exciting every year for those ten years, because you're going to see the blueprints of the plan begin to unfold.

KEY LEARNINGS & TAKE-AWAY MESSAGES

Undertaking a joint housing and homelessness steering committee requires forethought and planning on behalf of those involved. When asked what words of advice they would offer to others, looking to form similar collaborations, the members of this initiative offered ten pieces of advice based on their experiences together.

1. Develop a guiding document
"I'd say the time spent up-front in getting the agreement on guiding principles, and it is a long time, but…it's good time spent. Now we haven't had full fruition of that but I believe that it was good time spent. Particularly because these are new partners to one table and we're new. I think we just needed to allow that time. Another learning would be, and again we haven't seen it to fruition but, putting forward a common strategic aim for the group...This is the approach we take and that's an objective, a common goal…a statement we can take out and show people" (CE-LHIN).

2. Have a local focus, but build on the work of others
"I think it has to be unique to the players and the communities. Part of it is unique, but don't reinvent the wheel. Take a look at what we've done. Use that as a document and wordsmith it to death if you want…The guiding principles, I think, are really helpful. I think it's a document that builds understanding of the two worlds and where they intersect…It's an opportunity to provide some common language…Part of our journey was building the language…and building the understanding of what you do, and what I do, and what my Act is, and what your Act is, and what your constraints are, and what our constraints are. So, I think we've done some of that work, although groups will need to do their own forming, storming, norming, performing" (SM).

3. Get to know one another

"I would say, not everyone would feel, spend less time on the structure and the formality of the framework and more time on let's just get to understand what everybody does and understand their priorities and their pressures. Maybe meet for a year or so and just do some of that and then develop the terms of references and framework and all of that" (SM).

4. Start with a low-key introduction

"Just start it up in the sense of have a purpose for what the meeting is. And then make sure the environment is relaxing and comfortable and it's not driven or being too pushy with a hard core vision right off the get-go. Gentle introduction, as to Service Manager to Service Manager, who are you, what are your roles, what's your population, what are your service deliveries, and what's your environmental scan? And then the reverse would be the LHINs to do the same thing with the Service Managers and, 'Oh, by the way, would you like a cup of coffee or a tea?' You know, play it low and then introduce to the table, what are our next steps" (SM).

5. Be clear about your abilities and expectations

"Have an open mind and to make sure that you go in with an open agenda. Really create it between the people who're at the table and be really clear about what you can and can't do…We did explain where our limitations were around funding and I think that was really helpful as they explained to us. So, I think really understanding what you can and can't do is incredibly helpful to the process. And really listening to what each other are saying. We all come with pre-existing ideas but we have to be prepared for those to change" (CE-LHIN).

"Don't be afraid to put your expectations on the table and then ask the Service Manager what their expectations are, cause that's right from the get-go. You know, you can't be two years into this type of a meeting and say, 'Well you never told us that, and now you're bringing this us, and you're cold turkeying us.' That can break down relationships" (SM).

6. Remember that words can have multiple interpretations

"…We do have different languages and the education piece. It's making sure we understand what each of us are trying to accomplish and what our mandates are, because we can use the wrong word, meaning one thing, and it's interpreted something else" (SM).

7. Bring something to the table

"Make sure you have something to offer, either to the Service Managers involved, input into policy or funding, or program creation decisions, or allocation-wise. The way I see the LHIN, is you know, it's a big funding machine. And so whenever we're around the table, it's because we're hoping to be influential in decisions around that, that funding machine makes" (SM).

8. Consider the time of year and its implications

"If it's this time of the year, Service Managers are right into business plans and budgets. So, that kind of makes us tight. Or are you into negotiations with your unions, you know? So, the timing has to be right, ready for all that. Or are you ending the term of office for your elected officials? So, you're coming into an election. Stay away. If the election is just over, you got a new group of people, well then there's some comfort level, everybody knows who your new elected officials are and everybody's relaxed and not uptight, this type of thing, so the timing has to be right" (SM).

9. Know that members bring different experiences to the group

"…the Director has been involved in those kinds of discussions and history. Someone newer coming in, like myself, I don't have a lot of the same histories, or maybe suspicions, or things like that. So, you have to recognize that everybody's at different places, too, that you're inviting to the table. And so it's important to pace it right, to know who's there, to understand you're going to have people that are more ready to jump forward, some that are going at a slower pace for history reasons, and you have to be able to balance all of that" (SM).

10. Have a purpose

"I think I would give the advice, and I think we tried to state this from the beginning, that to remember that it's only worth doing if at the end of the day some people are going to be better off as a result. And so to try and keep, or come back to, 'How is this improving, ultimately, the way in which services are going to be delivered – services, supports, whatever – are going to be delivered in our community?'" (SM).

Toolkit

HOUSING & HOMELESSNESS FRAMEWORK

Guiding Principles & Terms of Reference Steering Committee of the Central East LHIN & Service Managers for the communities of Durham, Peterborough, Northumberland, City of Kawartha Lakes and County of Haliburton

PURPOSE

This Framework document contains the Guiding Principles and Terms of Reference agreed to at the initiation of the Steering Committee to guide the development and implementation of a LHIN-Municipal Service Manager Housing & Homelessness Framework. The Framework is intended to set the stage for successful LHIN and Municipal Service Manager collaboration and partnerships. The Central East LHIN and Service Managers have identified the following common needs to support LHIN-Municipal collaboration and partnership:

- Collaborate during organizational **strategic planning** with intent to identify common priorities;
- Undertake collaborative **service level planning** to improve coordination of services and ability for residents to obtain and then retain tenancy; and
- Identify opportunities to align and **maximize new investments and existing funding** to address needs in community.

All parties recognize at the onset of the process that specific details, strategies and tactics supporting collaboration and partnership will evolve throughout the process. The principles and terms of reference are foundational guides subject to revision with the support of all parties.

HOUSING & HOMELESSNESS STRATEGIC AIM

To design and implement a Housing and Homelessness Framework to guide partnerships and collaboration between the Central East LHIN and Service Managers in the delivery of housing and homelessness services by 2024 to:

- Improve access to high-quality, timely, equitable services to support residents in securing and maintaining safe, affordable and accessible housing with health and social support;
- Promote health and social equity across populations and communities; and
- Make the best use of the public's investment.

CENTRAL EAST LHIN ROLE

The Central East LHIN's Mission is to lead the creation of an integrated sustainable healthcare system that ensures better health, better care, better value for money. The Central East LHIN Vision is *Engaged Communities – Healthy Communities.*

LHIN's have a legislated mandate to promote integration opportunities that enhance both the client experience and achieve greater value for money (e.g. efficiency). The development and implementation of the Housing and Homelessness Framework advances a number of the Central East LHIN's Strategic Directions notably, Quality and Safety which identifies that *Healthcare will be person-centred in safe environments of quality care.*

As such, the Central East LHIN will commit staff resources to support the development and implementation of the Framework from a planning, communication and stakeholder engagement perspective. This will also include liaison with other provincial LHINs, the Ministry of Health and Long Term Care, and in conjunction with Service Managers, the Ministry of Municipal Affairs and Housing, Ministry of Community and Social Services, and other ministries or entities.

SERVICE MANAGER ROLE

The Service Managers establish, administer and fund housing and homelessness programs and provide housing directly. In Ontario there are 47 Service Managers (municipalities and District Social Services Administration Boards) designated under the Housing Services Act, 2011. Housing and Homelessness programs include social housing, subsidized housing/rent supplements, home renovations, and/or shelters as well as homelessness programs and support services.

The Service Managers within the Central East LHIN* will be actively engaged in the development and implementation of the Housing and Homelessness Framework. This includes:

- City of Peterborough (serves County of Peterborough)
- County of Northumberland [29]
- City of Kawartha Lakes (serves Haliburton County)
- Durham Region

*The Central East LHIN will engage directly with the City of Toronto for collaboration and partnership opportunities for residents of Scarborough. When appropriate, opportunities for collaboration and information sharing across all five Service Managers within the Central East LHIN will be pursued.

LEGISLATIVE AND POLICY CONTEXT:

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[29] The Town of Brighton will be included in planning under this Framework while being beyond the boundary of the Central East LHIN

The Province of Ontario has provided direction to the LHINs and Service Managers with regard to collaboration on housing and homelessness services through various means including legislation, policy statements, program guidelines and other strategy documents. Those most relevant to this Framework include:

The Local Health System Integration Act, 2006 (LHINs)

This Act supports an integrated health system, co-ordinated health care in local health systems and effective and efficient management of the health system at the local level by local health integration networks (LHINs). Together LHINs work with the Minister, the Ministry of Health and Long-term Care and health service providers to better integrate health services. The Central East LHIN is one of 14 LHINs in the province.

Housing Services Act, 2011 and Ontario's Housing Policy Statement

The province recognizes that Ontario's municipalities (i.e. 47 Service Managers) are the largest contributors to funding for housing and homelessness services.
Under the Housing Services Act, Service Managers are required to prepare local housing and homelessness plans that address matters of provincial interest and are consistent with Minister's policy statements. Service Managers completed their first plans in 2014. Plans contain local perspective on housing needs and requirements, including accessible housing and homelessness services for people with disabilities, people with mental health needs or illness and/or substance use issues. Service Managers involved in this Framework have shared their plans with the Central East LHIN.

As part of their role under the Housing Services Act, Service Managers may enter into service agreements with the Province to administer provincial programs and initiatives, such as the Investment in Affordable Housing (IAH) Program and Community Homelessness Prevention Initiative (CHPI). Service Managers decide how to use IAH and/or CHPI funding, within broad program guidelines and in alignment with their respective local housing and homelessness plans. Service Managers are encouraged to work with their Local Health Integration Network, Community Care Access Centres and local health support services agencies, including those that provide services to people with mental health or addiction issues, to help coordinate support services with the affordable housing and homelessness prevention initiatives.

Ontario's Poverty Reduction Strategy (2014-2019)

This provincial strategy puts a focus on housing – in particular, on ending homelessness – to provide a stable foundation that helps people rise out of poverty. Specifically, the provincial government aims to create 1,000 new supportive housing spaces, and seeks to leverage funding under the Investment in Affordable Housing (IAH) program (see below). The strategy supports better local coordination between municipalities/local governments and Local Health Integration Networks in meeting the needs of individuals with mental health and addictions issues.

Investment in Affordable Housing (IAH) for Ontario 2014 Extension

IAH-E is funded by the provincial and federal governments to improve access to affordable housing for low-income households. Service Managers decide how to use IAH funding, within broad program guidelines to meet local needs and priorities as set out in 10 year Housing and Homelessness Plans.

Community Homelessness Prevention Initiative (CHPI)

CHPI is funded by the provincial government to prevent, address and reduce homelessness by improving access to adequate, suitable and affordable housing that is linked to flexible support services. Service Managers use CHPI funding to complement municipal funding for a full range of services, including innovative approaches to homelessness tailored to local needs.

GUIDING PRINCIPLES

The following principles will guide the development and implementation of the Housing and Homelessness Framework:

System Level Principles

1. **Value Creation for Residents and Communities** – The process will be guided and motivated by a continuous focus on how to best meet needs of residents in our communities.
2. **Return on Investment –** The process will be focused on increasing value to shareholders of the health care, social service and housing system namely, the recognition of the need for health care and municipal housing & homelessness systems to adapt to changes in community needs and the funding environment.
3. **Leverage the Local** – Community services are best supported by local governance that understand their communities, and by local management that can take advantage of local capacity and opportunities.
4. **Promote health and social equity across populations and communities –** Residents should have maximal close-to-home access to community services. The process will focus on need to reduce barriers for residents in securing and maintaining safe, affordable and accessible housing.

Process Principles

5. **Do No Harm** – The Central East LHIN and Service Managers will work with all parties to ensure that any partnership opportunity does not result in new risks or pressures (legal, financial, operational, and reputational) to any party. The LHIN and Service Managers will be responsive and support the resolution of both foreseen and unforeseen risks that may arise during implementation of the Housing and Homelessness Framework.
6. **Transparency or "no surprises"** – The LHIN and Service Managers will provide full disclosure of information required to support the collaboration and partnership process, notwithstanding information that is protected by law.
7. **Respectful** – All parties will conduct themselves and participate in the process in a manner that does no harm to the reputation of any board, management, staff, volunteers, funders/donors of LHIN and Service Managers and their service delivery partners.

8. **Communication & Stakeholder Engagement –** The LHIN and Service Managers will agree to a shared communication and community engagement strategy and public messages will be coordinated by the Communications Leads within LHINs and Service Managers.
9. **Timeliness –** LHINs and Service Managers will engage in meaningful discussions on opportunities for partnership and collaboration in a timely manner that respects municipal and LHIN planning cycles and approval protocols.
10. **Confidentiality –** The parties agree to keep the content of discussions regarding the Housing and Homelessness Framework confidential until such time as there is agreement to share information as set out in a shared communications and community engagement plan. The Steering Committee can discuss matters related to the Framework and its implementation confidentially with their respective Sponsors and/or Board of Governors.

End State Principles

11. **Maximize Value of Public Investment –** Opportunities to maximize existing investments and/or realize savings to re-invest and strengthen front-line service delivery will have been explored. The opportunities to re-design the delivery of health and municipal housing services to support the values of residents and communities will have been identified.
12. **Continuum of Care –** The LHIN and Service Managers will work with other key housing, community and health service stakeholders in their communities to ensure services are integrated and provide a continuum of care to meet the varied needs of residents.

Terms of Reference - Steering Committee

Purpose:
- Provide advice to LHIN and Municipal Governance on strategies to achieve the Housing and Homelessness Strategic Aim;
- Provide oversight to the implementation of strategies;
- Be accountable for monitoring the achievement of the Strategic Aim and reporting to LHIN and Municipal Governance and partner agencies on progress;
- Act as a key communication vehicle; and
- Identify and expand partnerships with other stakeholders to achieve Strategic Aim.

Membership

The Durham, Peterborough, Northumberland and City of Kawartha Lakes and Haliburton Steering Committee will consist of 5-9 members. Inaugural membership will include, but is not limited to, representation from:

- Central East LHIN
- City of Kawartha Lakes
- County of Northumberland
- City of Peterborough
- Durham Region

Membership can be expanded to represent additional communities & stakeholders upon agreement of the LHIN and Service Managers.

Members must deliver, fund or otherwise provide services within the boundaries of the Municipalities or Central East LHIN (e.g. including the Town of Brighton)

Sponsors

Sponsors assist the process as required in obtaining and sustaining support for the process from their respective organizations. Key messages will be prepared for the Sponsors by the Steering Committee on a regular basis and following significant events.

The Steering Committee Sponsors will be the Chief Administrative Officers of the Municipality and the Chief Executive Officer of the LHIN or their delegates.
Sponsors will apprise the Chair of Council and the Central East LHIN Board of Directors related to the development and implementation of the Housing and Homelessness Framework.

Meetings

Meetings will be held 6 times per year and will rotate throughout the partner sites. Teleconference, webinar and Ontario Telemedicine Network (OTN) video conferencing technologies can be used.

Membership Accountability

Members will be asked to bring their representative views forward using processes that accommodate consultation and information sharing with their stakeholders and constituents.
Members will be responsible for liaising with their respective municipal, regional or provincial leads and organizations.

Members will be responsible for communicating directly with their Sponsors regarding issues, information sharing and recommendations discussed at the Steering Committee meetings.
Members will be required to attend 2/3 (4 of 6) annual meetings. If attendance falls below this target, the member will be asked to identify a replacement from their organization. Participation will be reviewed annually.

Guests & Delegations:

Guests and delegates will be encouraged with appropriate advanced notification to the Chair. The purpose of guest or delegate participation will be communicated to members in advance of a meeting by member and/or Chair.

Members and/or Chair will ensure that guests and delegates engage with the Steering Committee effectively to appropriately inform and advance the mission of the Committee.

Chairperson

The role of meeting Chair will rotate amongst membership aligned to location of meeting. Duties include:

- Identify and pre-circulate Agenda Items in consultation with membership;
- Liaise with guests and delegates and/or the member who have engaged the guest or delegate;
- Ensure Action Items are identified during meeting and included on next meeting Agenda for follow-up.

Decision Making

The Steering Committee will adopt a consensus [30] model of decision-making for recommendations/advice. As such, deliberations will seek to build consensus on the most acceptable advice/direction considering the best interests of residents. Where consensus cannot be reached, the Steering Committee will present a summary of the deliberations to their respective Sponsors for input and direction.

Financial and In-Kind Support

The members will provide in-kind facilitation, planning expertise, project management tools and communication support to the Steering Committee. Individual costs associated with participation by members on Steering Committee will be reimbursed by their own organization (e.g. travel to meetings). Light refreshments will be provided by the Chair/organization on rotational basis. Additional costs associated with Steering Committee activities (e.g. meals, communications, and consultations) will be identified and agreed to in advance and cost shared, as appropriate.

Terms of Reference Review

Terms of Reference will be reviewed annually at the fall meeting.

APPROVALS

The following signatures represent acceptance of the Principles and Terms of Reference to guide the development and implementation of the Housing and Homelessness Framework by the parties.

Organization	Steering Committee Members	Sponsor
Central East Local Health Integration Network	Signature: Name: Signature: Name: Date	Signature: Name: Signature: Name: Date

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[30] [30] Consensus is defined as general or widespread agreement among all the members of a group.

County of Northumberland	Signature: Name: Signature: Name: Date	Signature: Name: Signature: Name: Date
City of Peterborough	Signature: Name: Signature: Name: Date	Signature: Name: Signature: Name: Date
City of Kawartha Lakes	Signature: Name: Signature: Name: Date	Signature: Name: Signature: Name: Date
Durham Region	Signature: Name: Signature: Name: Date	Signature: Name: Signature: Name: Date

Date and Time

Location

While attendance in person is preferred, teleconference will be available

Phone number for call-in and pin (if required)

Objectives

- To finalize Principles and Terms of Reference for Steering Committee
- To share updates to the Consolidated Inventory and other activities/events
- To discuss our common projects and initiatives
- To consider new business and identify future agenda priorities

Time	Item	Responsible
1:00 p.m.	Welcome and Introductions	Name
1:05 p.m.	Review Agenda and Objectives	Name
1:10 p.m.	Foundational Documents • Guiding Principles & Terms of Reference – Finalize	All

1:40 p.m.	Partner Updates
	 • CE-LHIN
	  - IHSP Planning initiating May
	  - Ontario LHIN Leadership on this project
	  - Municipal East Conference – joint presentation
	 • Service Managers
	  - Housing Plan – recent announcement
		All

2:00 p.m.	Our Common Projects (LHIN and SMs) • Rent Supplements - 2014-15 intensive case management/support investment (slide deck) • Trent University "Community Wellness in the Central East Local Health Integration Network" research project update • "Housing Now" projects • Housing Coordinators – best practices, common approaches	All

3:10 p.m.	New Business • Ontario's Developmental Services Housing Task Force • Expert Advisory Panel on Homelessness • Other new business	All
3:20 p.m.	Future Agenda Items and Priorities for Upcoming Year • Discussion about local vs. common issues and when to invite guests	All
3:30 p.m.	Wrap Up and Adjournment	Name

Attachments/Meeting Materials:

- Guiding Principles and Terms of Reference
- Three Year Rent Supplement and Support 2014/15- 2016/17 Central East LHIN Presentation

APPENDIX III

QUESTIONS AND ISSUES TO CONSIDER

1) What is the purpose of the group?

2) Will the group create a joint terms of reference document to guide the work?

3) Does the group have a specific work plan?

4) What policies and pieces of legislation guide the work of members?

5) What are the common processes and pressures members face in their work? Where do they differ?

6) Is a common language shared by members (such as institutional acronyms)? If not, how will this be addressed?

7) What do members hope to get out of participating in the group? Is it made explicit?

8) How will membership in the group be defined?

9) How will membership be enforced if people fail to regularly attend / participate?

10) How frequently will the group meet?

11) Where will the meetings be held?

12) How will conflict be dealt with if it arises?

13) What are the terms around confidentiality?

14) What information will be shared / not shared within the group?

15) How will evaluation be conducted and shared, if at all?

16) What is the projected duration of the group?