



**The Reference Framework for Social Housing Community Support: A  
Social Innovation in Quebec**

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## **Introduction**

In November 2007, the Government of Quebec adopted the *Cadre de référence sur le soutien communautaire en logement social [Reference Framework for Social Housing Community Support]* (MSSS-SHQ, 2007). This cross-sectoral measure, the result of a joint effort by the Société d'habitation du Québec (SHQ) and the Ministère de la Santé et des Services sociaux (MSSS), recognizes housing as a determining factor for health and well-being. Most of all, it recognizes the importance of taking action with lessees who, without support, have difficulty accessing Social housing or keeping it. This collaboration confirms a transition from experimentation to the institutionalization of a practice implemented by community housing organizations: Social housing community support. At the present time, the amount allocated to support the first phase of this cross-sectoral response is \$5 M and many stakeholders expect this amount to increase in the years to come.

The adoption of the *Reference Framework* is the culmination of 15 years of hard work by Social housing stakeholders and most particularly the people involved in the non-profit housing NPO associative movement. What is new with this measure is in part the fact that the Ministère de la Santé et des Services sociaux du Québec is funding groups of people for which this Department and the SHQ recognize having a shared responsibility, which is a first in itself. However, in addition to this, the document recognizes and respects the operating rules of each of the involved sectors, notably housing stakeholders. In doing so, it creates bridges connecting one sector to the other, all for the well-being of vulnerable lessees.

We are currently in the initial phase of implementing the *Reference Framework*. That is why we want to take this opportunity to share information and to learn “*what is good, what is right... and the ugly*” that necessarily come from exercising support and service practices in Social housing.

## 1. Social Housing in Quebec

### **Social Housing**

In Québec, there is 121,000 public and community housing units in H-NPOs (non-profit organizations) or cooperatives. These dwellings represent 5% of Quebec households and approximately 10% of rental dwellings.

### **Ownership and Financing**

Public housing is owned by the SHQ, but they are managed by 544 municipal housing offices.

The housing NPOs and housing cooperatives are said to be under collective ownership, although in the majority of cases they are financed by the State. This inventory has been developed over the last 40 years through a series of financing programs at the federal level (CMHC), at the provincial level (SHQ) (e.g. AccèslogisQuébec) and/or at the municipal levels or through cost-sharing programs (CMHC-SHQ).

### **Housing NPOs**

Housing NPOs generally have a mission of offering stable housing conditions to people who are socially, physically or economically underprivileged that is appropriate to their needs. Housing NPOs can be found throughout Quebec, in 309 individual cities and villages. Half of Quebec's housing NPOs are there to help seniors. The other housing NPOs help single people, families or people with special needs. The missions vary, responding to the needs of the communities. Beyond the specific missions, the housing complexes often encourage an economic and social mix in neighbourhoods and villages. The flexible formula adopted by housing NPOs does not require the participation of lessees, but the managers do encourage it. The Réseau québécois des organismes sans but lucratif d'habitation (RQOH), established in 2000, encompasses 400 organizations and 8 regional federations.

The SHQ is responsible for implementing housing policies and programs. To do this, the SHQ recognizes and funds thirty or so social economy enterprises called Technical Resources Groups (TRGs) that accompany housing NPOs and housing cooperatives (also called community housing) in the development of housing projects (technical support, accompaniment, training, management, architecture, etc.).

**Table 1- Breakdown of the Organizations and Social Housing Based on Tenure**

<b>Tenure</b>	<b>Organizations</b>	<b>Dwellings</b>
Public	544	63,000
Non profit	800	32,000
Cooperative	1,200	26,000
<b>Total</b>	<b>2,544</b>	<b>121,000</b>

### **Regulations and Development**

The main Social housing development program is currently AccèsLogis (SHQ). The AccèsLogisQuébec program is aimed mainly at housing NPOs and housing cooperatives put in place by organizations whose mission is to develop housing for their clientele.

Since 1997, the program has been generating on average 1,500 units per year. Since 1997, approximately 13 877 units have been delivered and another 5 187 are in one stage of development or another.

In the 2009-2010 budget, the Government of Quebec announced the construction of 3,000 housing units through the AccèsLogisQuébec and program, bringing the number of units constructed (including the Affordable Housing program units) and announced up to a total of 27,000 by the end of this process.

Since 1986 (Canada-Quebec agreement on Social housing), Social housing programs have been focussing on categories of vulnerable individuals and this component of the program has been used a great deal in Quebec. The AccèsLogisQuébec program consists of three components: 1. families; 2. seniors with slight loss of independence; and 3. people with special needs.

Over the last 10 years, the Government of Quebec and the SHQ, through AccèsLogisQuébec, have continued ongoing efforts to develop public and community housing in order to meet the demand. Social housing efforts are taking place, notably by taking advantage of the support expressed for Social housing by municipal, social and community partners and even from the business community.

## **2-The Health and Social Services Network in Quebec**

The Quebec health and social services network is comprised of four levels of coordination:

The MSSS, which ensures planning, funding and evaluation;

18 regional health and services agencies that ensure regional planning, coordination and priorities;

95 local services networks (the Centres de santé et de services sociaux [Health and Social Services Centres]), which are responsible for the health of residents in their territory. Each CSSS has a certain number of hospitals, private clinics, hospital centres, CLSCs (centre locaux de services communautaires [local community service centres]) CHSLDs (centre hospitaliers de soins de longue durée [long-term care hospital centres]), rehabilitation centres, youth centres and community organizations. The CSSSs have the authority to establish service agreements with organizations in their area, including community organizations or social economy enterprises<sup>1</sup>.

4,000 community organizations, funded based on their general mission or under more specific service agreements.

As can be seen, the structures of the health and social services network are more strongly deployed locally and regionally than housing, and as a result, these structures are not perfectly symmetrical with the Social housing structures. This explains in part why coordination of Social housing community support has been allocated to the regional agencies. And since it is a new and experimental measure, regional coordination and national framework ensure more integrity and inter-regional fairness in the implementation.

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<sup>1</sup> The CSSSs were created back in 2003, during the last significant reforms to Quebec's health and social services system.

### 3- The Key Components of the Reference Framework for Social Housing Community Support

#### **What is Social housing community support?**

Social housing community support encompasses an array of practices and interventions pertaining to life in Social housing complexes. These interventions may consist in welcoming lessees, giving them information on how the building works or on neighbourhood resources. These may also include ensuring building security, intervening in disputes between lessees or responding to crisis situations. There may also be efforts to support collective living, supporting the participation of lessees in various committees, organizing recreational activities or collaborative efforts with the area, community meals and also guiding individuals when looking for services in the area.

#### **Interventions that are distinct from those supplied by health and social services**

Of course, there is nothing new with these Social housing practices and interventions. What is innovative here are the intervention philosophies and now the means of weaving the underlying policies into the organization. First of all, these interventions are distinct from medical services as well as the assistance and care provided to people by the Ministère de la Santé et des Services sociaux. This clear distinction with health services and care is not by accident. It is in line with the notion that lessees must be able to access, just like everyone else, regular MSSS services, whether these involve assistance in the bath, housekeeping services, friendship visits or meals-on-wheels.<sup>2</sup> Within the specific context of housing complexes sheltering very vulnerable people, Social housing community support is seen as a springboard, a kind of bridge with the community, the other services, in short, the ability to exercise a certain form of citizenship. The following table demonstrates, with the help of a few examples, how we can distinguish between interventions that fall under services to individuals, housing services and community support.

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<sup>2</sup> Some of the Social housing community support interventions may overlap or be similar to those in the home support policy, e.g. civic support activities.

Table 2- Intervention Examples Based on the Sub-sector

Examples of care and assistance for individuals	Examples of Social housing community support	Examples of housing services
Nursing care	Dispute management	Parking
Assistance in the bath, dressing	Crisis and emergency response	Laundry services
Housekeeping	Security	Janitorial services
Drug monitoring	Lessee participation support	Maintenance of common areas
Psycho-social interventions	Welcome, information, reference	Security
Civic support	Recreation	Lease management
At-home doctor care	Organization of collaboration with community services	Land caretaking

Source: RQOH; Odile Bourdages

### **Clients: Beneficiaries to Lessees**

The persons targeted by the *Reference Framework* are first of all lessees living in Social housing, NPOs or housing cooperatives, potentially of any type. They must sign a lease. In Quebec, lessees are protected by the *Act respecting the Régie du logement*, which protects the right of lessees to stay in their homes<sup>3</sup>. The housing organizations, in accordance with their mission, are responsible for selecting lessees. In doing so, we recognize and protect the homes of lessees as well as the independence of groups.

The lessees targeted by the *Reference Framework* are among the population groups targeted by the “service-programs” established by the MSSS: seniors losing their independence, people with physical disabilities, people with intellectual disabilities and pervasive developmental disorders; people with mental health problems, people with addictions, the homeless or people or families with multiple problems. Furthermore, although originally housing community support had been promoted mainly by homelessness or mental health defence groups, needs in terms of security, mediation and facilitation are common to a large section of vulnerable lessees, regardless of their needs or their “label”. It should be underscored here that the subsidies and support are not allocated based on individuals but in accordance with cooperation agreements with housing organizations, which are then taken as a whole and intervene with vulnerable clients in a context that takes into account the concept of living environment.

### **“Housing First”**

Under this meaning, interventions are meant to normalize. The people targeted are in their homes. As stated in the *Reference Framework* on page 14: “*They live in a permanent home; they have they keys and a lease. They can come and go as they please and they are independent.*” This is clearly a “*Housing First*” approach where access to housing comes before access to treatment. Some respective principles for housing and accommodation are listed below.

<sup>3</sup> Section 1936 of the Civil Code guarantees, under certain conditions that “*every lessee has a personal right to maintain occupancy.*”

**Table 3: Dimensions relevant to Housing and Accommodation**

<b>Housing</b>	<b>Accommodation</b>
Access based on basic housing need	Access based on a psycho-social or medical condition
Permanent	Transitional
Home	Institution
Free choice	Placement
Lessee status	Beneficiary status
Services on a voluntary and optional basis	Enrolment in a service or treatment plan
Lease	Intervention plan / accommodation contract

Inspired from Ridway and Zipple (1990) in Morin (1992)<sup>4</sup>

### **Freely-allocated Service Agreements**

Subsidies for Social housing community support are the result of cooperation agreements between the health agencies or local services networks (CSSS) and the non-profit housing organizations. Since 2001, the Government of Quebec has recognized the principle of independence for these community organizations<sup>5</sup>. Under this policy, the organizations that establish their own mission can be granted funding for basic operations. The service agreements are separate and do not affect the basic funding for community organizations. The housing organizations are invited to send their applications to their regional agency or local network (CSSS).

## **4- Community Support: The Beginnings of a Social Innovation**

### **Birth**

You have to go back to the 1980s to see the first manifestations in favour of Social housing community support. In 1985, organizations from downtown Montréal, meeting around the *Table de concertation sur les maisons de Chambre de Montréal*, called upon the SHQ and CMHC to defend the right to rooms and homes for the homeless. In 1987, the International Year of Shelter for the Homeless would be the impetus for the Société d'habitation du Québec (SHQ) and the City of Montréal to promote the development of hundreds of housing units in the form of non-profit rooming houses for the homeless. That same year saw the founding of the Fédération des OSBL d'habitation de Montréal (FOHM). It would be this organization that would experiment with and formalize the first community support practices. In fact, in addition to the existing practices in certain member H-NPOs in downtown Montréal, in its first year of operation, the FOHM was granted, as part of an experiment, the social management of 192 dwellings developed by

<sup>4</sup> Morin, P. (1992). "Être chez soi : désir des personnes psychiatriquées et défis des intervenants [Being at Home: Wishes of Psychiatric Patients and Stakeholder Challenges]", *Nouvelles Pratiques Sociales*, vol. 5, no 1 : 47-61

<sup>5</sup> Gouvernement du Québec (2001) L'action communautaire. Une contribution essentielle à l'exercice de la citoyenneté et au développement social du Québec. [Community Action. An essential contribution to the exercise of citizenship and the social development of Quebec], Québec City. 52 pages



the Office municipal d'habitation de Montréal and aimed at single and marginalized individuals.

### **Experimentation**

In the mean time, during the 1990s, stakeholders from other housing NPOs (seniors, women, former psychiatric patients, families) saw themselves in the principles and practices of Social housing community support and more and more groups would demand inclusion. They would join the support movement managed by the FOHM. These accompaniment practices are based on the normalizing effect of being a lessee, using an approach that is tolerant, voluntary and adapted to each living environment (Drolet, 1993)<sup>6</sup>. The results were there, but the agencies of the Ministère de la Santé et des Services sociaux refused to fund an unrecognized practice put in place by organizations that fell under a mission other than their own. Under the FOHM's guidance, it would take several years to gain just some attention and recognition, beyond some critical recognition. In addition, this decade was marked by a decrease in health and social services. However, in 1997, renewed efforts in the development of Social housing, with the AccèsLogisQuébec program, helped significantly in developing housing for people with special needs and in so doing created a certain amount of visibility for community support practices.

At the same time, in 1998, an important study was published in partnership with the FOHM, the MSSS and the SHQ by the LAREPPS-UQAM<sup>7</sup> and its partners on the evaluation of community support practices used by the FOHM (Jetté *et al.*, 1998). This study observed the significant changes in the quality of life of lessees who had no fixed address and who were very vulnerable. The authors concluded: "*Overall, Social housing with community support allows single and fragile individuals to have an appropriate home, to make decisions in their lives and to assume normal lessee responsibilities while getting flexible and individualized support.*" (p. 167). For the authors, this was a social innovation, "*a viable alternative to institutionalization within a context of a redefined welfare state. It is a solution that pushes forth inter-sectoral approaches, allowing for a transfer of financial resources from the curative to the preventive.*" (p. 175).

### **Critical Recognition**

The LAREPPS study gave the FOHM practices some critical recognition, recognition that would result in a lot more support. The new practice was also supported by an array of larger government orientations. Also, for some stakeholders, these practices held an exemplary character after the 1992 publication of the first Quebec health and wellness policy. It placed emphasis on the social determining factors of health and wellness and called upon active citizenship, pointing out the far too passive relationships between service providers and beneficiaries. The practices for Social housing community support are also in line with the new mental health policy published in 1997 (which emphasized Social housing support) and the first Plan d'action de lutte contre la pauvreté et l'exclusion [Action Plan against Poverty and Exclusion], unveiled in 2002.

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<sup>6</sup> The practices refer to approaches for the reduction of misdemeanours, social integration or empowerment.

<sup>7</sup> Research laboratory on social practices and policies, Université du Québec à Montréal

At the beginning of the new millennium, significant support came in to help support the efforts of the FOHM and the recently-formed RQOH: the support given by the SHQ and the City of Montréal was the most crucial, because now in addition to traditional support there were the first institutional forms of community support. In 2002, the City of Montréal, the Régie régionale de la Santé et des Services sociaux de Montréal, the Ministère des Affaires municipales and the SHQ agreed on the funding of housing projects with community support targeting people who use homeless shelters. This is where the first cornerstones were laid. The support and initiatives drew attention and were added to the active support from movements defending the rights of the homeless and those with mental health problems.

### **The Joint Efforts That Led to the Adoption of the *Reference Framework***

Over the last twenty years, the Société d'habitation du Québec has supported the development of housing for vulnerable people who require support services in order to live in a home and possibly undertake a process for social integration or home support.

The lack of agreements with the health and social services network jeopardized these new housing models and often posed a risk to interventions in this regard. That is why joint efforts were undertaken between the SHQ and the MSSS in 2002. The creation of this joint committee, it must be said, is the result of pressures and repeated demands made by community housing organizations.

In 2003, this work was followed up by an advisory committee that included stakeholders from the health and housing networks. Between 2003 and 2007, the process was marked by forced stoppages and a few false starts, with as a backdrop the matching of the imperatives of the health network structures (and the handling of the terms of the new health reform) and the housing structures. The *Framework* itself was officially launched on November 7, 2007 and a few months prior to that, a budgetary announcement allocated to it an annual recurring amount of \$5M. This announcement represented an enormous step towards an inter-sectoral environment after years of pressure and negotiations.

### **The Implementation**

The implementation of the *Reference Framework* is ensured by, among other things, a multi-party follow-up committee. Moreover, the 18 health and social services regional agencies were given the responsibility of appointing a respondent responsible for coordinating and implementing the *Reference Framework* on his/her territory, a decision that speaks well of this network's concrete commitment to implementing an advanced approach and orientations as part of the Framework. With the intent of ensuring wide distribution and educating the networks, the SHQ and the MSSS jointly supported the holding of a series of regional meetings bringing to the table in each region of Quebec stakeholders from the two networks (housing and health and social services). By the end of the process, 19 meetings were held under the themes of “Loger à la bonne enseigne [Staying at the Right Place]” and “Deux réseaux au services d'une même personne [Two Networks Helping the Same Person]”, bringing in some 2,500 participants. In addition to

this, a follow-up committee was put in place that would be responsible for the harmonious implementation of the framework over the years to come.

## 5. Some of the Issues

In many respects, the Reference Framework for Social Housing Community Support is a response to the needs in the community. As noted by Benoît Lévesque and Yves Vaillancourt (1998), two Quebec specialists in social policies, these experiences highlight the contributions made by social economy stakeholders, social movements and the State in the institutionalization of social innovations. Although the *Reference Framework* has been in effect for more than a year now, we are still in the process of clearly assessing its effects on a larger scale. In this regard, the evaluation of the implementation of the framework and the corrections and adjustments deemed necessary will take place as part of a follow-up committee in which all the involved partners are present, a concrete sign of the partnership that was put in place during the work that led to its adoption.

However, certain issues invariably surface from one symposium or meeting to another. In the world of community housing organizations, people often allude to the insecurities that exist between the imperatives of the MSSS and those of the housing organizations. A lack of information often leads to misunderstandings in the logic for certain actions, the interpretation of each person's roles and responsibilities<sup>8</sup>. Ongoing training and support will be needed to better understand the foundation and the principles of Social housing community support, otherwise it will be a threat to the successful implementation of the reference framework.

### Health and Social Services: What is its place in Social housing?

The *Reference Framework* is part of, in a larger sense, a series of interventions that have had a tendency over the last thirty years to lead to (and this is especially true in the West) a dissolution in the once well-established boundaries between housing and accommodation. There are many indications of hybridization: use of community housing programs for transitional accommodation purposes (youths, crises, battered women) or for people losing their independence, changes in lease terms for therapeutic purposes. In terms of housing, some community stakeholders fear that the selection of lessees will be more and more subject to the health network. On the other side of the spectrum, i.e. housing and accommodation resources, “living environments” and “homes” are being created that grant residents more and more power.

Others have expressed fears that community housing will have the rules belonging to another system dictated to it: i.e. individual care. Fearing being subject to the health logic, they are claiming, as pointed out by the Director of the BC Non-profit Housing Association, Ms. Alice Sunberg, during a symposium organized in Quebec by the RQOH: “*housing not beds*” (Sunberg, 2006).

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<sup>8</sup> The first reports on the program are filed based on the number of individuals affected by the “service-programs”.

Overall and despite these questions, the approach recommended by Social housing community support is situated within an inter-sectoral context and is being proposed as a challenge to prevent the high-jacking of a network by another, all with the intent of providing an ongoing and structuring response to vulnerable clients within a context where permanent housing with community support is a step towards the reintegration of individuals. In itself, it is an important social innovation joining the community stakeholders from these two networks to the interventions of public organizations, i.e. the Société d'habitation du Québec and the Ministère de la Santé et des services sociaux.

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