

Developing a Consumer-Run Housing Co-op in Hamilton: A Feasibility Study

FINAL REPORT

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*Hamilton Addiction and
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***“Empowerment through independent, affordable
consumer/survivor-controlled housing”***



*Centre for Research
and Education
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Table of Content

EXECUTIVE SUMMARY.....	3
INTRODUCTION AND BACKGROUND.....	12
INTRODUCTION.....	12
<i>Housing for Consumer/Survivors.....</i>	<i>12</i>
<i>Housing Co-op as a Concept.....</i>	<i>14</i>
<i>Developing a Housing Co-op.....</i>	<i>15</i>
<i>Overcoming Stigma.....</i>	<i>16</i>
PROJECT STRUCTURE.....	17
<i>Project Steering Committee.....</i>	<i>17</i>
<i>CREHS Research Team.....</i>	<i>17</i>
RESEARCH PURPOSE AND METHODS.....	18
RESEARCH PURPOSE AND RESEARCH QUESTIONS.....	18
<i>Research Purpose.....</i>	<i>18</i>
<i>Research Questions.....</i>	<i>18</i>
PARTICIPANTS AND DATA GATHERING.....	19
<i>Participants.....</i>	<i>19</i>
<i>Data Gathering Methods.....</i>	<i>19</i>
PHASE I: EXPLORING THE CO-OP IDEA.....	22
HOUSING FOR PEOPLE WITH MENTAL HEALTH ISSUES.....	22
<i>Social Housing in Hamilton.....</i>	<i>22</i>
<i>Mental Health Housing.....</i>	<i>23</i>
<i>Consumer Participation in Housing.....</i>	<i>25</i>
THE CONSUMER-RUN CO-OP IDEA.....	28
<i>Attitudes toward Co-operative Housing.....</i>	<i>28</i>
<i>Desire to Live in a Housing Co-op.....</i>	<i>29</i>
<i>Co-op Living.....</i>	<i>30</i>
<i>Perceived Benefits of Co-operative Housing.....</i>	<i>32</i>
<i>What will Facilitate Living in Consumer-Run Housing Co-op?.....</i>	<i>33</i>
<i>Potential Challenges.....</i>	<i>34</i>
PHASE I CONCLUSION.....	35
PHASE II: CLARIFYING THE CO-OP IDEA.....	36
IMPLEMENTATION PARAMETERS.....	36
<i>Model: Equity vs. Non-Equity.....</i>	<i>36</i>
<i>Target Population: Integrated vs. Non-integrated.....</i>	<i>37</i>
<i>Supports and Training.....</i>	<i>38</i>
<i>Building: Newly Constructed vs. Renovated Building.....</i>	<i>40</i>
<i>Location.....</i>	<i>40</i>
<i>Size.....</i>	<i>42</i>
<i>Financing and Development.....</i>	<i>43</i>
<i>Revenue Sources.....</i>	<i>44</i>
<i>Maximizing Community Acceptance.....</i>	<i>46</i>
IMPLEMENTATION PLAN.....	48
<i>Co-op Development Plan.....</i>	<i>48</i>
<i>Strategy for Maximizing Community Acceptance.....</i>	<i>56</i>
CONCLUSION.....	60
APPENDIX 1: AN ORGANIZATIONAL CHART FOR A HOUSING CO-OP.....	62
APPENDIX 2: TABLES AND CHARTS.....	63
APPENDIX 3: RESOURCES.....	66
REFERENCES.....	68

Developing a Consumer-Run Housing Co-op in Hamilton: A Feasibility Study

Executive Summary

The purpose of this research project was to assess the feasibility of developing a housing co-op for people with mental health issues in Hamilton. The research project was implemented in two phases. Phase I explored the vision for this innovative approach to housing for consumer/survivors¹, and Phase II sought to clarify the concept and develop implementation plans for it. This report is a summary of findings from the two-phase feasibility study.

Project Structure

This feasibility study for a consumer-run housing co-operative in Hamilton was funded by the Ontario Trillium Foundation and was carried out by a research team from the Centre for Research and Education in Human Services (CREHS) under the direction of a sub-committee of the Hamilton Addiction and Mental Health Network (HAMHN).

Methods and Participants

Four different data gathering methods were used to gather information to answer two main research questions: (1) *“Is there a strong vision to develop a consumer-run housing co-op in Hamilton?”* and (2) *“If there is indeed a strong vision for a consumer-run housing co-op in Hamilton, how should the vision be practically implemented?”* The methods used were document review, key informant interviews, focus groups, and a consumer survey. Participants were drawn from the four main stakeholder groups identified with the help of the steering committee, namely people with mental health issues, family members, service providers and municipal government housing officials.

A total of 197 participants took part in this feasibility study. They included 154 people with mental health issues, 9 family members, 28 service providers, 4 municipal government housing officials, and 2 co-operative housing consultants. The distribution of participants by data gathering methods is presented on table 1 below:

¹ The term consumer/survivor is a self-identified term that has been used by people with mental health issues to describe themselves as consumers of mental health services and survivors of mental health challenges. In this report, this term is used interchangeably with such terms as “people with mental illness”, “people with mental health problems”, or “people with mental health issues”.

Table 1: Distribution of participants by data gathering methods

Method (#)	Phase I	Phase II	Total
Key informant interviews (17)	14	4	18
Focus groups (6)	29	19	48*
Consumer/survivors' survey	131	-	131
Total	174	23	197*

* A small number of participants had multiple participations across phases and methods.

Phase I: Exploring the Co-op Idea

The first phase of the feasibility study tested the idea of developing a housing co-op for people with mental health problems in Hamilton. Issues explored include the need for social housing in Hamilton, the housing needs of people with mental health issues, how stakeholders view the idea of developing a housing co-op for people with mental health issues, and whether there is a significant number of consumer/survivors in Hamilton who would like to live in a housing co-operative. Findings from Phase I are summarized below.

1. Persistent need for more social housing in Hamilton despite the range of options

Key informant interview and focus group participants acknowledged that there is a great need for social housing in Hamilton to serve the needs of the poor and people with disabilities including people with mental health issues. According to the participants, an insufficient supply of good quality affordable housing in the city continues to exert pressure on social housing and this affects low income families and people with disabilities, including people with mental health issues.

2. Significant gaps exist in continuum of housing for consumer/survivors

Key informants and focus group participants noted that there is a range of housing for people with mental health issues in Hamilton. This range of housing includes (1) custodial housing, (2) supportive housing, and (3) supported housing. The range of housing used by people with mental health issues in Hamilton was also reflected in the results of the consumer/survivors' survey. The survey sample of 131 respondents included 55 people (42%) living in rented apartments, 36 people (27.5%) living in residential care facilities, 9 people (6.9%) living with their family members, 8 people (6.1%) living in condominiums, 7 people (5.3%) living in supported housing, and 16 people (12.2%) living in "other types of housing" (e.g. homes for special care).

While this continuum of housing is necessary to meet the varying individual needs of people with mental health issues, there are gaps within this range that need to be addressed.

According to research participants, one gap is an over supply of residential care facilities that provide a high level of personal care but limited autonomy for residents, and a very limited supply of supportive and supported housing that are rehabilitation and recovery focused.

The consumer/survivors' survey results further indicated that there are many consumer/survivors in Hamilton who regard themselves as able to live independently. When asked whether they are able to live independently, 72 out of 121 participants who responded to the item (59%) said they considered themselves able to live independently. Interviewees also noted that clients of most existing mental health housing models have little or no influence over their housing. The participants opined that it is very important to achieve a balance within mental health housing to better meet the needs of people with mental health problems, support their independence, and facilitate their recovery.

3. Support for the idea of consumer-driven co-operative housing

Phase I of the feasibility study found tremendous support and excitement about the idea of a consumer-driven housing co-operative among consumer/survivors, family members, community mental health workers and non-profit housing professional in Hamilton. Almost all key informants and focus group participants supported the idea of developing a housing co-op for people with mental health issues. In addition, 54 out of 129 survey participants (41.9%) said they would like to live in a housing co-op compared to 38 people (29.4%) who said they would not, and 37 people (28.7%) who said they were unsure.

A good majority of the stakeholders that participated in this research said that a consumer-run housing co-op would be an important addition to the continuum of housing that is available to people with mental health issues, and a significant step toward addressing the gaps identified. They said that co-op housing is consistent with an empowerment approach; it fosters a sense of belonging and a sense of community among its residents, and promotes peer support. These advantages offered by co-op housing promote the concept of self-determination and are very consistent with the recovery model in mental health.

4. Caution and support required in developing a consumer-run housing co-operative

Although a majority of the participants in this research supported the idea of a consumer-run housing co-op, some said that such a housing co-op will be successful only if all stakeholder groups work together and provide adequate support and training for residents, especially at the initial stages. Some of the supports and training they identified as necessary were mental health support, income support and co-op living training.

Naturally, a few participants were cautious in their appraisal of the idea of consumer-run housing co-op. Although they thought it will be a good idea, these participants suggested that the concept needs more clarity before implementation. This concern for clarity was addressed in Phase II of the research.

5. Challenges to realizing the vision of co-operative housing for consumer/survivors

Several potential challenges to realizing the vision of a consumer-run housing co-op were identified. These include community opposition, the stigma attached to mental illness, financing, maintaining effective managerial processes, and healthy interpersonal and group dynamics. According to research participants, the biggest problem would be the strong “not in my backyard” attitude towards social housing that is present in Hamilton (NIMBY).

Participants, nonetheless, suggested that these challenges could be overcome by drawing on resources in the co-op sector for training and on-going support, and by facing NIMBY head-on through advocacy and public education to help people to better understand mental illness. Research data also pointed out the value of developing the co-op in a location where zoning restrictions are minimal as a means of minimizing formal opportunities for negative neighbourhood reaction.

Phase II: Clarifying the Co-op Idea

This section represents the findings from Phase II of the feasibility study. Parameters for setting up a housing co-op that would meet the specific needs of people with mental health issues were explored and recommendations were made for each parameter. Based on the recommended parameters, an implementation plan, including a strategy for maximizing community acceptance for the project, was developed with recommendations for each implementation step.

6. Preferred model of co-operative housing

There are two broad types of housing co-ops, namely equity or market rate housing co-ops and non equity or not-for-profit housing co-ops (Kinis, 2000). After a review of literature and discussion of the advantages and disadvantages of each model with a range of stakeholders, a consensus was reached that a not-for-profit model is the preferred model for consumer-run cooperative housing in Hamilton. The not-for-profit model offers the distinct advantage of affordability to individuals who do not have access to capital, and has more potential than an equity model for attracting funding under various public and private programs for low income earners and people on social assistance.

Recommendation #1

A non-equity (not-for-profit) co-op housing model is recommended for this project. This model would create housing that is financially accessible to many consumer/survivors.

7. Target population

Both the integrated and non-integrated models of co-op housing were considered in this study. In an integrated co-op, the core membership would be formed by consumer/survivors, but membership would otherwise be open to anyone interested in living in the co-op. In a non-integrated model, on the other hand, membership would be restricted to the target population only (consumer/survivors in this case). While some strong arguments were put forward in favour of an integrated model, findings of this research indicate a strong leaning towards a non-integrated model as the best way to ensure consumer/survivor control of the co-op over the long term. Immediate family members such as spouses and children would be allowed to live in units with co-op members, but only consumer/survivors would be eligible for membership.

Recommendation #2

It is recommended that the housing co-op for consumer/survivors should be non-integrated (consumer/survivors-only), similar to those formed for and by other specific populations such as artists, victims of abuse, and seniors. The co-op should therefore allow only people with mental health issues to become members.

8. Supports and training

Participants generally agreed that the members of a consumer-run housing co-op will require certain supports in order to be able to operate and live successfully in the co-op. Needed supports would include mental health supports, co-op living skills training and adequate income support. With a strong mental health support system already existing in Hamilton, research participants suggested linking the co-op and its members to those existing mental health supports rather than creating new ones for the co-op. Co-op living and co-op management training can be arranged through the Co-operative Housing Federation of Canada. Rent supplement may be obtained from the City of Hamilton to support low income earners and people on social assistance to enable them to pay their housing charges.

Recommendation #3

- a. *It is recommended that the co-op establish links with such essential services as crisis support and hospitals through service agreements to facilitate quick and easy access to their services for co-op members when needed. The co-op development committee should also make arrangements with the local co-op housing association and with local co-ops for co-op management and co-op living training and support.*
- b. *Furthermore, the co-op development committee should make efforts to obtain rent supplement from the city for co-op members who qualify for it.*

9. Building

The feasibility study considered advantages and disadvantages of both newly constructed buildings and renovated pre-existing buildings. Although newly constructed buildings allow greater flexibility in design, aesthetics and energy efficiency, research findings suggest a preference for a renovated pre-existing building because they can be cheaper, easier to acquire, and quicker to complete and put into operation. Moreover, renovating may make more potential funding sources available to the project, and also make the project less open to community opposition.

Recommendation #4

A renovated pre-existing building is recommended as the first option for developing a housing co-op for people with mental health issues. This recommendation notwithstanding, the development committee may choose the second option of a newly built complex depending upon the findings of property search and the amount of funding available.

10. Location

In terms of consumer/survivor and service provider preferences, the best location for the co-op would be accessible to but outside the Hamilton downtown core, on a major bus route, and close to a range of services. Determining the specific location will very much depend on what property is available once the co-op is ready to purchase property, how much properties cost at that time, how those properties are zoned, and how much capital is available to the co-op. A decision on the specific location would be better made once financing has been arranged and the co-op is ready to purchase property. The implication of this is that any suitable property located close to, but outside the Hamilton downtown core, could be acquired for the purpose of building the co-op.

Recommendation #5

A suitable property should be sought in the area near (but not within) the Hamilton downtown core. The specific location for the housing co-op should, however, be determined by the co-op development committee, in consultation with a housing consultant after a thorough property search and specific financing scenarios have been considered.

11. Size

All participants agreed that the housing co-op should be relatively small but financially efficient. Based on all arguments, it appears that the size would have to be within the range of 30 to 80 units. The final decision about size would, however, be based on the amount of funding available, the types and sizes of suitable property available near downtown Hamilton, affordability for members, and long-term financial viability.

Recommendation #6

A small housing co-op of size anywhere between 30 and 80 units is recommended. This range gives latitude in the search for property which should focus on buildings that can be converted into a mix of single and family housing units within the specified range.

12. Financing and development

To facilitate the development of the housing co-op, a co-op development committee should be established to co-ordinate the process. A founding co-op board of directors would also have to be established for the incorporation of the co-op and for organizing the co-op association and community. The co-op development committee would also have to engage a housing development consultant to complete a viability study to assess and plan for the project's financial viability and help arrange financing for the project.

The financial viability of the project would depend on a calculation of capital and operating costs compared with projected revenues from housing charges, fundraising, and other secure sources. Although the actual cost for the housing co-op would depend on factors including, the size and sophistication of the building, the capital costs would invariably include property costs, consultation costs, planning costs, design costs, construction costs, and development charges. Operating costs, on the other hand, may include management costs in addition to utility costs, maintenance costs, mechanical costs (where necessary), and incidental costs.

Potential sources that were identified for financing capital costs were borrowing (mortgage), government grants for affordable housing, and fundraising from philanthropic organizations. Revenue sources for financing operating costs include monthly housing charges to co-op members and rent supplement from the City of Hamilton.

Recommendation #7: Financing and development

It is recommended that the development of the housing co-op should follow the steps outlined in the co-op development plan in this report (see [Co-op Development Plan](#)). These steps are:

1. *Establish a co-op development committee to co-ordinate all the steps required to implement the co-op development plan. This committee may be made up of stakeholders and include the members of the co-op's founding board of directors.*
2. *Recruit members and form a founding co-op board of directors. This board should be made up of consumer/survivors who are interested in taking leadership in the development of the co-op. Members of the founding co-op board should also be members of the co-op development committee. This board, with the support of the entire co-op development committee, will be responsible for completing the co-operative's start-up activities outlined in phase 3 of the co-op development plan.*
3. *Conduct a viability study to assess the financial viability of the housing co-operative. To accomplish this task, the co-op development committee should:*
 - a. *Engage a housing development consultant who specializes in the development of housing co-ops*
 - b. *Apply for viability study funding (e.g. SEED funding from the Canada Mortgage Housing Corporation); accessing this funding may require naming a lead agency*
 - c. *Co-ordinate a search for suitable properties within the target area of Hamilton with the support of the housing development consultant*
 - d. *Analyze, understand, and review budget projections and long-term financing models for the project developed by the housing consultant*
 - e. *Decide on the actual location, size and type of housing*
4. *Organize and start up the co-operative:*
 - a. *Incorporate the cooperative (requires at least 5 incorporating members)*
 - b. *Recruit and train co-op members, and establish needed committees of the co-operative*
 - c. *Develop draft by-laws for the co-op community*
 - d. *Prepare to hold the founding meeting of the co-op (within 18 days of receiving the certificate of incorporation)*
5. *Plan and organize start-up financing and proceed with arrangements for the physical development of the co-op:*
 - a. *Complete proposals for capital funding*
 - b. *Arrange financing from a credit union or mortgage bank*
 - c. *Organize capital fund raising from community and philanthropic organizations*

6. *Develop an evaluation plan for monitoring the project, adjusting the implementation to enhance its success, and capturing best practices for future projects. The evaluation plan should also assess and document the effectiveness of the co-op approach to housing in mental health.*

13. Maximizing community acceptance

Data from the feasibility study suggested a strong need for early, intentional planning for a proactive neighbourhood acceptance strategy that can be implemented as soon as the site is identified for the co-op. The strategy should be proactive in building community buy-in before NIMBY arises, but should also face NIMBY head-on when it does arise. To be successful, the strategy should involve all stakeholders in a co-ordinated effort and should include actions to bring politicians on board.

The neighbourhood acceptance strategy should be designed to provide information to members of the co-op's proposed neighbourhood, not only to alleviate any fears they may have about mental illness but also to educate them about the potential positive outcomes of the project.

Recommendation #8

It is recommended that the co-op development committee apply for funding for community education and begin to implement the strategy for maximizing community acceptance as soon as property is acquired for the purpose of developing the housing co-op (see [Strategy for Maximizing Community Acceptance](#)).

Conclusion

The first phase of this feasibility study found significant need for new affordable, independent housing options for consumer/survivors, and considerable support among stakeholder groups for the idea of a consumer-driven housing co-operative in Hamilton. All the participants said that a consumer-run housing co-operative will provide stable, affordable housing that is empowering and will develop a sense of belonging and a sense of community among people with mental health issues. They therefore believe it will be very important addition to the continuum of housing that is available to people with mental health issues in Hamilton.

Data from Phase II of this research suggested that a not-for-profit housing co-op in which membership would be open only to people with mental health issues would be most appropriate for this project. Such a model, participants argued, can be tailored to meet the specific needs of people with mental health issues. The co-op must be established in close proximity to services and community places, preferably on a major bus route near downtown Hamilton. Also developing such a housing co-op would require a comprehensive program of community education and mobilization to maximize community acceptance of the project. Moreover, the development of the co-op will require the support and involvement of all stakeholder groups to be successful.

An initial scan of affordable housing start-up programs indicated that funding may be available to subsidize construction or renovation costs for a housing co-op for people with mental health issues in Hamilton. Furthermore, an analysis of financing options for operating expenses suggested that sustaining a co-op on housing charges affordable to people on ODSP is feasible with rent supplement.

Based on these findings, the overarching recommendation of the feasibility study is to proceed with the next step towards the co-op's development, invest time and effort in the generation of specific budget figures, complete a concrete and specific viability study and business plan, and proceed with developing a co-op on that basis.

Developing a Consumer-Run Housing Co-op in Hamilton: A Feasibility Study

INTRODUCTION AND BACKGROUND

Introduction

This research project is a feasibility study for developing a housing co-op for people with mental health issues in Hamilton. The project was carried out in two main phases. Phase I explored the co-op idea and assessed stakeholder support for the vision of consumer-run cooperative housing. Phase II aimed to clarify the concept and develop an implementation plan for the project. This report is a presentation of the findings from both phases of the project.

This feasibility study was funded by the **Ontario Trillium Foundation** and was carried out by the **Centre for Research and Education in Human Services (CREHS)** in conjunction with the **Hamilton Addiction and Mental Health Network (HAMHN)**. Both phases of the feasibility study were conducted by a CREHS research team under the direction of a steering committee formed by members of HAMHN. The project was co-ordinated by the **Mental Health Rights Coalition** of Hamilton.

Housing for Consumer/Survivors²

Having a home is a basic human right for everyone. Unfortunately, this right is denied many people in Canada, as evidenced by a growing population of people who are homeless or living in inadequate housing. People who have experienced mental health issues are one group that is vulnerable to housing difficulties. Various studies over the years have found that between 25% and 50% of homeless people have mental health problems (Drake et al., 1991; Koegel, et al., 1996; Schutt & Garrett, 1992). There is also evidence that people with mental health issues form a high percentage of first time shelter users. For example, a demographic study conducted by Goering et al. (2002) found that 64% of first time shelter users in Toronto had mental health problems. Also, recent findings by Forchuk et al. (2006) indicated that each year, several patients of psychiatric hospitals and psychiatric wards of general hospitals are discharged to no fixed addresses; such patients are literally discharged onto the streets or into shelters.

² The term consumer/survivor is a self-identified term by people with mental health issues to refer to themselves as consumers of mental health services and survivors of mental health challenges. In this report, this term is used interchangeably with such other terms as “people with mental health problems” and “people with mental health issues”.

Since the shift from institutional care to community care in mental health, three main conceptual approaches to housing have evolved, namely; custodial housing, supportive housing and supported housing (Parkinson, Nelson & Horgan, 1999; see also HDHC³, 2001).

Custodial housing: This is the first housing model that was adopted in community care. Custodial housing, which is mainly provided by residential care facilities and homes for special care, operates on a for-profit basis. This model of housing is based on funding for care services only and includes room and board and 24-hour supervision. Residents in custodial care housing are given direct assistance with daily living and personal care and remain under strict control of staff. Custodial care housing is not rehabilitation focused and residents have no choice of services (HDHC, 2001).

Supportive housing: Supportive housing is rehabilitation focused and was designed to prepare tenants for more independent living (HDHC, 2001). This type of housing is typically “communal” in nature and involves smaller numbers of tenants compared to custodial housing. Rehabilitation services are provided by non-profit agencies that are linked to the housing. Residents have little power to make decisions about their housing or the types of services they need. If a resident opts out of the housing, he/she loses the services and vice versa.

Supported housing: Supported housing focuses on the empowerment of the individual towards independent living. This model of housing is much like any regular affordable rental housing but comes with individualized supports and rehabilitation programs for tenants. The supports and rehabilitation programs are provided by non-profit agencies but are “de-linked” from the housing. Tenants therefore have the power to choose their housing and the types of services or programs they wish to use.

In some cities, including Hamilton, many people with mental health illness live in highly structured residential care facilities under the strict supervision of staff. For many consumer/survivors going through the process of recovery, however, this highly-structured housing replicates many of the problems of institutional care. Moreover, researchers have found no evidence that suggests that such housing leads to an improved quality of life for people with mental health illness (Parkinson, Nelson, & Horgan, 1999).

As an alternative to residential care facilities, supportive and supported housing programs were developed and implemented to promote rehabilitation and facilitate independent living. Evaluations of these programs have found that they are beneficial and empowering to people with mental health issues (Parkinson et al., 1999). Still, most of these programs have been governed, staffed and operated by community mental health professionals.

In other areas of support for people with mental health issues, peer support among consumer/survivors has become more common, with consumer/survivors operating their own organizations (e.g., Consumer/Survivor Initiatives) and self-help/mutual aid groups, and

³ Hamilton District Health Council

serving as case managers and peer support workers in more traditional community mental health programs (Davidson et al., 1999). A growing body of research attests to the value of different types of peer support for mental health consumers (Davidson et al., 1999; Nelson, Ochocka, Janzen, & Trainor, 2006).

Developing a consumer-run housing co-op is an innovative approach to supported housing. While mental health housing programs in Ontario tend to be operated by community mental health and/or housing professionals, there are a few successful examples of consumer-run housing in other jurisdictions. For example, the Vancouver Mental Patients' Association is a major provider of housing for mental health consumers in Vancouver. In the U.S., the GROW self-help organization has developed consumer-run housing, and one study has shown the benefits of consumer-run housing compared with more traditional housing (Kloos, 2001). Others have pointed to the benefits of using consumer staff in supported housing (Besio & Mahler, 1993).

There is also a great deal of research on consumer preferences for housing that supports the concept of consumer control over housing (e.g., Tanzman, 1993). To our knowledge, however, no one has ever asked consumer/survivors about their preferences for living in a consumer-run housing co-op. This feasibility study was therefore an opportunity for the study of innovation in housing and mental health.

Housing Co-op as a Concept

Co-op housing is an innovative type of housing that is owned and run by its members. Housing co-ops involve the pooling of resources and sharing of control and responsibilities by individuals who are interested in living together with other people in a community (Shapiro, 1998). In Canada, the operations of housing co-ops are guided by provincial co-op acts and the co-operative principles for housing co-ops developed by the International Co-operative Association (ICA). These co-operative principles are open membership, democratic control, economic participation, independence, co-operative education, community, and co-operation among co-operatives (ICA, 1995). The main distinction between housing co-ops and other types of homeownership is that members do not directly own their units; they are members in a collectively owned housing complex.

There are several types of housing co-ops but these can be divided into two broad categories, namely; equity co-ops, which sell stocks or shares at full market value to their members, and non equity-co-ops, which are non-market rate co-ops (Kinis, 2000). Non-equity housing co-ops are usually financed by government organizations and often have rent-geared-to-income units for low income families and individuals (Kinis, 2000).

Non-market housing co-op members pay a monthly housing charge (rent) either at market rates or subsidized. According to information from the Co-operative Housing Federation of Canada's (CHF Canada) website, non equity co-ops may not distribute any of their properties or pay any monies to their members. They can, however, allocate or credit their members all or part of surpluses arising from their operations for a fiscal year. Upon the dissolution of a

non-equity co-op, its properties are transferred to other housing co-ops or other not-for-profit/charitable organizations.

Members of housing co-ops elect and are eligible for election to a board of directors which runs the business of the corporation (see an organizational chart for a housing co-op in appendix 1). The members approve the bylaws, policies and regulations to which they all must abide. Membership committees are set up to screen and admit new members into the organization. Members form a community in which they have equal rights and shared responsibilities. Besides actively participating in the running of the co-op, members may volunteer for maintenance tasks or get involved in other community-based projects. Furthermore, housing co-ops demonstrate the values of individual responsibility, mutual aid, equality, equity, and solidarity (CHF Canada, 2006). They give their members a voice in decision-making, promote a sense of belonging, and develop a sense of community.

Housing co-ops therefore do not only provide stable, safe and affordable housing for people who are vulnerable to housing difficulties, they also provide them with opportunities for active and meaningful involvement, which has a positive impact on the recovery process for people with mental health issues (Mead & Copeland, 2000; Nelson & Lomotey, 2006; Powel, Yeaton, Hill & Silk, 2001). Clearly, therefore, the values of co-op housing are very consistent with the values of community care in mental health.

Developing a Housing Co-op

Most co-op development guides recommend a phased multi-step approach to forming a housing co-op. While different authors organize the co-op development process into different phases, they all describe similar processes and activities that must be completed towards the formation of the co-op. These activities can be classified into three areas, namely, the initiation of the idea, market review and resource assessment, and building/community organization.

Initiation of the co-op idea begins with getting together a group of individuals who share the common goal of creating affordable community-owned housing. This may be a group of stakeholders or not-for-profit organizations that have identified a need for housing, or a group of individuals who wish to live in a community of collectively owned democratically controlled housing. This step is usually followed by a feasibility study to evaluate the potential market for the project, assess the community's receptiveness to the co-op idea, and identify human, material and financial resources that can aid its development. If the project is found to be feasible, a viability study is conducted to evaluate the actual costs and revenues for the project, assess start-up financing options, and develop a business plan for the project. This document forms the basis for the co-op's planning and development.

Financing is an important aspect of co-op development. In different parts of the world financing for housing co-ops comes in whole or in part from government, NGOs, commercial banks, construction savings banks, and primary or secondary mortgage lending institutions. In Canada, the federal government terminated its funding programs that had supported the

development of housing co-ops between 1973 and 1992. Since the termination of these programs, the primary recourse for co-op housing developers is self-help funding or borrowing. A group wishing to establish a co-op may be able to negotiate a mortgage to finance the development. Other potential sources of funding that could subsidize the development of housing co-ops are federal and provincial programs that provide partial funding for affordable housing.

Overcoming Stigma

Many social housing and supported housing programs initiated to help low income families, people with mental health issues, and people with other disabilities often meet opposition from neighbours. Usually, this “Not in My Back Yard,” attitude (NIMBY), which is based on lack of understanding, prejudice and fear is publicly expressed as legitimate concerns about the project. Zoning related issues such as the dimensions, density and design of a proposed building, and issues concerning garbage collection, parking and landscaping often serve as proxies for NIMBY.

NIMBY has numerous negative effects. This includes added costs to the project, delays in implementation, and sometimes compromises in design (Connelly, 2005). According to Connelly (2005) the additional costs to supportive housing projects from responding to NIMBY in Ontario is estimated to be within the range of 2 – 14% of total building costs.

To address the problem of NIMBY, the Ontario Non-Profit Housing Association (ONPHA) advocates for a systemic solution to discriminatory planning practices (Connelly, 2005). ONPHA is pressing for provincial legislation that outlaws such practices as separation or distancing between group homes, by-laws that zone out publicly funded housing, and zoning classifications that restrict the development of housing for people with disability. Locally, however, social housing development requires proactive planning to maximize community acceptance and to respond to NIMBY when it arises (Homecoming Coalition, 2005).

Project Structure

This feasibility study was carried out by a research team from the Centre for Research and Education in Human Services under the guidance of a steering committee.

Project Steering Committee

The steering committee for this project consisted of nine members of the Hamilton Addiction and Mental Health Network and a representative of CHF Canada. The responsibilities of this committee were to guide all aspects of the project, namely: planning, information gathering, interpretation of results, development of recommendations, report writing, and dissemination strategies. The members of this committee were:

1. Robert Foster, Wellington Psychiatric Outreach – Chair
2. Deborah Sherman, Mental Health Rights Coalition of Hamilton
3. Deb Clinton, City of Hamilton
4. Margaret Foley, Canadian Mental Health Association
5. Lance Dingman, Consumer survivor
6. Joel Goldberg, Hamilton Program for Schizophrenia
7. Jane Gillman, Earth First Consulting
8. Heidi Billyard, Good Shepherd Non-Profit Homes Incorporated
9. John Schalkwyk, Consumer/survivor
10. Judy Shaw, Co-operative Housing Federation of Canada

CREHS Research Team

The CREHS research team for this project was made up of:

1. Jonathan Lomotey, Centre Researcher - Co-Team Leader
2. Rob Case, Senior Researcher – Co-Team Leader
3. Maria Delfine – Community researcher
4. Penny Costoglou – Community researcher
5. Joanna Ochocka, Centre Director – Advisor
6. Rich Janzen, Research Director – Advisor

RESEARCH PURPOSE AND METHODS

Research Purpose and Research Questions

The research purpose and the main questions we sought to answer are presented in this section of the report. Also presented here are the actual questions asked of participants to assess the vision for a consumer-run housing co-op in Hamilton.

Research Purpose

The purpose of this research project was to assess the feasibility of developing a consumer-driven housing co-op for people with mental health issues in Hamilton. The research project was implemented in two phases. Phase I explored the vision of this innovative approach to housing for consumer/survivors in Hamilton. Based on evidence from Phase I that a strong vision does exist for the development of consumer-run housing co-operative, Phase II sought to clarify the concept and develop implementation plans for it. This report is a summary of findings from the two-phase feasibility study.

Research Questions

Phase I: Is there a strong vision to develop a consumer-run housing co-op in Hamilton?

- To what extent is there a need for social housing in general, and a consumer run co-op in particular, for mental health consumers in Hamilton?
- Are there significant numbers of consumer/survivors in Hamilton who see themselves as successfully living in a housing co-op?
- How ready is the broader Hamilton community in supporting the development of a consumer-run housing co-op?
- What factors would facilitate consumer/survivors to successfully live in a housing co-op (e.g., location, accessibility, amenities, availability/proximity to other supports)?
- Overall, what is the depth of commitment and stated priority across stakeholder groups to make this vision a reality?

Phase II: If there is indeed a strong vision for a consumer-run housing co-op in Hamilton, how should the vision be practically implemented?

- What would be the most appropriate housing co-op model?
- What would be the most appropriate location for the co-op?
- Should the co-op be a newly constructed building or a renovated pre-existing building?
- What, if any, supports/services should be made available to ensure successful tenure for co-op members?
- What capital and operating costs would be associated with the project?

- How could the development of the housing co-op be financed?
- How could neighbourhood acceptance of the project be maximized?

Participants and Data Gathering

The main sources of information for this study were participants drawn from four main stakeholder groups, namely; people with mental health issues, family members, service providers and government officials. In addition to the information they provided, documents were gathered and reviewed to provide a background to the study.

Participants

A total of 197 people participated in this feasibility study. They included 154 people with mental health issues, 9 family members, 28 service providers, 4 municipal government officials, and 2 co-op housing consultants. The distribution of participants by data gathering methods is presented in table 2 below:

Table 2: Distribution of participants by data gathering methods

Method (#)	Phase I	Phase II	Total
Key informant interviews (17)	14	4	18
Focus groups (6)	29	19	48*
Consumer survey	131	-	131
Total	174	23	197*

* A small number of participants had multiple participations across phases and methods.

Data Gathering Methods

Altogether, four different data gathering methods were used to gather information to answer the research questions in phases I and II. These were document review, key informant interviews, focus groups, and a survey⁴ of consumer/survivors.

Document review: In Phase I, we gathered and reviewed various documents on co-op housing, social housing, and housing for consumer/survivors in Hamilton and other jurisdictions to establish an understanding of the different models of housing co-ops and the housing needs of people with mental health issues. Documents reviewed for Phase II, including texts and internet resources from the websites of the International Co-operative Alliance, Co-operative Housing Federation of Canada, Confederation of Co-operative Housing, Ontario Non-Profit Housing Association and Consumer Survivor Initiatives, provided background information on housing co-op development. The information from these sources was put together with the opinions and insights of participants in the key informant and focus group interviews to develop implementation plans for a consumer-run housing co-operative.

⁴ The consumer/survivors survey was administered only in Phase I.

Key informant interviews: Altogether, 18 individuals participated in key informant interviews. They included 2 consumer/survivors, 3 family members, 2 co-op housing consultants, 3 municipal government officials in mental health and social housing, and 8 service providers. Among the 8 service providers were the following: 1 researcher, 3 non profit housing providers, 1 for-profit housing provider (attempts to interview other for-profit housing providers were unsuccessful⁵), and 3 mental health practitioners. These participants were selected from a list of potential participants developed with the assistance of the steering committee. The participants shared their insights into the housing needs of people with mental health issues in Hamilton and expressed their opinions on the idea of developing a consumer-run housing co-op and how the vision could be realized.

Focus groups: As part of this research, 48 individuals participated in 6 focus groups: 21 people participated in three consumer/survivors' focus groups, 12 in a service providers' focus group, 5 in a family members' focus group, and 9 in a combined focus group for service providers and family members. Sectors represented in the service providers' focus group were community mental health, hospitals, non-profit housing, for-profit housing (government), and co-operative housing. Recruitment of focus group participants was based on selection criteria that were developed with the help of the steering committee to include diverse stakeholder perspectives.

The focus groups provided an opportunity for participants to discuss the idea of developing a housing co-op that would meet the needs of people with mental health issues in-depth and in an interactional setting. Though the participants did not always agree on all issues, they had the opportunity to listen to other people's view points and to work towards building consensus on some of the issues.

Consumer survey: A brief and simply worded self-administered survey was distributed to a convenient sample⁶ of consumer/survivors living in Hamilton. Distribution was done mainly through the networks of community mental health and housing agencies in the community. In addition, some surveys were distributed at some residential care facilities and a shelter.

A total of 131 consumer/survivors participated in the survey. Of this number, 64 (49%) were male and 59 (45%) were female. The remaining 8 (6%) did not indicate their gender. Ages of participants ranged from less than 20 to 51 years and above. The gender and age distributions for survey participants are presented on tables 3a and 3b. Although the survey was not based on a random sample, it helped to establish data credibility through triangulation with data from key informant interviews and focus groups.

⁵ Researchers initially made calls to 9 randomly selected Residential Care Facility (RCF) operators. Researchers then purposefully selected 2 RCF operators to interview from names suggested by steering committee members. All RCF operators reached by researchers declined to participate in an interview.

⁶ Participation in the consumer/survivors' survey was voluntary (i.e. the sample was non probabilistic). Efforts were, however, made to reach consumer/survivors from diverse perspectives in terms of housing.

Table 3a: Gender distribution for survey participants (n=131)

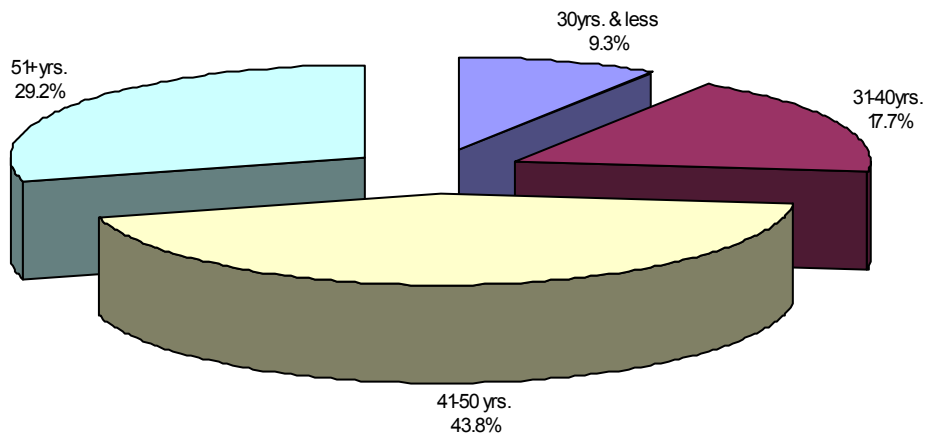
Gender	Frequency	Percent
Male	64	48.9%
Female	59	45.0%
Missing	8	6.1%
Total	131	100%

Table 3b: Age distribution for survey participants (n=130)

	Below 20	20-30	31-40	41-50	51+
Frequency	1	11	23	57	38
Percentage	.8%	8.5%	17.7%	43.8%	29.2%

The distributions showed (1) a good gender balance in survey participation and (2) that a majority of participants (73%) were 31 years or older. The age distribution for survey participants is illustrated in chart 1 below.

Chart 1: Distribution of survey participants by age (n=130)



Phase I: EXPLORING THE CO-OP IDEA

Housing for People with Mental Health Issues

This section represents findings from Phase I of the feasibility study. In this phase the idea of developing a housing co-op for people with mental health problems in Hamilton was explored. The issues explored include the need for social housing in Hamilton and the housing needs of people with mental health issues.

Social Housing in Hamilton

Participants in this research expressed the opinion that there was a great need for social housing in Hamilton. According to the range of stakeholders who participated in the study, Hamilton does not have enough good quality affordable housing for low income families and people on disability and this has created a huge pressure on social housing in the city. Participants recognized that the issue of affordable housing is inextricably linked with poverty, disability and the social determinants of health.

This recognition by the research participants was consistent with recent statistics for the City of Hamilton that suggest that, based on a low income cut-off (LICO) of \$16,979, a significant proportion of the Hamilton population (16%) lives below the poverty line (Fraser, 2004). This statistic corroborates the reported poverty incidence rate of 20% for Hamilton, which is much higher than the provincial average (Statistics Canada, 2001). In the words of some participants:

“We don’t have enough good quality housing for people [in Hamilton] and rents are high. Part of the problem is affordability.” Service Provider

“Housing is just one part of the problem so we have to go a long way in trying to solve the problems of people with mental health issues.” Service Provider

“There is what I call the ‘poverty ceiling’ for people with severe and persistent mental illness. Because [when] you have this illness you cannot get a job.” Consumer Survivor

“We have to advocate for more rent subsidy so that people can afford good quality housing.” Service Provider

Participants indicated that it is imperative for the City of Hamilton to take steps to increase the availability of affordable housing for its low income population in general and especially for its special populations such as consumer/survivors, the elderly, people with

developmental challenges, and people with other disabilities. This is particularly important because people with visible disabilities are often discriminated against and excluded from access to good quality housing.

Mental Health Housing

Participants shared extensive knowledge about mental health housing in Hamilton. According to all the key informants and focus group participants, there is, at present, a range of housing and housing supports available to people with mental health issues in Hamilton, which includes custodial housing, supportive housing and supported housing⁷. The range of housing used by people with mental health issues in Hamilton was also reflected in the results of the consumer/survivors’ survey. The survey sample of 131 respondents included 55 people (42%) living in rented apartments, 36 people (27.5%) living in residential care facilities, 9 people (6.9%) living with their family members, 8 people (6.1%) living in condominiums, 7 people (5.3%) living in supported housing, and 16 people (12.2%) living in “other types of housing” (e.g. homes for special care). Table 4 shows the current housing of consumer/survivors who participated in the survey by frequency and percentage (also see Chart 9 in appendix).

Table 4: Distribution of survey participants by current housing (n=131)

Type of Housing	Frequency	Percentage
Rented apartments	55	42%
Residential care facilities	36	27.5%
Other housing	16	12.2%
Living with family	9	6.9%
Condominium	8	6.1%
Supported housing	7	5.3%
Total	131	100%

Ideally, having such a wide range of housing choices for people with mental health issues should allow consumer/survivors a choice of housing that is appropriate to their individual levels of functioning and needs. According to research participants;

“Housing that works well for the individual will depend upon the extent of the individual’s mental illness. Some can live satisfactorily on their own with some assistance provided they are well managed.” Service Provider

“There are people in residential care facilities who need the high levels of care that they provide. I used residential care facilities when I was in school ...Later on I moved to a shared apartment but being independent is ideal. I now have my own apartment and for me, at this stage, I think it is ideal. I found that I need a lot of social life so living alone is best for me.” Consumer Survivor

⁷ See Introduction (pp. 13) for descriptions of the three conceptual approaches to housing in mental health.

“My [family member’s] housing needs have not been constant. He occupied rented housing funded by ODSP and had visits from HPS staff person. He now lives in co-op housing. He is very happy in this new housing. He has a sense of pride of ownership. This makes him look after his housing very well. It is much better than when he was living in rented apartment.” Family Member

Some participants noted that residential care facilities were developed in response to deinstitutionalization to offer the high levels of personal support and care needed by individuals who had just been released from psychiatric hospitals. These residential care programs were therefore meant to include medication supervision, feeding, psychiatric appointment supervision, personal hygiene and cleanliness, and skills training.

Demonstrating the varying housing and support needs of consumer/survivors, one consumer focus group participant said;

“I don’t like having a one bedroom [apartment] because then people get isolated. I prefer to share with others because then you get support from your friends. For instance when I am at my grandparents’ home, they take care of the cooking and everything.” Consumer Survivor

While others said;

“I don’t like living with a lot of people so I am looking at getting my own one-bedroom apartment. I need my own space and I don’t even have a bedroom that is my own.” Consumer Survivor

“I live in supported housing. They teach cooking lessons. They show you how to run a house. It’s good. Now I have applied for subsidized housing but there is a waiting list. I am moving in with my parents so [that] I can save enough money to be able to buy furniture and things like that. I am taking the skill I learnt [where I live now] and I will apply it at my parents house and then to my future apartment” Consumer Survivor

Participants who were very knowledgeable about mental health housing said that most residential care facilities in Hamilton are not designed to encourage the individual’s recovery process and progress towards independent living. According to research participants, most of these facilities are primarily geared to high levels of care and are not recovery-oriented. In some cases, according to participants, these facilities are poorly supervised, and their residents lack personal space and privacy.

The types of mental health housing that support recovery and provide a degree of independence to residents are the supportive and supported housing models. (See Supported Housing Co-ordination Network, 2001). However, according to the housing and community

mental health professionals who participated in this research, there is a very limited number of these types of housing in Hamilton and this has made it difficult to realize the advantages of having a range of housing choices for people with mental health issues. Some participants blamed this situation on the inflexibility of current funding formula for mental health housing in Hamilton. In the words of some participants:

“The main problem is that there is an over supply of lodging homes where people who are discharged from hospital end up. And the quality is poor.” Service Provider

“My main concern is that there is a lot of custodial housing and people get stuck”
Service Provider

“There is inadequacy of proper housing for people who are mentally challenged. Second level lodging homes are on the whole mediocre and very poorly supervised.”
Family Member

“The supply does not meet the demand. We always receive calls for housing which we cannot meet.” Service Provider

The opinions expressed by participants in this feasibility study indicated that it is important for Hamilton to achieve a balanced continuum in mental health housing. This, they believe, will facilitate the recovery process and community reintegration for people with mental health issues. In this, there is no question that all housing and service providers, including both residential care facilities and community mental health housing organizations, have a role to play.

Consumer Participation in Housing

Participants were asked about how much influence consumer/survivors have in existing housing models. According to key informants and focus group participants, consumer/survivors generally have very little influence over their housing. This, they said, was especially true about most residential care facilities (RCF), where residents just have to follow the established rules. According to participants, this effectively limits clients' ability to develop towards self-determination. A focus group participant said,

“Custodial expectation is so embedded in ‘homes’ [RCF] operators and staff that it is hard to follow through on the philosophical push for more self-determination.”
Service Provider

“[Where I live now], they make the rules and we just follow them. For example you cannot lie down on the couches. If I am in an apartment and I have a couch, I can put my feet up. I'd like to have my own bedroom. The staffs make the rules. They get our opinion at meetings [that] we have every Monday but they make the decisions.”
Consumer Survivor

The participants, however, acknowledged that consumer/survivors living in supported housing do have some influence over how things are done through representation on advisory boards and at tenant meetings. However, even in this form of housing, the level of influence is very minimal. In the words of a focus group participant:

“Resident participation is superficial, real free choices are not there. Not enough resources means they have to choose the least bad option.” Service Provider

When asked how much influence they have over decision-making in their current housing, 49 (38%) survey respondents said they felt that they had no influence at all, 53 (41%) said they had some influence, while 27 (21%) said they had complete control. The following chart shows the amount of influence that survey respondents felt they had within the various housing models.

Chart 2: Distribution showing how much influence participants felt they have in their current housing (N⁸=129)

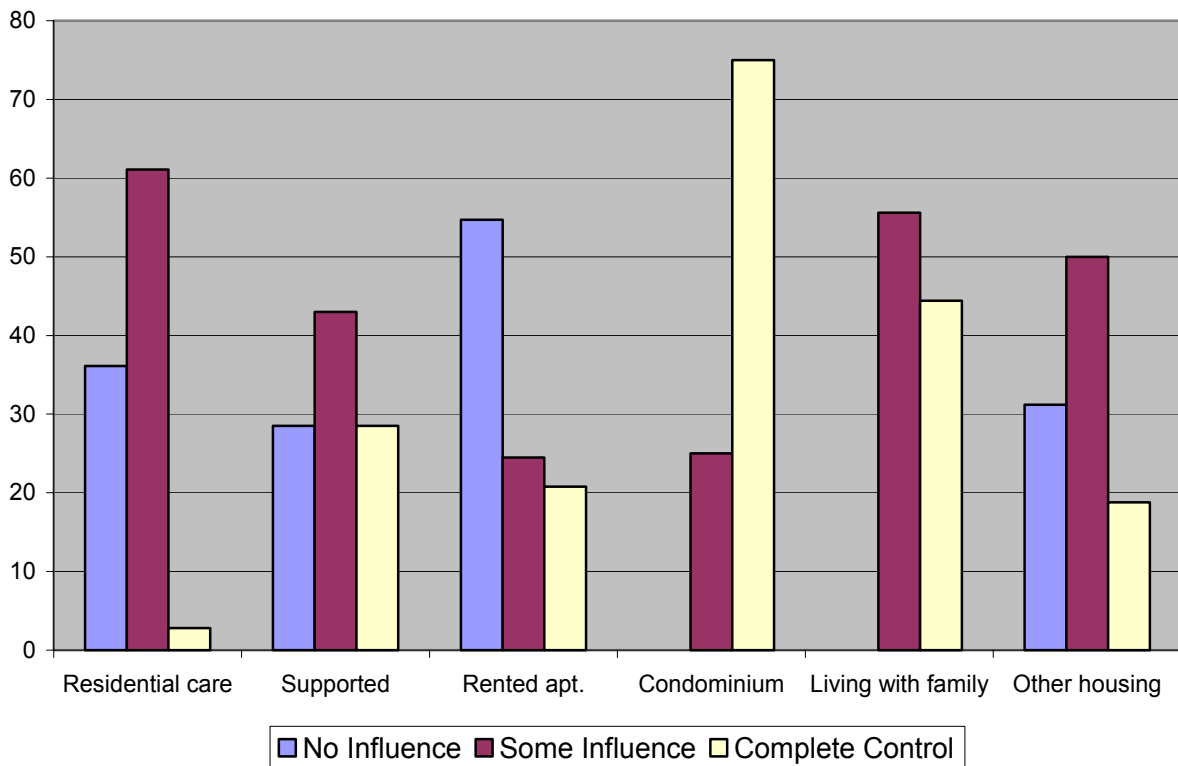


Chart 2 shows that a relatively higher percentage of people living in rented/owned apartments felt they had no control in their current housing; 29 out of the 53 respondents (55%) living in

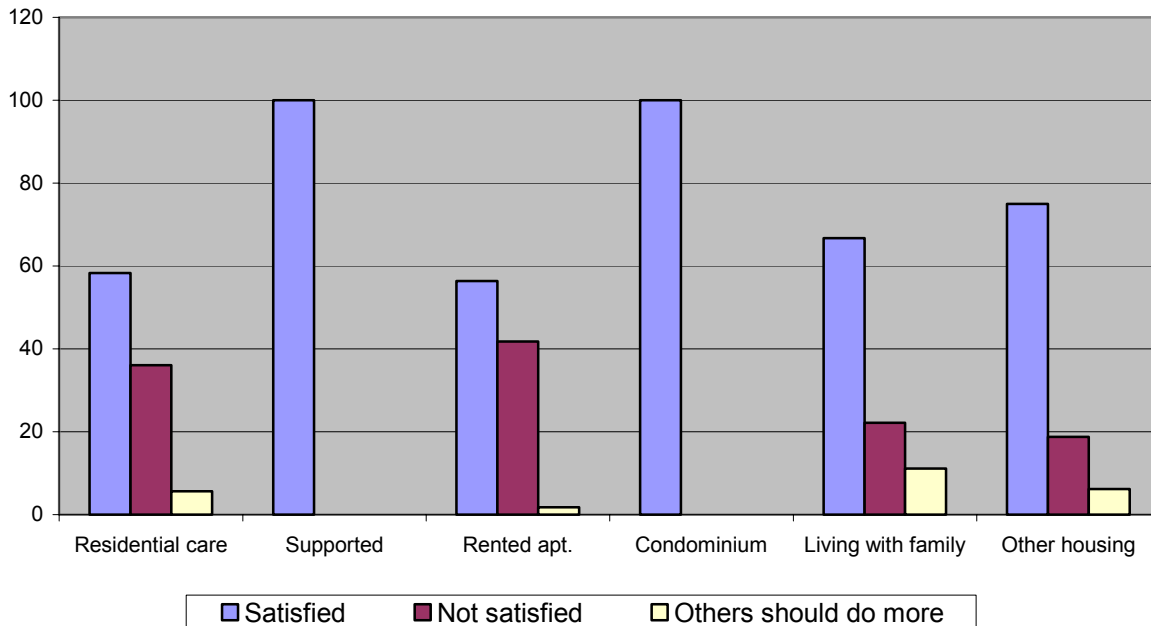
⁸ N is used to differentiate between “n” for statistics related to the whole sample and the overall “N” for statistics related to categories within the sample.

apartments said they had no control. An explanation for the relatively low levels of control perceived by apartment dwellers may be the normal dependence on landlords for the running of this type of housing. After apartment dwellers, the next lowest groups in terms of perceived control over their housing were individuals living in residential care facilities; 13 out of 36 respondents (36%) and people living in other housing (e.g. Homes for special care); 5 out of 16 respondents (31%). People who felt they had the most control in their present housing were people living in condominiums; 6 out of 8 respondents (75%) and people living with family members; 4 out of 9 respondents (44%) (See table 6 in appendix).

The survey results did not show marked differences between males and females in the levels of influence they felt they have. About 38% of males (24 out of 63 respondents) compared to 41% of females (24 out of 58 respondents) surveyed felt they had “no influence”, 40% of both males and females (25 and 23 respondents respectively) felt they had “some influence” while 22% of males (14 respondents) and 19% of females (11 respondents) felt they had “complete control” (See table 7 and chart 10 in appendix).

When asked how satisfied they were with the amount of influence they have over their present housing, 84 survey respondents (65%) said they were satisfied, 41 (31%) thought they needed more influence, while the remaining 5 respondents (4%) said they would prefer others to do more for them. Chart 3 compares survey participants’ satisfaction with the levels of influence they have across housing types.

Chart 3: Participants’ satisfaction with the levels of influence they have over their current housing (N=130)



This chart shows that all the 6 respondents living in supported housing (100%) and the 8 living in condominiums (100%) were satisfied with the level of influence they have over their current housing. The least satisfied were individuals living in rented apartments (23 out of 55 respondents, 42%) and people living in residential care facilities (13 out of 36 respondents, 36%). Further analysis by gender showed that slightly more males (46 out of 64 respondents, 72%) felt satisfied with the level of influence they have over their current housing than females (34 out of 58 respondents, 59%) (Also see tables 8 and 9 in appendix).

The Consumer-Run Co-op Idea

In this section, we assessed how stakeholders viewed the idea of developing a consumer-run housing co-op, and whether there are significant numbers of consumer/survivors in Hamilton who would like to live in a consumer-run housing co-operative.

Attitudes toward Co-operative Housing

Consistent with the literature, the participants in this phase of the research said that the best models of housing for consumer/survivors are those that encourage independent living, provide training and supports, empower individuals, and facilitate recovery. Empowerment comes through participation in decision making, taking personal responsibility for one's housing and making independent choices.

Strong consensus emerged in the research that co-op housing will be a worthwhile addition to the continuum of housing that is available to people with severe and persistent mental illness in Hamilton. Participants noted that people with mental health issues often lack access to quality housing, and are excluded by financial constraints from home ownership. A consumer-run housing co-op, they said, would not only give people with mental health issues access to good quality housing but would also give them a sense of ownership. Even the participants who were least enthusiastic about the idea of co-operative housing indicated that they thought the idea has merit, but that further clarification of how it would actually look and operate would be required before it is implemented.

When asked how well they thought the co-op housing concept would work for consumer/survivors, participants said they believed that it will work very well for those who are able to live independently. According to them, the values of co-op living align very well with the recovery model in mental health. Some participants said;

“I like the idea of co-op housing and resident involvement in managing their housing. Initially they are going to need a lot of help but I think it is a terrific idea for developing expertise and building confidence.” Family Member

“A project like this can have a very dramatic positive effect. I can't think of a better way for a person with mental illness to have self confidence and sense of worth. I think it is a great idea and I will be glad to be personally involved.” Family Member

“I think it will work very well for consumer/survivors. It gives [them] a sense of community, empowers them to say how they want the co-op run, they can decide whether they want it segregated or blended.” Service Provider

“I like [the fact] that the residents will make the decisions. That’s what I like about this idea.” Consumer Survivor

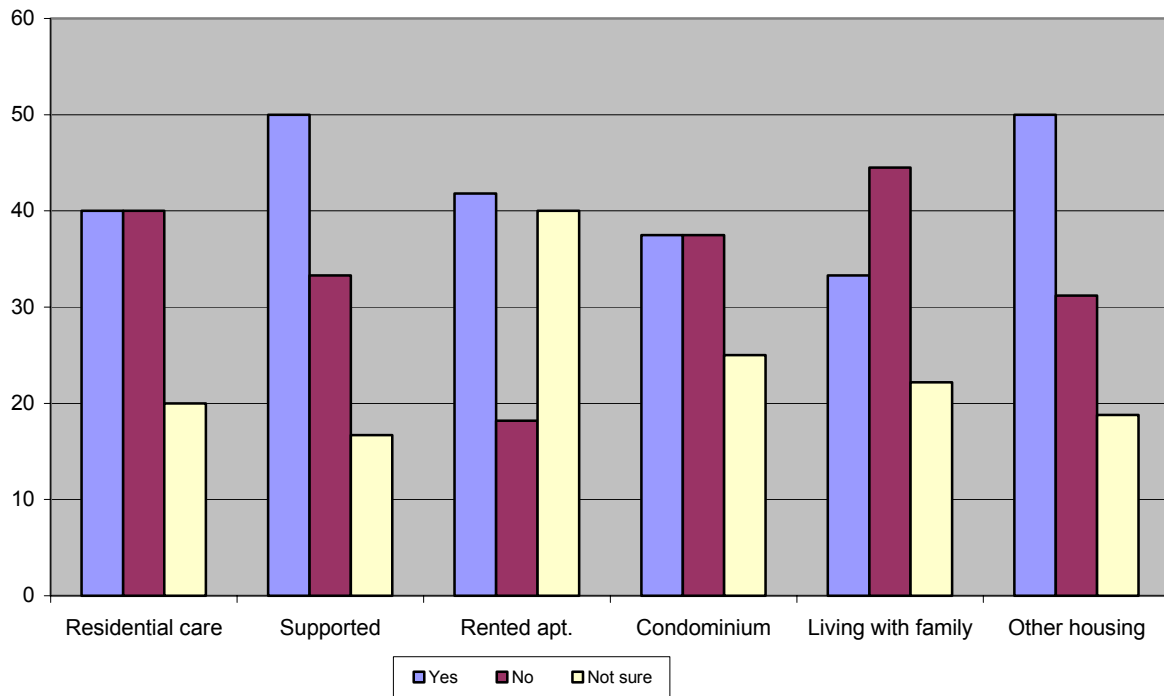
“For me I need my own space. ...If I am having a bad time, I could go to my own room and no one would disturb me.” Consumer Survivor

“From a family perspective, anything that allows my family member to be fulfilled in life ...that to me is beneficial.” Family Member

Desire to Live in a Housing Co-op

Asked whether they would like to live in co-op housing for consumer/survivors, 54 survey respondents out of 129 (41.9%) responded “yes”, 38 respondents (29.4%) said “no” and the remaining 37 respondents (28.7%) said they were unsure. Chart 4 shows the distribution of participants’ responses to this question by current housing.

Chart 4: Would you like to live in a consumer-run housing co-op? (N=129)



As illustrated in Chart 3 above, relatively high percentages of individuals living in supported housing (3 out of 6 respondents, 50%), other housing (8 out of 16 respondents, 50%), and rented apartments/owned homes (23 out of 55 respondents, 42%) would like to live in a consumer-driven housing co-operative. For people living in residential care facilities as many said they would like to live in a housing co-op (14 out of 35 respondents, 40%) as said they would not (14 out of 35 respondents, 40%). The highest percentage of people who would not like to live in a housing co-op currently lives with family members (7 out of 9 respondents, 45%). Further analysis by gender showed that slightly more males (28 out of 64 respondents, 44%) than females (21 out of 57 respondents, 37%) would like to live in a consumer-run housing co-op (see tables 11a, b & c in appendix).

Participants who said they would like to live in a housing co-op were further asked when they would be ready to move into a housing co-op. Of the 54 participants who said they would like to live in co-op housing, 47 responded to this question. Out of this number, 19 (40%) said they were ready to move into a co-op “right now”, 11 (23%) would be ready within six months, and 12 (26%) would be ready between 6 months and 2 years. The remaining 5 (11%) doubted if they would ever be ready to move into a housing co-op.

Chart 5: When are you ready to move into a housing co-op? (n=47)

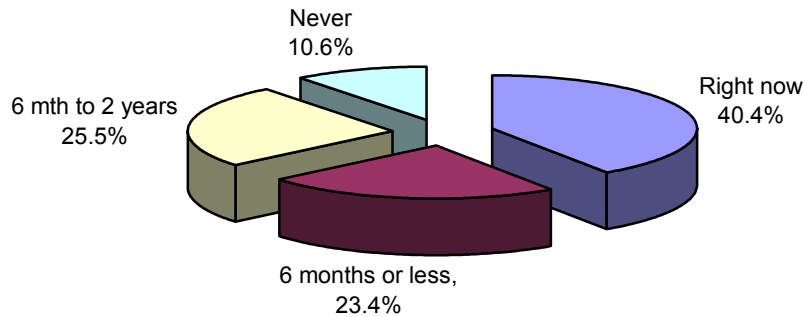


Chart 5 shows that a majority of people (64%) who would like to live in a consumer-run housing co-op are ready to move into co-op housing between now and 6 months (Also see table 12 in Appendix 2).

Co-op Living

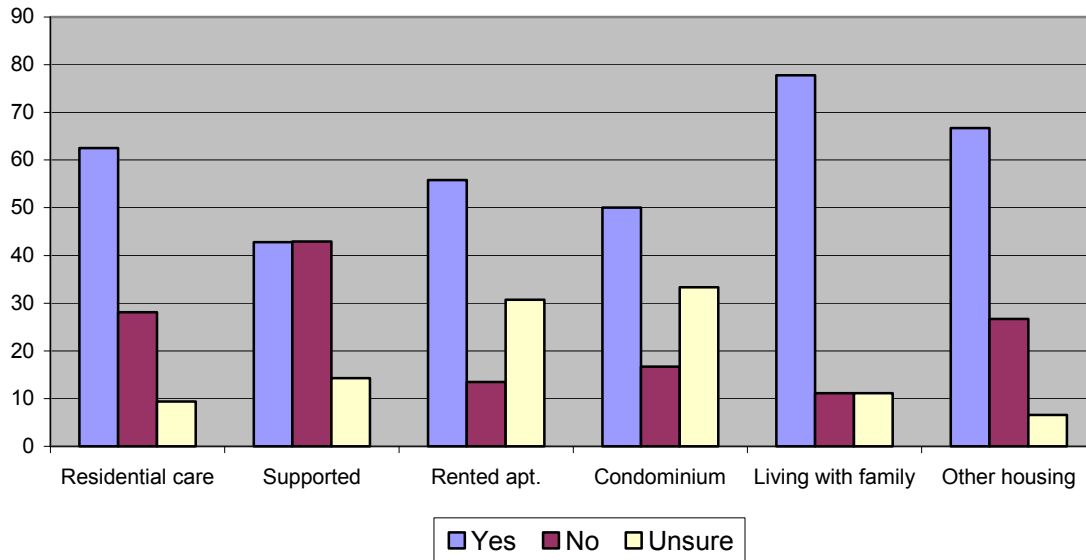
When asked if they thought they would be willing to participate in committees and other tasks involved in the operations of the co-op, 114 respondents (87%) said that they would.

Among those who said they would participate, participation on the board of directors was the most popular first choice (45% of respondents), followed by “peer support” (44% of respondents).

These results suggest that there are substantial numbers of consumer/survivors in Hamilton who are interested in living in a consumer-run housing co-op and who feel that they would be willing and able to fill the various roles required of housing co-op members.

To get a sense of how many consumer/survivors would qualify for co-op housing in terms of their ability to live independently, survey participants were asked whether they felt they were able to live independently. The results indicated that a significant number of participants regard themselves as able to live independently. Overall, a majority of survey participants (72 out of 129 respondents, 59%) said they viewed themselves as able to live independently compared to 25 respondents (21%) who felt they were not able. The remaining 24 respondents (20%) said they were not sure whether or not they would be able to live independently. Charts 6 and 7 compare participants’ self assessed ability to live independently by current housing and by gender respectively.

Chart 6: Distribution showing how participants assessed their ability to live independently by current housing (N=129)



As illustrated in this chart, high percentages of individuals living with family members (7 out of 9 respondents, 78%), in “other housing” (10 out of 15 respondents, 66%), and in residential care facilities (20 out of 32 respondents, 62%) viewed themselves as able to live independently.

Chart 7: Distribution showing how participants assessed their ability to live independently by gender (N=113)

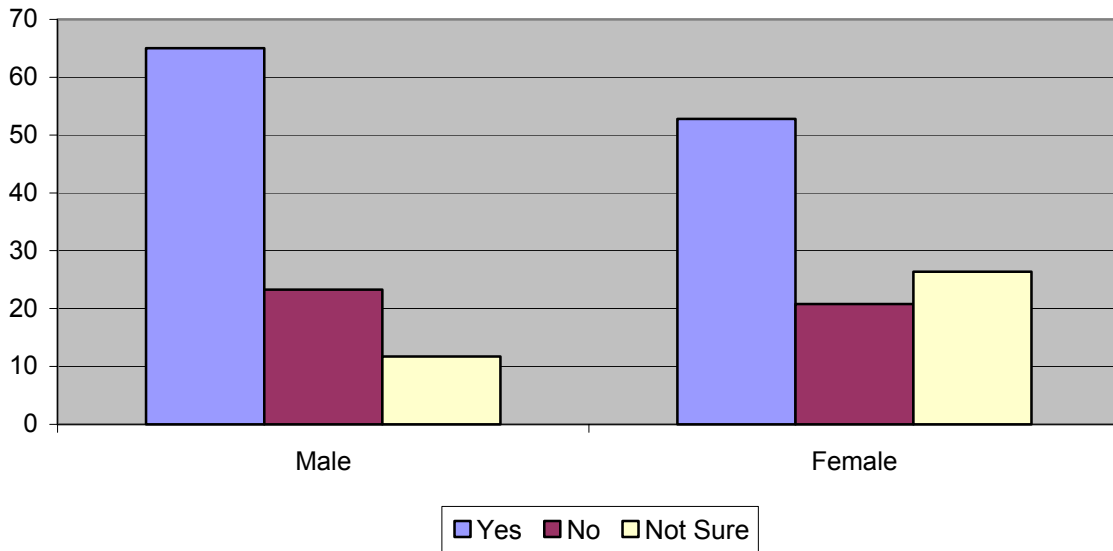


Chart 7 shows that slightly more males (39 out of 60 respondents, 65%) than females (28 out of 53 respondents, 53%) felt they were able to live independently.

Perceived Benefits of Co-operative Housing

Asked why they thought the co-op model would be beneficial to consumer/survivors, participants said consumer-driven co-op housing will provide accessible, stable, and affordable housing for people with mental health issues. Further, the research participants valued the potential of this model for fostering a sense of ownership, a sense of community, and a sense of belonging, which they said is often lacking in the lives of people with mental health issues. According to research participants, membership in a co-op provides opportunities for consumer/survivors to take responsibility for the upkeep of their homes and have more control over their lives, which is consistent with the empowerment based recovery model in mental health. Participants said:

“The co-op type of housing will foster a sense of ownership; it will impact their [people with mental health issues] well being because they will take pride in their housing. It will also give them a sense of community.” Family Member

“I think it’s important for the recovery model. I think a co-op for consumer/survivors is fine.” Family Member

“It promotes a stronger healthier atmosphere in the community and stronger healthier individuals who feel more confident in themselves, have a voice, are listened to, and can make decisions about important things and take control over their lives.” Service Provider

What will Facilitate Living in Consumer-Run Housing Co-op?

Although participants were overwhelmingly positive about the idea of a consumer driven housing co-op, they were also clear about the importance of making supports readily available in such housing if it is developed. In the words of one participant,

“People with severe and persistent mental illness have their everyday challenges. If people are in co-op housing, they will still need supports. How well they can live in the housing will depend upon how they can manage their housing but they will still need supports.” Consumer Survivor

Others said,

“Resident participation shouldn’t be to drive out external support. [Some] people need assistance with medication. The idea of consumer-run business will have to be approached with care.” Family Member

“It should be more than just a shelter for consumer/survivors” Service Provider

Asked what kinds of supports will be required for successful development and operation of consumer-driven co-ops, participants said that there will be a need for adequate financial support. According to the participants, current funding for mental health housing, which includes only capital dollars with no operating dollars, will have to change for a consumer-driven housing co-op to be successful. Most consumer/survivors are on social assistance and cannot afford market rates. They would, therefore, need rent supplement to be able to pay their housing charges.

Participants also said that there would also be a need to ensure that the usual professional mental health supports and programs used by consumer/survivors are available either within or close to the housing co-op. Consumer survivors who participated in this study further stressed the particular importance of peer support:

“I will prefer to have consumer/survivors as professionals to offer supports since they would be more empathetic as well as professional.” Consumer Survivor

“I know when I was at the hospital that, when even the doctors and nurses really could not help me, the support of fellow patients, peers going through the same situation was very supportive.” Consumer Survivor

Other forms of support suggested by key informants and focus group participants included training in housing management, independent living skills training, and interpersonal skills training. When asked to identify the types of skill and training that would promote successful living in a consumer-run housing co-op, survey participants selected various personal and co-op management skills. These included finance and budgeting skills, house management skills,

housekeeping skills and computer/office skills. Their responses are summarized on tables 5a and 5b below:

Tables 5a & b: Skills training needed for co-op living (N = 131)

5a. Personal Skills		5b. Management Skills	
Budgeting skills	47.5%	House management skills	52.5%
Housekeeping skills	42.4%	Computer/office skills	45.6%
Shopping skills	40.7%	Finance/budgeting skills	44.1%
Interpersonal skills	37.9%	Property management.	40.0%
Anger management.	19.0%	Gardening skills	35.6%

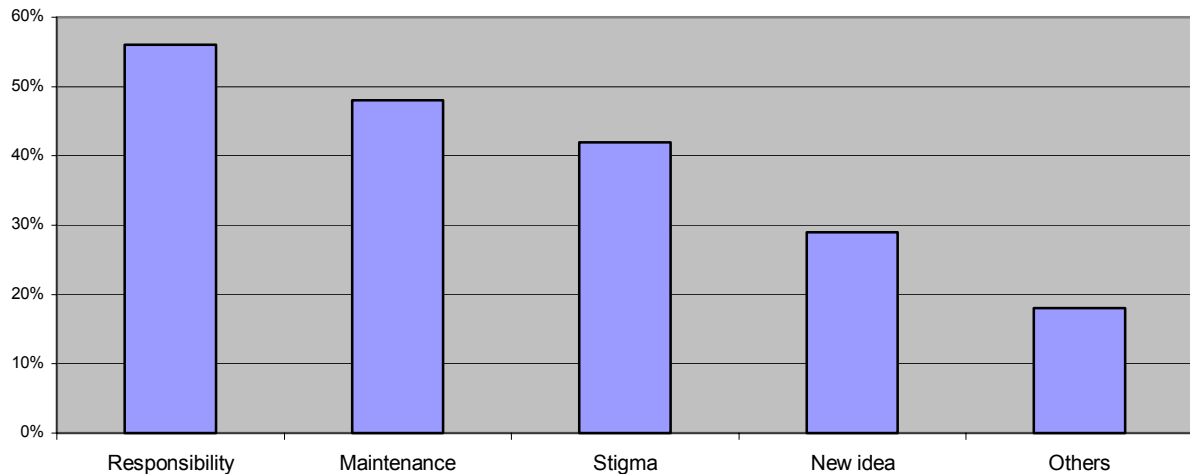
According to participants in key informant and focus group interviews, other important factors that would enhance the success of a consumer-run housing co-op are location, selection criteria for new members, and public education. They said that building the co-op complex at a central location that will ensure easy access to facilities and services should be a priority. Also, proper screening methods at the onset will ensure that only individuals who are able to live independently are accepted into the housing co-op.

Potential Challenges

Participants said that the biggest challenge for this project would be in overcoming stigma and community opposition. According to participants, there is a very strong “not in my backyard” attitude (NIMBY) towards social housing and housing for people with mental health issues in Hamilton. Although they acknowledged that NIMBY opposition towards this project would not be different from challenges faced by other social housing projects, the resistance could be stronger because of the stigma attached to mental illness and the public’s lack of understanding of mental illness. This stigma, participants told us, is exacerbated by misreporting in the press that often casts people with mental health issues in a “bad light” and creates public anxiety about having them in neighborhoods.

Issues identified by survey participants as being of concern to them about a consumer-run housing co-op included responsibility for managing the housing co-op, maintenance, stigma, newness of the concept, and affordability. The number of respondents for the 5 items ranged between 126 and 128. Participants’ responses are presented on Chart 8.

Chart 8: Participants' concerns about living in a consumer-run housing co-op (N=131)



Other major problems identified were location, funding for the project, expertise in designing and planning, and the fluctuations in the functioning of people with severe and persistent mental health problems.

On a positive note, however, participants stressed that these challenges are not insurmountable. NIMBY, they said, must be faced head-on through advocacy, strong public relations, and public education. This will help overcome community resistance and secure government and private funding for the project. Other participants suggested organizing fundraising activities to help the project to take off. They said that there are many people in the community who are able and willing to give to such a cause. Participants further said that if the housing project is located in a place already zoned for social housing, the level of resistance will be minimal.

Phase I Conclusion

The consensus that emerged from Phase I of the feasibility study was that co-operative housing would be a welcome addition to the continuum of housing available to consumer/survivors in Hamilton. Nonetheless, research participants indicated that further examination of the idea and careful planning will be required in order to make the co-op operational and sustainable. This need for more clarity to the concept of a consumer-run housing co-op was addressed in Phase II of the research.

Phase II: CLARIFYING THE CO-OP IDEA

Implementation Parameters

This section represents the findings from Phase II of the feasibility study. In this phase, the research explored a number of factors in determining the best kind of consumer-run housing co-op for Hamilton. Taken together, these factors set the parameters for the eventual implementation of the housing co-op.

Model: Equity vs. Non-Equity

The advantages and disadvantages of both the equity and non equity models were considered in this study. In equity co-ops, members invest a sum of money to buy shares in the co-op. When they leave the co-op, they can sell their shares on the open market. Members of non-equity co-ops on the other hand are not required to purchase shares in the co-op. They become part of the collective owners of the co-op once they are accepted as members and are only required to pay a nominal, one-time membership fee, in addition to monthly charges that service the mortgage and cover operating costs.

Although both types of co-op provide stable and supportive environments for their members, the equity model, which requires a significant financial investment from each member, makes the co-op inaccessible to those who do not have access to capital. While some family members expressed interest in the option of making a long-term investment in stable housing for a loved one with mental illness, the consensus among research participants was that an equity model would make the co-op financially inaccessible to the majority of people with mental health issues. The not-for-profit model offers the distinct advantage of affordability to individuals who do not have access to capital, and has more potential than an equity model for attracting funding under various public and private programs for low income earners and people on social assistance.

Participants in this research therefore identified the non-equity co-op model as the appropriate model for a consumer-driven housing co-op in Hamilton. According to one key informant,

“The not-for-profit housing co-op model [would be] most appropriate for people with mental health issues because they need a supportive housing environment that is not present in the rental housing market.” Key Informant

In summary, research participants reached consensus that the preferred model is the non-equity or not-for-profit housing co-op model. This model would be accessible to

consumer/survivors and would provide them with stable, safe and affordable housing. It is also more likely to qualify for funding from both public and private sources.

Recommendation #1: Model: Equity vs. Non-Equity

A non-equity (not-for-profit) co-op housing model is recommended for this project. This model would create housing that is financially accessible to many consumer/survivors.

Target Population: Integrated vs. Non-integrated

Both integrated and non-integrated models of co-op housing were considered in this study. In an integrated co-op, the core membership would be formed by consumer/survivors, but membership would otherwise be open to anyone interested in living in the co-op. In a non-integrated model, on the other hand, membership would be restricted to the target population only (consumer/survivors in this case). While some strong arguments were put forward in favour of an integrated model, findings of this research indicate a strong consensus that a non-integrated model is the best way to ensure consumer/survivor control of the co-op over the long term. Immediate family members such as spouses and children would be allowed to live in units with co-op members, but only consumer/survivors would be eligible for membership.

While some research participants argued that an integrated model would be best because it would promote community integration and prevent isolation or “ghetto-ization”, the consensus favoured the non-integrated model because of its unique ability to ensure that consumer/survivor leadership of the co-op is sustained. While an integrated co-op could be formed around a strong core membership of consumer/survivors proponents of the non-integrated model argued that this core of membership could eventually break down and become marginalized by other dominant voices around the board table. In the words of one consumer/survivor,

“If [we] can’t do that [make it consumer/survivors only] there’s no reason to have a consumer co-op.” Consumer Focus Group

Proponents of a non-integrated model further speculated that a non-integrated model is more likely to attract public funding from programs for people with disabilities than an integrated model, and that an integrated model would take housing away from people with mental health issues who are often marginalized on the housing market.

“It [the integrated model] is not going to work. Getting people in to pay rent just to keep afloat doesn’t make sense.” Consumer/Survivors Focus Group

One concern put forward about the non-integrated model is the legal viability of prohibiting membership on the basis of mental health. Although the *Co-operative Corporations Act of Ontario* and the *Ontario Human Rights Code* (which is subject to the *Canadian Human Rights Code*) prohibit the exclusion of any person from housing based on discrimination, formal exemptions can be made (and the precedent exists) for the establishment of co-ops for

vulnerable populations, such as is the case for co-ops that exist for seniors and co-ops for women escaping abuse. According to one co-op lawyer whose opinion was sought, a human rights challenge to a consumer/survivor co-op is unlikely to occur and unlikely to succeed as both the human rights codes of Ontario and Canada allow affirmative action in favour of marginalized populations.

In summary, participants favoured a non-integrated housing co-op that would allow only people with mental health issues to be members and have votes. This model will give consumer/survivors full control over the co-op, allow them to ensure that it evolves according to the needs of consumer/survivors, and prevent an eventual breakdown of consumer/survivor leadership and ownership in the co-op's decision-making processes.

Recommendation #2: Target Population: Integrated vs. Non-Integrated

It is recommended that the housing co-op for consumer/survivors should be non-integrated (consumer/survivors only), similar to those formed for and by other specific populations such as artists, victims of abuse, and seniors. The co-op should allow only people with mental health issues to become members.

Supports and Training

Participants generally agreed that the members of any new housing co-op will require certain supports to operate and live successfully in the co-op. Co-op members, in other words, would need training to develop the necessary routines and skills for co-op living and co-op management. It would therefore be necessary to ensure that the usual mental health supports and programs used by consumer/survivors are available either within or close to the housing co-operative.

Mental Health Supports

A strong mental health support system already exists in Hamilton that provides needed professional supports and programs for people with mental health issues. Most consumer/survivors who are willing and able to live in the housing co-op could therefore be assumed to be already connected to the supports they need. According to one focus group participant,

“I’m sure there are plenty of people who have support services already in town...and I think it would probably be a problem if we started to try and make a new support service agency.” Service Providers’ and Family Members’ Focus Group

Nonetheless research participants emphasized the importance of locating the co-op close to these services to make them easily accessible to co-op members. Participants also stressed the need to establish links between the co-op and mental health service providers in Hamilton to enhance access to their services by co-op members. Consumer/survivors in particular suggested that it would be very important to provide crisis support for co-op members when the need arises. One suggestion arising from the research was the establishment of links

and/or service agreements between the co-op and hospitals or existing crisis services such as COAST. Additional supports that might be made available to co-op members include supports for transition from supportive living or custodial care environments to independent daily living, and peer support as a back-up for crisis support.

Co-op Management and Co-op Living Skills

New members of a housing co-op would need training and assistance to develop the skills for co-op management and daily co-op living routines. These skills would include property management, house management, finance management and budgeting, which are essential for the business side of running a housing co-op.

Moreover, the effective functioning of a housing co-op can be hampered by poor interpersonal skills and unhealthy group dynamics. It is important in any housing co-op for the members to be able to work together, live together, make decisions together, and solve problems together. In order to be able to do this, members of the housing co-op may need interpersonal skills and group dynamics training and assistance. As is the case in other new co-ops, training and assistance can be transitional and can gradually fade off with time.

Understanding these risks, co-operative housing ventures provide a degree of support to one another, often through training and consultation provided through a co-op housing association or federation. Property management, house management support, and skills training can be obtained from the Golden Horseshoe Co-operative Housing Federation (GH-CHF).

Income Support

The majority of people with mental health challenges live on allowances from ODSP and Ontario Works. These programs provide meagre amounts to cover rents and daily living expenses, and do not provide enough by way of shelter allowance to make a co-op viable. Co-op members would, therefore, need rent supplement to be able to pay their monthly housing charges.

All participants agreed that co-op members will need mental health supports, co-op living routines and adequate income support to live successfully in the housing co-op. They also recognized that there is a strong mental health support system in Hamilton that can adequately service the housing co-op. It would therefore not be necessary to develop new mental health support services within the housing co-op.

Recommendation #3: Services/Support

- a. It is recommended that the co-op establish links with such essential services as crisis support and hospitals through service agreements to facilitate quick and easy access to their services for co-op members when needed. The co-op development committee should also make arrangements with the local co-op housing association and with local co-ops for co-op management and co-op living training and support.*

- b. Furthermore, the co-op development committee should make efforts to obtain rent supplement from the city for co-op members who qualify for it.*

Building: Newly Constructed vs. Renovated Building

A co-op for consumer/survivors could be established either in a new building or in a renovated and converted pre-existing building. The research participants considered both the advantages and disadvantages of each type of building.

The advantages of putting up a newly constructed building include greater flexibility in design to meet specific consumer/survivor needs and the ability to cost-effectively integrate new, energy-efficient/cost saving technology that would lower operating costs. Newly constructed buildings, however, can incur higher building costs, may involve zoning or re-zoning issues/politics, and are more likely to attract higher levels of community opposition (NIMBY). Some participants cautioned that it would be much better to completely avoid the politics of zoning as they could be difficult and time consuming.

A renovated pre-existing building, on the other hand, may require relatively lower capital investment, is less likely to be affected by zoning or re-zoning issues, and may attract lower levels of opposition (NIMBY). Moreover, finding, acquiring and renovating a pre-existing building such as a school or commercial building that has been closed down may be a lot easier than finding and acquiring a vacant lot close enough to the Hamilton downtown core that is also located in an area pre-zoned for multiple dwelling or mixed use (see appendix 3). Renovated pre-existing buildings are however, not without their own set of challenges. Renovated pre-existing buildings limit control over design and aesthetics, and may also involve extra expenditure to retrofit for energy efficiency.

While participants agreed that both newly constructed buildings and renovated pre-existing buildings have their advantages and disadvantages, the findings suggest that a renovated pre-existing building may be the better of the two options. A renovated pre-existing building offers higher hopes of realizing the vision of a housing co-op for people with mental health issues quicker because it would be easier to acquire, renovate and put into operation.

Recommendation #4: New Building vs. Renovated Building

A renovated pre-existing building is recommended as the first option for developing a housing co-op for people with mental health issues. This recommendation notwithstanding, the development committee may choose the second option of a newly built complex depending upon the findings of property search and the amount of funding available.

Location

Various factors have to be taken into consideration when locating a consumer-run housing co-op. These include proximity to services, transportation, zoning by-law requirements, and an environment that would be conducive to the general and psychological well-being of consumer/survivors. Participants suggested that the co-op should be close to, but not in

downtown Hamilton. They consider downtown Hamilton undesirable because it could be too intimidating. According to one key informant,

“[In locating the housing co-op] consider safety and community acceptance ...you would be dealing with people [most of whom] take public transit...it ought to be in an environment where they feel a bit secure.”

The participants suggested that property should be sought in a location that is close to a variety of services and shops and on a major bus route. A location near community places like parks and medical facilities will be an added advantage. The participants further advised that areas with high crime rates such as Beasley should be avoided.

Other factors that would affect the location of the co-op are the size, whether it is a newly constructed building or renovated pre-existing building, where property is available, suitable and affordable. To avoid the complications and the politics of re-zoning, a new building complex would have to be in an area pre-zoned for multiple residences or for mixed use (see Zoning By-Law 05 200⁹).

Determining the specific location will very much depend on what property is available once the co-op is ready to purchase property, how the available properties are zoned, how much properties cost at that time, and how much capital is available to the co-op. The co-op development committee together with a co-op development consultant should embark on a property search to identify suitable properties accessible to the Hamilton downtown area. During the search for property, higher priority should be given to schools, commercial buildings, and institutions that have closed down in the areas identified, on major bus routes, and located close to services.

In summary, most participants agreed that the best location for the co-op would be on a major bus route near the Hamilton downtown core but there was no consensus on a specific location. The findings of this study, however, suggested that a decision on the specific location for the co-op would be better made after a thorough property search has been completed and financing has been arranged for developing the housing co-op. The implication of this is that any suitable property located within the recommended area could be acquired for the purpose of building the housing co-p.

Recommendation #5: Location

A suitable property should be sought in the area near (but not within) the Hamilton downtown core. The specific location for the housing co-op should, however, be determined by the co-op development committee, in consultation with a housing consultant after a thorough property search, and after various financing scenarios have been considered.

⁹ Appendix 3: List of resources

Size

The size of the housing co-op has important implications for its financial viability. More units can make a housing co-op more viable because more revenues are generated each month through housing charges. On the other hand, renovating a smaller building may be more viable if start-up costs are low, thereby reducing the mortgage payments that need to be raised each month through housing charges. While stakeholders in the current project cautioned against building a co-op that is so large and/or poorly designed that no sense of community can be established among its members, study results indicated that ensuring the affordability of the co-op is a more important consideration than its size. The co-op should be big enough that it can be sustained with housing charges geared to people receiving ODSP benefits (with rent supplements), but small enough and designed so that it facilitates community building among its members.

While deciding on the precise size of the co-op and then searching for suitable property is one way to move the project forward, perspectives of key informants suggest that keeping options open to explore a range of building sizes will greatly expedite the property search and development process. The size of the housing co-op would be based on several factors, including the availability of funding for construction or renovation, the type and costs of property available within the parameters of location preferences and zoning, etc. For example the height, density and design of a building would have to conform to the city's zoning by-law requirements.

The majority of participants were in favour of a relatively small but financially efficient housing complex with a mix of single and family units. A small housing complex, they said, would be easier and quicker to build or renovate and put in operation. Furthermore, a small complex would be much easier to manage. The research data, however, did not reveal a clear consensus on the actual number of units that would be appropriate. For example while one co-op consultant expressed confidence that a housing complex of between 30 and 40 units would be financially viable,

“I would keep a pilot to a relatively small housing complex of about 30 to 40 units. Below 30 units would not give enough revenue to cover property management. The bigger a co-op the more money required for property management. Also when it's too big, it attracts more challenges.” Key Informant

Another co-op consultant said that in order for the co-op to be financially self-sufficient, it should be between 60 and 80 units,

“I think up to 80 units would be financially viable. It should be fairly large to have economy of scale.”

Participants in the consumer/survivor focus groups also expressed a preference for a relatively small complex because it would help to develop a stronger sense of community. In the words of one participant,

“One of the biggest pluses of a co-op is that you know everybody.”
Consumer/Survivors’ Focus Group

Another participant said,

“If you make it too big, you create a concrete jungle.” Consumer/Survivors’ Focus Group

Considering all arguments, it appears that the size of the co-op would be in the range of 30-80 units. The final decision about size would, however, be based on the amount of funding available, the types and sizes of suitable property that are available, and considerations for creating a small community that would enhance mutual self-help and sense of community.

Recommendation #6: Size

A small housing co-op of size anywhere between 30 and 80 units is recommended. This range gives latitude in the search for property which should focus on buildings that can be converted into a mix of single and family housing units within the specified range.

Financing and Development

To facilitate the development of the housing co-op, there would be a need to establish a co-op development committee to co-ordinate the process. This committee should be made up of all stakeholders including people with mental health issues, family members, service providers and government. A founding co-op board of directors would also have to be established for the incorporation of the co-op and for organizing the co-op association and community. Members of this committee should automatically become members of the co-op development committee. Once these two committees have been established, the co-op development committee would have to engage a housing development consultant to complete a viability study to assess the project’s financial viability and help arrange financing for the project.

The implementation of this project would depend upon its financial viability. Ultimately, financial viability of the project depends on a calculation of capital and operating costs compared with projected revenues from housing charges, fundraising, and other secure sources.

Capital Costs

The capital costs involved in building a housing complex include property costs, consultation, planning, design and construction costs as well as development charges. Property costs largely depend on real estate prices and property taxes. Many of these costs vary according to location. Construction costs would depend upon the size of the building or the extent of renovations required. The total capital cost of the complex may also depend upon the level of sophistication of the building; the more sophisticated the building is, the higher the capital costs involved. If the building is a high-rise apartment house, it would require an elevator which would add significantly to the total capital cost. According to an estimate by a co-op

housing consultant, a new small housing co-op of about 50 units would cost between \$100,000 and 130,000 dollars per unit to build.

Operating Costs

The operating cost for the housing co-op would depend on factors including, the size and sophistication of the building. A bigger and more sophisticated building would cost more to operate, attract mechanical costs such as the operation of an elevator which bears considerable on-going service costs. Most housing co-ops hire paid management staff to ensure that the core business tasks related to the co-op are completed on schedule. Such tasks include receiving housing charges, paying bills, banking, bookkeeping, co-ordinating move-ins and move-outs, maintenance management and reporting to government as required. Projections of operating costs also need to include incidental costs such as repairing damaged units when people move out and covering housing costs in the case of hospitalization.

Revenue Sources

Currently, there are no direct federal and provincial government-funding programs for housing co-ops. It would therefore be necessary to take a mortgage to cover the rest of the building costs. The mortgage would be covered primarily by the monthly housing charges to co-op members. In order to make housing in the co-op affordable, it would be vital to reduce the size of the mortgage. This can be achieved by applying for funding from a variety of sources to support the development.

There are various government funding programs that provide partial funding for affordable housing. These programs, in large part, rely on partnership with individual developers and non-profit organizations. Part of the funding required for this project can be accessed through these programs. In addition, grant applications can be submitted to philanthropic organizations such as the Hamilton Community Foundation, Habitat for Humanity, the Ontario Trillium Foundation, Lions and Rotary Clubs (see appendix 3) to further reduce the mortgage.

The Affordable Housing Program (Capital costs)

One important program that can subsidize capital costs, thereby reducing the mortgage and monthly housing charges is the **Affordable Housing Program** (see appendix 2). The Affordable Housing Program is a cost-share program between the federal and provincial/municipal governments that provides about \$70,000 per housing unit for capital costs. Also, as part of its efforts to promote partnerships with stakeholders to develop innovative housing projects, the City of Hamilton grants a waiver of development charges (BY-Law #04-145) for affordable housing projects that receive funding from federal/provincial housing programs.

Residential Rehabilitation Assistance Program (Capital costs)

Another potential source of funding for capital costs is the Rehabilitation Assistance Program (RRAP). The RRAP is a program administered by CMHC that provides forgivable loans of

up to \$24,000¹⁰ to private homeowners and non-profits for converting non-residential properties into affordable self-contained rental housing units.

Fundraising (Capital and programming costs)

It may be possible (even necessary) to reduce the mortgage even further through fundraising contributions toward capital costs. Potential sources of funding identified by research participants include the Ontario Trillium Foundation (OTF) which makes small grants for renovations (only), Hamilton Community Foundation (HCF), Lions Club, Rotary Club, and Habitat for Humanity, all of which provide small grants to support social development projects (see appendix 3). While some of these organizations may not fund the construction of a building, they have grants that can be assessed for certain components of the development such as accessibility, environmental protection, energy efficiency, landscaping etc.

The mortgage could be taken out to cover the difference between the Affordable Housing Program's \$70,000 per unit (assuming funding is accessed), the City of Hamilton's contribution (development fee waiver), other funding realized, and the actual capital costs for the project.

Housing charges (Operating costs)

Monthly housing charges are the primary source of on-going financing, and need to cover operating costs (including utilities, building management/maintenance, property taxes, insurance, etc) and mortgage servicing. In the preferred approach for consumer/survivors, monthly housing charges could be set slightly below market rent. A housing charge of \$636 per month, for example, could be covered by a combination of members' ODSP allowances (shelter allowance of \$436/month) and rent subsidies (\$200/month) from the City of Hamilton.

Strong Communities Rent Supplement Program (Operating costs)

Another potential source of financing to the Housing Allowance Program is the City of Hamilton's Strong Communities Rent Supplement Program, a Provincial Ministry of Municipal Affairs and Housing program which is based on 30% of a tenants' income. Under this program, rent supplement making up the difference between average market rents and 30% of the gross income of low income households are paid directly to private landlords in support of tenants.

Housing Allowance Program (Operating costs)

An alternate source of rent supplement to the Strong Communities Rent Supplement Program is the Housing Allowance Program. This program provides a \$200 per unit monthly rent subsidy to private landlords in support of low income tenants. Under this program, the co-op will enter into an agreement with the City of Hamilton for a specified number of units and

¹⁰ The maximum amount for development in southern areas of Canada only; Amounts for northern and far northern areas are higher - \$28,000 and \$36,000 respectively.

obtain rent subsidy to make up the difference between ODSP shelter allowance and the fixed housing charge.

It is, however, important to note that the Housing Allowance Program provides rent subsidy for an individual only for a limited period of 5 years. If this funding is obtained, the co-op would have to consider other options to reduce the monthly charges at the end of the 5-year period. This may include refinancing the mortgage in order to reduce the amount required for monthly servicing.

Entrepreneurial Revenue Stream (Operating costs)

One idea that was raised in the service providers'/family members' focus group was to build space into the co-op for the operation of a business such as a café out of the co-op building as a means of generating additional revenues for the co-op. A similar idea was raised in the consumer/survivors' focus group to build and rent out commercial spaces to mental health organizations in order to bring these organizations closer to their clientele. Though not rejecting this idea outright, participants recognized the layer of complexity this idea would add to the project, particularly complications with the zoning by-laws. As a result, this idea was not explored further. At the appropriate time, the co-op's board may re-assess the need for such entrepreneurial component when considering ways to enhance its viability.

In summary, various potential sources of financing were identified for the capital and operating costs that would be involved in developing the housing co-op. The sources of financing identified for capital costs include borrowing (mortgage), government grants (AHP, RRAP etc), and fundraising from philanthropic organizations. Sources identified for financing operating costs include monthly housing charges to co-op members and the City of Hamilton's rent supplement programs. Additionally, as the co-op develops, consideration could be given to the possibility of developing entrepreneurial space within the co-op.

Maximizing Community Acceptance

One major challenge identified by the participants in both phases of this feasibility study was the potential for a "Not in My Back Yard" (NIMBY) opposition to the project. In their opinion, this project is very likely to attract NIMBY. According to a key informant who is very familiar with the politics of development planning, NIMBY in Hamilton has become very sophisticated and harder to combat. In his words,

"NIMBY has not gone away. It has only become more sophisticated. People use 'Trojan horse' examples to kill new initiatives." Key Informant

This finding suggests a strong need for early, intentional planning for a proactive neighbourhood acceptance strategy that can be implemented as soon as the site is identified for the co-op. The strategy should be proactive in building community buy-in before NIMBY arises, but should also face NIMBY head-on when it does arise. To be successful, the strategy should involve all project stakeholders in a co-ordinated effort and should include actions to bring politicians on board.

The neighbourhood acceptance strategy should be designed to enable the co-op's planned neighbourhood to get to know about those involved in the co-op project, and in the process to educate the neighbourhood and alleviate their fears about mental illness and co-operative housing. (See Strategy for Maximizing Community Acceptance)

Implementation Plan

A proposed plan for implementing the housing co-op for consumer/survivors which is based on the data gathered through document review, key informant interviews, and focus groups is presented in this section. This plan outlines the steps and activities necessary for developing the housing co-op as well as steps for maximizing community acceptance for the project.

Co-op Development Plan

The following strategy for forming the co-op is based on insights shared by research participants and a 3-phased, 7-step approach to developing a housing co-op set out by the Co-operative Secretariat of the Government of Canada (www.co-op.gc.ca). The Co-operative Secretariat's three phases are,

1. Developing the Co-op Business Idea: (Step 1) assembling a group of interested people and (Step 2) conducting a feasibility study
2. Co-ordinate the Pre-Co-operative's Activities: (Step 3) holding an organizing meeting and (Step 4) conducting a viability study
3. Organize and Start up the Co-operative: (Step 5) organizing the association, (Step 6) organizing the start-up and operations, and (Step 7), holding the initial general meeting (sometimes referred to as a "founding general meeting")

For the purposes of starting the housing co-op, we have added a fourth and a fifth phase:

4. Land Purchase and Construction.
5. Evaluation and monitoring.

While some of the steps in the Co-op Secretariat approach have been revised to suit the needs of the current project, and some new ones added, this three phased structure provides a useful framework for outlining the actions required for realizing the vision of a consumer-run co-operative housing corporation in Hamilton. It is important to note that both steps in Phase I have been completed with the conclusion of this feasibility study. The recommended implementation plan for the co-op is as follows:

1. Developing the Business Idea (Now completed)

Step 1: Assembling a group of interested people

Step 1 was completed by HAMHN prior to the application for Ontario Trillium funding for the feasibility study. The social housing work group, a HAMHN sub-committee, was designated as representing the "group of interested people."

Step 2: Feasibility study

The Co-operative Secretariat's *Health Care Co-operatives Startup Guide* describes the purpose of a feasibility study as determining "whether a project can be done. It examines elements that will indicate that the project should proceed if the results are positive or abandoned if the results are inconclusive. The purpose of this section is not to answer all the questions, but to raise points that will have to be expanded on in the next steps of your project."

This report represents the completion of the feasibility study, and therefore the completion of Step 1 of the co-op development process. The feasibility study concludes that the project should proceed, highlights the questions that need further analysis in the next step, and recommends a framework of action for proceeding with the development of the co-op.

2. Co-ordinate the Pre-Co-operative's Activities (Next step)

Step 3: Establishing a co-op development committee

While step 4 in the Co-operative Secretariat's guide is "an organizing meeting", more appropriate to the consumer-run co-operative housing project in Hamilton is the establishment of a committee to co-ordinate the steps required to implement the co-op development action plan.

Composition: HAMHN's Social Housing Work Group, which has led the co-op development process thus far and which already involves consumer/survivors and key players in non-profit housing, community mental health, and consumer/survivor rights, should continue as the core of the co-op development committee. For the co-op development and implementation phase of the project, however, the committee may wish to recruit new members; specifically, a representative of the Golden Horseshoe Co-operative Housing Federation (GH-CHF), representatives of family member associations, local representatives of government ministries that become interested in the project as it develops (if any), and a broader base of consumer/survivors who are interested in seeing the co-op housing project come about.

Step 3a: Recruiting founding co-op board of directors

One key role of the co-op development committee is to recruit consumer/survivors who are interested in taking leadership in the development of the co-op, and to support their establishment as a founding board of directors for the co-op. The founding board, with support from other co-op development committee members, will contribute to all Phase II co-op development steps and will have the primary responsibility for Phase III activities outlined below.

In Ontario, the incorporation of a housing co-op requires a **minimum of five incorporating members**, and at least 3 “first directors”.^{11,12} The “first directors” do not have to be the incorporating members.

Step 4: Conducting a viability study

The feasibility study found that there is considerable support for the co-op housing idea, and that there are some real possibilities for financing both start-up and on-going operational costs of the co-op. The viability study goes the next step by zeroing in on the various strategic scenarios, production costs, and human, material and financial resources necessary for the project, and evaluating the various start-up financing scenarios.

At the end of the viability study, the co-op development committee should have the information and resources it needs (1) to make a final determination of whether the project is financially viable or not (i.e., are there appropriate properties available, and can sufficient revenues be generated to ensure affordable housing charges?), and (2) to assist the soon-to-be-formed co-operative corporation to access financing, purchase property, and plan construction/renovation.

Step 4a: Engage a housing consultant to conduct the viability study

Conducting the viability study requires time and specific understanding of the development of non-profit housing (costing and finance, municipal regulations, real estate analysis, etc.). The recommendation, therefore, is for the co-op development committee to engage a housing consultant with a specialization in the development of new, non-profit housing projects.

Funding for the viability study can be accessed through the Canada Mortgage and Housing (CMHC) Seed Funding Program (summary below) or through CMHC’s “Proposal Development Funding” (summary below). To access this funding, the co-op development committee must decide on a lead agency for applications for these funds. If incorporated, the co-op could apply for these funds itself (see Step 5a below). Some housing consultants are willing to assist (on spec) in the development of proposals for viability studies and other aspects of housing development that might generate paid work for them.

The role of the co-op development committee, during the viability study, is to frame Terms of Reference for a viability study, to apply for funding, to hire a housing consultant to conduct the study, to supervise the work of the housing consultant, and to make decisions on questions and dilemmas generated by the viability study.

¹¹ “Incorporating a Co-Operative in Ontario Without Share Capital.” Financial Services Commission of Ontario, Licensing and Compliance Division.

¹² *Co-operative Corporations Act* (Ontario); Article 5.1

Step 4b: Estimating costs and developing financing scenarios

In the process of determining financial viability, the viability study will also provide a blueprint for financing both start-up costs and on-going operating costs. A key product of the viability study, therefore, is a detailed projection of all start-up and operating costs, and a description of concrete financing scenarios, including a breakdown of loans and grants, housing charges, and fundraising needs. Establishing costs will require an exploration of the costs and availability of various property options.

Step 4c: Deciding on location, size and type of construction

The interim co-op board of directors, with the support of other members of the co-op development committee, will now be able to use the viability analysis of financing scenarios and the related real estate scan, to decide on the location, size and type of construction (new or renovated) that makes sense for this co-op project.

3. Organize and Start up the Co-operative

Step 5 Organizing the association

The body responsible for purchasing property, approving design, purchasing property, etcetera, is the co-operative corporation itself. The broader co-op development committee should continue to provide support to the co-op at all stages of its development, but in Phase III, the co-operative itself assumes full leadership of the project.

A number of tasks related to organizing the co-operative can be undertaken prior to incorporation (in fact, work on these tasks can begin as soon as an interim co-op board has been formed):

- Recruit members: the co-op need not wait until the building can be occupied to start recruiting members; recruiting members early involves them in overseeing the development of the co-op and makes it possible to distribute the workload among more people; specific consideration should be given to membership criteria before broad recruitment takes place and these criteria should be reflected in the draft by-laws presenting to the founding meeting
- Determine the roles and responsibilities of the various democratic bodies (general meeting, board of directors, committees)
- Draft articles of incorporation (see Step 5a Incorporation below) and by-laws: draft by-laws do not come into effect until they are approved at the founding meeting of the co-op; the CMHC's "Guide to Co-operative Housing" and the Canadian Co-operative Secretariat's "Health Care Co-operatives Setup Guide" both provide useful information and tips concerning the drafting of by-laws.
- Recruit members and organize co-operative living orientation/training for them

Step 5a: Incorporation

When to incorporate: The co-operative can incorporate as soon as there are 5 people willing to sign on as incorporators. However, the law requires that a “first meeting” be held within 18 days of incorporation to elect directors, approve by-laws and appoint auditors. Draft by-laws and a membership base, therefore, should be developed prior to incorporating. On the other hand, accessing financing for the co-op may require that the co-operative is legally incorporated. The timing of incorporation, therefore, may need to be sensitive to deadlines for grants and other financing mechanisms.

How to incorporate: To incorporate, the interim co-op board will have to complete forms called “articles of incorporation” and send them to Credit Union and Co-operatives Branch section of the Financial Services Commission of Ontario. All forms are available in a single package (free) from Licensing and Compliance Division (call 416-226-7776). “Incorporating a Co-Operative in Ontario without Share Capital” is available on-line and provides step-by-step instructions for incorporating a co-op and contact information for assistance.

The following items are required for incorporation:

- A name for the co-operative corporation, and proof of a Newly Updated Automated Name Search (NUANS) report
 - the name must include the word “Co-operative” and end with “Incorporated”
 - the name must be verified as not the same as or similar to an existing company name (NUANS name search at www.nuans.com)
- A cheque or money order in the amount of \$15 to reserve the name chosen (payable to the Minister of Finance)
- A “head office” address; head office can be someone’s residence, but cannot be a post office box
- The names, addresses and signatures of the incorporators (minimum 5)
- The names and addresses of first directors (minimum 3)
- The amount of the co-op’s membership fee
- A cheque or money order for \$155 to incorporate the non-profit co-operative (payable to the Minister of Finance)

The Licensing and Compliance Division of the Financial Services Commission of Ontario will provide newly-forming corporations with feedback on draft articles of incorporation to ensure they comply with the *Co-operative Corporations Act*. Drafts should be submitted on photocopied incorporation forms so that the original forms can be used for the final articles.

After reviewing the final articles of incorporation, the Financial Services Commission of Ontario will send the co-operative a certificate of incorporation, which shows that the co-operative is legally incorporated.

Step 5b: File initial notice

Within 60 days of receiving the certificate of incorporation, the co-operative must register itself with the Ministry of Consumer and Business Services by filing an "Initial Notice" form. This form includes basic information about your co-op, including its name, date of incorporation, address of its head office, and the names and addresses of its directors and officers. The Financial Services Commission of Ontario will send this form along with your certificate of incorporation.

Step 6: Organize the start-up and operations of the co-operative

Begin drafting the co-op's operating by-laws to be presented to the first general meeting. Draft terms of reference for committees that would be needed for the operation of the co-op and make preparations for recruiting members.

Step 6a: Recruit and train members

Identify people with mental health issues who are able and interested in living in a housing co-op. As founding members, these individuals should be willing work towards the building and completion of the housing co-op.

Step 7: First Meeting (sometimes referred to as a "founding general meeting")

The founding meeting of the co-operative must be held within 18 days of receiving the certificate of incorporation. At the founding general meeting of the co-operative, the members have to perform four very specific tasks:

- Adopt the by-laws drafted by the interim board of directors or development committee;
- Elect the board of directors and members of other committees; directors are chosen from among the members of the co-operative and have a mandate to ensure that the policy directions set by the members in a general meeting are followed;
- Appoint a firm or individual as the co-operative's external auditor; that person must be a chartered accountant

4. Financing and Development

Step 8: Plan and organize start-up financing and physical development.

This phase involves the planning and organizing of start-up financing and physical development of the housing co-op. The planning should proceed as follows:

- Apply for CMHC seed funding for the development of a business plan
- Draw up the business plan. Include location, building size, density, and design as well as a calculation of costs and revenues.
- Draw up the overall financing plan for the first three years of operation.
- Negotiate the capital contribution of external financial partners (if necessary); e.g., venture capital corporations, private funds, caisse populaire or credit union investment programs.

- Apply for a government start-up grant (if available and if necessary).
- Negotiate medium-term credit union or bank loans and a line of credit.
- Complete property acquisition
- Proceed with development

CMHC Seed Funding (http://www.cmhc-schl.gc.ca/en/inpr/code/code_002.cfm): CMHC seed funding offers financial assistance to housing proponents who are in the early stages of developing an affordable housing project. The housing project must be for affordable housing to be eligible for this funding.

Non-profits groups, co-operatives, and a number of other types of agencies are eligible for Seed funding for activities such as the following:

- Housing market studies to evaluate need and demand for the proposed project
- Development of a business plan
- Exploration of funding sources or options
- Evaluation of procurement options
- Preliminary financial viability analysis
- Environmental site assessment
- Preliminary design of the housing project (new construction, renovation or conversion)
- Incorporation of a not-for-profit organization

The maximum amount of Seed Funding is \$20,000 per housing project proposal. Up to \$10,000 is in the form of a grant, with no repayment required. An additional amount – up to \$10,000 – may be made available in the form of an interest-free loan, which is repayable if the housing project proceeds. If the proposal does not result in the production of housing, the repayable portion of the Seed Funding may be forgiven by CMHC.

To be eligible for Seed funding, the goal of the project must be to *establish* affordable housing. It is also important to note that Seed Funding is not for preliminary research. Access to resources, such as land or other equity, and community support will greatly enhance the chances of success in producing housing. Applications for Seed funding are accepted on an on-going basis; there is no deadline to apply.

CMHC's Proposal Development Funding (PDF) (http://www.cmhc-schl.gc.ca/en/inpr/code/code_005.cfm): Loans (interest-free, repayable) of up to \$100,000 are available for affordable housing project proposals by non-profit or private sector proponents who can demonstrate that their intended housing project is “affordable” according to CMHC criteria (http://www.cmhc-schl.gc.ca/en/inpr/code/code_001.cfm).

A PDF loan enables housing proponents to carry out the activities required to bring their proposal to the point where they can apply for mortgage financing. Eligible expenses include such items as soil and load-bearing tests, environmental site assessments, project drawings

and specifications, professional fees, cost estimates, management plan, option to purchase, development permits, contract documents and application fees.

While the loan is repayable if the project proceeds, you may not have to pay it all back, if your project meets one of the affordability criteria below:

- If you are successful in producing an affordable housing project with rents below the level 1 limits in the majority of the rental units, or sale prices below market for home ownership units, then 80 per cent of the advanced loan amount will be repayable and 20 per cent will be forgiven.
- If you are successful in producing an affordable housing project with rents below the level 2 limits in the majority of the units, then 65 per cent of the advanced loan amount will be repayable and 35 per cent will be forgiven.

The Co-operative Development Initiative (Government of Canada, Co-operative Secretariat: www.co-op.gc.ca): The Government of Canada program is designed to help people develop co-ops and research/test *innovative ways of using the co-operative model*.

One component of the program is the provision of advisory services to groups who want to start new co-ops or manage established ones. These services are administered through the co-operative associations (Canadian and Ontario Co-operative Associations)

A second component of this program is Innovation and Research funding for the study and demonstration of how co-ops can be used successfully in new ways. Funding through this program ranges from \$5,000-\$75,000 per year. Agencies wishing to access this funding must be able to make a 25% matching requirement.

There is no deadline for funding proposals, but all projects must be completed by March 31, 2008. Project officers are available to provide information and to assist in the development of proposals (1-888-781-2222).

5. Evaluation and Monitoring

While not reflected in the research data, a suggestion from the research consultants is the development an evaluation plan for the co-op development project as a means of monitoring and adjusting implementation, and as a means of documenting the effectiveness of the co-operative approach to housing for consumer/survivors. Implementation evaluation plans should set a time-line and milestones against which to monitor progress, and should include processes and a mechanism for the on-going gathering of feedback with which to guide project implementation. Plans for measuring the effectiveness of the co-op after a reasonable period of operation should be developed before completion of co-op development in order to gather appropriate time-sequenced data.

Recommendation #7: Financing and development

It is recommended that the development of the housing co-op should follow the steps outlined in the co-op development plan in this report. These steps are:

1. *Establish a co-op development committee to co-ordinate all the steps required to implement the co-op development plan. This committee may be made up of stakeholders and include the members of the co-op's founding board of directors.*
2. *Recruit members and form a founding co-op board of directors. This board should be made up of consumer/survivors who are interested in taking leadership in the development of the co-op. Members of the founding co-op board should also be members of the co-op development committee. This board, with the support of the entire co-op development committee, will be responsible for completing the co-operative's start-up activities outlined in phase 3 of the co-op development plan.*
3. *Conduct a viability study to assess the financial viability of the housing co-operative. To accomplish this task, the co-op development committee should:*
 - a. *Engage a housing development consultant who specializes in the development of housing co-ops*
 - b. *Apply for viability study funding (e.g., SEED funding from the Canada Mortgage Housing Corporation); accessing this funding may require naming a lead agency*
 - c. *Co-ordinate a search for suitable properties within the target area of Hamilton with support of the housing development consultant*
 - d. *Analyze, understand, and review budget projections and long-term financing models for the project developed by the housing consultant*
 - e. *Decide on the actual location, size and type of housing*
4. *Organize and start up the co-operative:*
 - a. *Incorporate the cooperative (requires at least 5 incorporating members)*
 - b. *Recruit and train co-op members, establish needed committees of the co-operative*
 - c. *Develop draft by-laws*
 - d. *Prepare to hold the founding meeting of the co-op (within 18 days of receiving the certificate of incorporation)*
5. *Plan and organize start-up financing and proceed with arrangements for the physical development of the co-op:*
 - a. *Complete proposals for capital funding*
 - b. *Arrange financing from a credit union or mortgage bank*
 - c. *Organize capital fund raising from community and philanthropic organizations*
6. *Develop an evaluation plan for monitoring the project, adjusting the implementation to enhance its success, and capturing best practices for future projects. The evaluation plan should also assess and document the effectiveness of the co-op approach to housing in mental health.*

Strategy for Maximizing Community Acceptance

The Homecoming Community Choice Coalition's guide for supported housing "Yes in my backyard" (<http://www.homecomingcoalition.ca/pdfs/YIMBY.pdf>) gives a methodical approach to combating NIMBY. The following 3-step strategy is based on that resource and participants' ideas.

Step 1: Lay the ground work

1. **Site selection**: It is important to ensure that the site selected does not only meet the parameters set up earlier in this document regarding location but also that it meets the city's development planning requirements in terms of the type of building, height, density, and design. Issues around garbage collection, parking, and landscaping should also be carefully considered. Once these conditions are met, the co-op has the right to build without community consultation (HCCC, 2005; ONPHA, 2005).
2. **Canvassing community leaders**: Identify and involve influential community members. These are city councilors, MPs, MPPs, local school principals, school trustees, religious leaders, and editors of local newspapers. It is important to provide these leaders with information about the project and highlight the positive outcomes and benefits of such projects to people with mental health issues and the community as a whole. Getting the buy-in of these leaders is of utmost importance because what they say about the project can have great impact on how the project is received in the community.
3. **Canvassing Neighbours**: Identify friends, allies and supporters of the project. These may include members of the co-op development committee, family members, board members of other supportive organizations, mental health organizations and community service organizations. These individuals can be a source of valuable information about the site and the community's receptiveness to supported housing or other social programs. They can also give a supportive voice to the project in various public forums.
4. **Flyers and Handouts**: Develop a simple but compelling message to be used consistently in all media releases, writings and presentations regarding the development. This message should describe the proposal in a way that would resonate with people. Prepare flyers and handouts based on this message for distribution to neighbours members of the community.

Step 2: Solidify municipal support

5. **Working with your councilor**: Contact the city councilor for the area where you wish to build. He/she should be the first public contact. He/she can help with council approvals for the project. Highlight the project's strong points and the support it has among neighbours to the councilor. Work closely with him/her by keeping him/her informed throughout the development process. Enlist his/her support where council approval is required and also for government funding applications.
6. **Working with planners**: The planning division of the city of Hamilton is a primary source of information on zoning issues, the approval process where required, and any rules that may affect the proposed development.

7. Involving other elected officials: It is important to keep other councilors informed about the project as well. Where possible, try to gain the support of the mayor. Strong support from other elected officials including the MP and MPP for your area is very important especially where the city councilor is unreceptive to the idea of supported housing.

Step 3: Public relations

8. Outreach to neighbours: Send outreach teams to speak to neighbours and answer any questions they may have about the proposed project. It is ideal to have someone who lives in the community on the outreach team. Door knocking should ideally begin before rumours about the project begin to circulate. Leave flyers or handouts at the doors of neighbours who are not at home and provide a contact if they have any questions about the project.
9. Relationship with neighbours: Establish and keep an ongoing relationship with neighbours. Inform neighbours of unavoidable disruption (e.g. noise from heavy equipment, blockages of street) when building or renovation begins. Tell them when the disruption would end and provide them contacts for complaints.
10. Record keeping: It is important to keep records of all correspondence related to the project. Records of phone conversations and meetings with neighbours, community leaders, councilors, planners and other municipal staff regarding the project are essential. Also keep letters from both supporters and opponents of the project and provide copies to the city or the adjustment council.
11. Open house: If the building does not require public consultation, organize an open house to meet the neighbours when the building is completed and occupied. Invite all neighbours and community leaders to this meeting. Create an inviting atmosphere at this event and make it as informal as possible. Be prepared to answer any questions that people may have.

Step 4: Public consultation

12. Hearings: A formal public consultation process is required if the proposed project requires re-zoning or slight changes to the existing zoning by-laws. The committee responsible for making such zoning adjustments holds hearings on the proposal in question. Prepare to send deputations to such hearings. Invite sympathetic neighbours to the hearing. Keep all supporters informed when hearings are fixed and request them to come out and speak on behalf of the project. Be clear about the purpose of the meeting and identify a neutral person to chair the proceedings. Have a positive voice for every voice of opposition to the proposal. Have supporters including people with mental health issues speak about their own experiences.
13. Written materials: Where a formal public consultation is required, the city will send out written materials to the immediate neighbours. Ask to review the materials before

they are sent out. If the materials do not adequately explain your proposal, write and send complementary materials that adequately explain the proposal ahead of the city's documents.

In summary, this 4-step approach to community education and mobilization involves engaging community members and community leaders and working with planners to create a conducive atmosphere for the development of the co-op.

Recommendation #8: Maximizing Community Acceptance

It is recommended that the co-op development committee apply for funding for community education and begin to implement the strategy for maximizing community acceptance as soon as property is purchased for the purpose of developing the housing co-op.

CONCLUSION

Phase I of this feasibility study found that while there is a wide range of housing choices for people with mental health issues, considerable gaps remain in this area of housing that need to be addressed. Participants who are knowledgeable about mental health housing identified an unbalanced distribution of housing models as the root cause of the problem: there is an over supply of housing types that are not rehabilitation focused and inadequate supply of models that facilitate independent living. Participants argued that the ultimate objective of housing within community mental health is to maximize independence and to facilitate the integration of people with mental health issues into the community. It is therefore imperative to provide opportunities for such individuals to take more personal responsibility for their wellness and “move on” in their recovery process.

Co-operative housing, our research suggests, is not for everyone and will not work for all consumer/survivors. Nonetheless, the stakeholders we spoke with agree that for consumer/survivors on their way to independent living, co-operative housing has great potential as a stable, affordable housing option that supports the recovery process. Furthermore, they said consumer-run co-operative housing will be empowering to consumer/survivors and will also develop a sense of belonging and a sense of community that is often lacking in the lives of people with mental health issues. Although a few participants were cautious in their appraisal of the idea of consumer-run housing co-op, a clear majority of them are very supportive and excited about the idea. They said they believe that the development of such a housing model will go a long way in helping to address the gaps that currently exist in the continuum of housing options for people with mental health issues in the community.

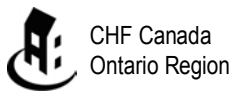
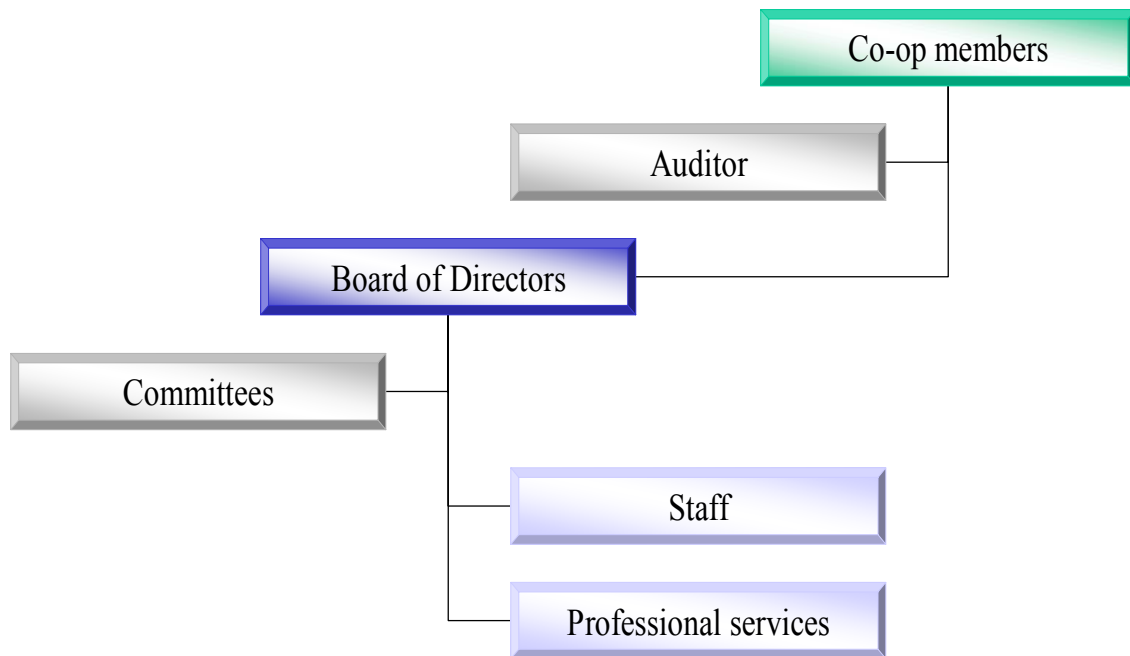
Data from this research suggest that a not-for-profit housing co-op that allows membership for people with mental health issues only would be an ideal model that can be tailored to meet the needs of people with mental health issues. The building must be established in close proximity to services and community places. A location on a major bus route near downtown Hamilton would be best, but as long as these preferences are met, some flexibility in the specific location provides some latitude for finding a suitable property once financing has been arranged. Developing such a co-op would require a comprehensive program of community education and mobilization to maximize community acceptance of the project. Furthermore, it will require the support and involvement of all stakeholder groups to be successful.

An initial scan of affordable housing start-up programs suggests that funding may be available to subsidize construction or renovation costs for an affordable housing project for people with mental health issues in Hamilton. Furthermore, an analysis of financing options for operating expenses suggests that sustaining a co-op on housing charges affordable to people on ODSP is feasible with rent supplement.

In conclusion, the findings of this research are that a not-for-profit housing co-op for people with mental health issues is feasible. Strong community support exists for the consumer-run co-operative housing idea, and both the human and financial resources needed to support its development appear to be available in the Hamilton. The overarching recommendation of the feasibility study is to proceed with the next step towards the co-op's development, invest time and effort in the generation of specific budget figures and the completion of a concrete and specific viability study, and begin the process of developing the co-op.

Appendix 1: An Organizational Chart for a Housing Co-op

Organizational chart



Courtesy: Judy Shaw, November 2006.

Appendix 2: Tables and Charts

Chart 9: Distribution of survey participants by current housing (n=131)

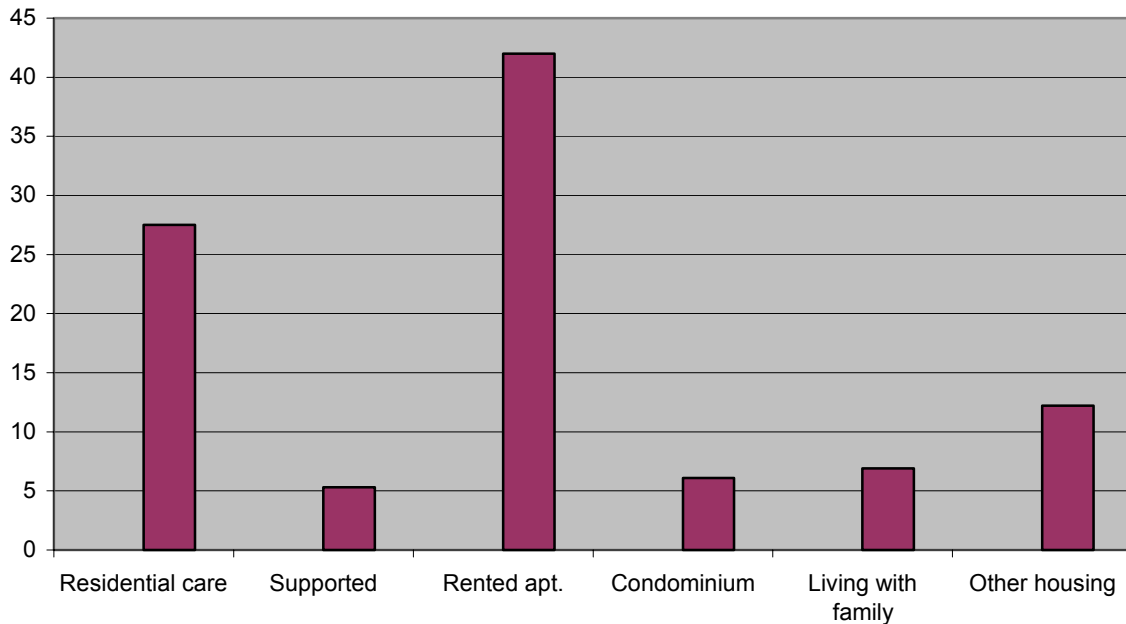


Table 6: Participants' influence over current housing (% within housing) (N=131)

Current Housing	No say	Some say	Complete control
Residential care facilities	36.1	61.1	2.8
Supported housing	28.6	42.9	28.6
Rented apartments/ owned housing	54.7	24.5	20.8
Condominium	0	25.0	75.0
Living with family	0	55.6	44.4
Other housing	31.3	50.0	18.8

Table 7: Perceived influence over current housing by gender (% within gender) (N=121)

Gender	No say at all	Some say	Complete control
Male	38.1	39.7	22.2
Female	41.3	39.7	19.0

Chart 10: Distribution showing participants' level of influence over housing by gender (N=121)

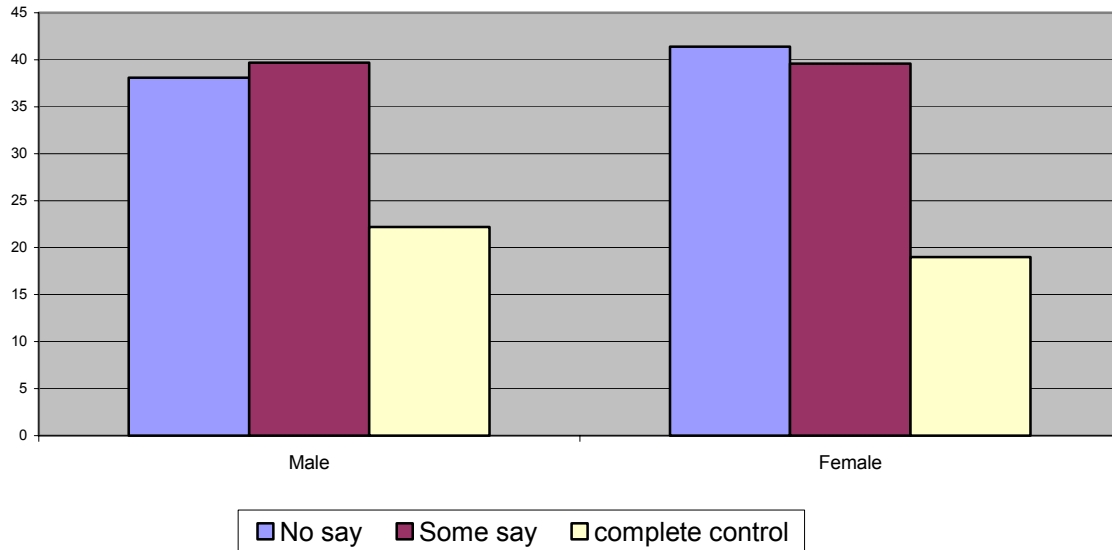


Table 8: Participants' satisfaction with their influence over current housing (% within housing) (N=131)

Current Housing	Satisfied	Not satisfied	Others to do more
Residential care facilities	58.3	36.1	5.6
Supported housing	100	0	0
Rented apartments/ owned housing	56.4	41.8	1.8
Condominium	100	0	0
Living with family	66.7	22.2	11.1
Other housing	75.0	18.8	6.3

Table 9: Participants' satisfaction with their influence over current housing by gender (% within gender) (N=121)

Gender	Satisfied	Not satisfied	Others to do more	Total
Male	71.9	25.0	3.1	100
Female	58.6	36.2	5.2	100

Tables 11a, b & c: Would you like to live in a consumer-run housing co-op? (% within current housing, gender and age respectively) (N=130)

a. Current housing (%) (129)

Current Housing	Yes	No	Not sure
Residential care facilities	40	40	20
Supported housing	50	33.3	16.7
Rented apartments/ owned housing	41.8	18.2	40.0
Condominium	37.5	37.5	25.0
Living with family	33.3	44.5	22.2
Other housing	50	31.2	18.7

b. Gender (%) (N=121)

Gender	Yes	No	Not sure
Male	43.8	31.3	25.0
Female	36.8	29.8	33.3

c. Age (%) (N=130)

Age	Yes	No	Not sure
Less than 30yrs	50	33.3	16.7
31-40yrs	40.9	27.3	31.8
41-50yrs	36.8	28.1	35.1
50+ yrs	48.6	29.7	21.6

Table 12: When would you be ready to move into a housing co-op? (% within period) (n=47)

Time Period	Frequency	Percentage
Right now	19	40.4
Less than 6 months	11	23.4
6 months to 2 yrs	12	25.5
Never	5	10.6
Total	47	100*

* Rounded figure

Appendix 3: Resources

1. City of Hamilton
Strong Communities Rent Supplement Program (Rent supplement program)
Contact: Janet Surmanski
Rent Supplement/Tenant Relations Officer
905-546-2424 x3941
2. Housing Support Programs for the Development of Affordable Housing
City of Hamilton (Affordable housing program)
www.myhamilton.ca/myhamilton/CityandGovernment/HealthandSocialservices/Housing/fundingPrograms...
Contact: Erin Mifflin
3. Ontario Trillium Foundation
Contact: Susan West, Program Officer Hamilton Office
swest@trilliumfoundation.org
4. City of Hamilton (Zoning by-laws and maps)
Planning and Economic Development
City Hall, 7th Floor
<http://www.myhamilton.ca/myhamilton/CityandGovernment/CityDepartments/PlanningEcDev/Development/ZoningBy-law/ZoningByLaw05-200.htm>
5. Canada Mortgage and Housing Corporation (CMHC) Hamilton Office (Seed funding)
http://www.cmhc-schl.gc.ca/en/inpr/code/code_002.cfm
6. Hamilton Community Foundation (Capital and support program funding)
Sharon Charters
s.charters@hcf.on.ca
Tel: 905-523-5600
7. Habitat for Humanity
Contact: Donna Braund
905-560-6707
dbraund@habitathamilton.ca
8. Ancaster Lions Club
Tel: 905-627-9807
9. Rotary Club of Hamilton
Tel. 905-527-6610 x273

Private Funding Agencies/Grant Information		
Agency	Contact	Types of grant
Ancaster Lions Club	MAA-District A-711, Ancaster Tel: 905-627-9807 http://ancasterlions.ca	Capital Funding: Grants that provide funds for large scale projects that combat disability
CMHC	25 Main Street West Suite 1000 Hamilton, ON L8P 1H1 Tel: 905) 527-2642 http://www.cmhc-schl.gc.ca	Capital Funding: Offers financial assistance to housing proponents who are in the early stages of developing an affordable housing project
Hamilton Community Foundation	Sharon Charters s.charters@hcf.on.ca 120 King Street West, Suite 700 Hamilton, Ontario L8P 4V2 Tel: 905-523-5600 Fax: 905 523 0741 http://www.hcf.on.ca	Capital Funding: Edith H. Turner Foundation – supports social development in the city of Hamilton Support programs: Tackling poverty together Neighborhood outreach and development: Leadership development: Coaching/mentoring assistance for individuals and groups Small Grants: Growing Roots...Strengthening Neighbourhoods Fund Supports resident initiated neighborhood enhancement projects in Beasley, Lansdale, McQuesten E. and McQuesten W.
Habitat for Humanity	Donna Braund dbraund@habitathamilton.ca 285 Nash Road North Hamilton, Ontario L8H 7P4 Tel: 905-560-6707 http://www.habitathamilton.ca	Potential partners/information source
Ontario Trillium Foundation	Susan West Program Manager, Golden Horseshoe swest@trilliumfoundation.org Tel: 905.628.4934 http://www.trilliumfoundation.org	Supports community based initiatives that strengthen the capacity of organizations in the arts, culture, environment, human and social services and sports and recreation.
Rotary Club of Hamilton	c/o Art Gallery Hamilton 123 King Street West Hamilton, ON L8P 4S8 Tel: 905-527-6610 x273 http://www.rotaryclubhamilton.ca	Community Service Program: supports activities to improve life in a community

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