

Re-Imagining Toronto's Shelter System

Strengthening the Homelessness to Housing Continuum



October 2022

ACKNOWLEDGMENTS

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Re-Imagining Toronto's Shelter System was written by William Patrick Porter and **Sonja Nerad**, Executive Director, [Toronto Shelter Network](#) and designed by [Green Living Enterprises](#).

Table of Contents

1. Introduction	5
2. Jurisdictional Review	8
2.1. Canada	8
2.2. United States of America	11
2.3. United Kingdom	13
2.4. Australia	14
2.5. European Union	15
3. Tailored Practices	17
3.1. Indigenous People	17
3.2. Black People	18
3.3. Gender Diversity	18
3.4. Youth and Seniors	19
3.5. People Escaping Violence	20
3.6. Substance Use	20
3.7. Mental Health	21
4. Discussion	22
5. Toronto's Emergency Shelter System	23
6. Bibliography	25
7. Appendices	27

DEFINITIONS

COMMUNITY ENGAGEMENT

Includes the broad spectrum of service user engagements that advance life skills, connection and wellbeing, and the new models for service user engagement with the community stakeholders surrounding shelter sites and scattered housing units.

COMMUNITY WORK

“A method that takes into account the community’s resources. In supported housing units, community work means that staff and residents are equal and the work in the unit has not been hierarchically ordered. Decisions concerning the unit are made with the community in community meetings and the community itself makes sure the unit’s rules are followed. The central goal of community work is to strengthen the community member’s own agency so that they can get by with minimal, if any support” (1).

EMERGENCY SHELTER

Toronto’s homelessness service system is currently comprised of approximately 75 emergency overnight services, namely, shelters, respite centres and 24-hour drop-in programs, in addition to more than 25 temporary COVID-19 response programs. While 40% of system residents are chronic users of emergency overnight services, emergency shelters are meant to be a temporary measure, not a permanent housing solution. (4)

HOUSING CONTINUUM

Comprised of emergency shelters, transitional housing, permanent supportive housing and affordable housing, this term is a recognition of the non-linear nature of housing insecurity and the need for interconnected governance and service delivery.

HOUSING ALLOWANCE

“A housing allowance is a non-repayable subsidy to help eligible households pay rent. The allowance is paid directly to the individual, so it can be used in the private market, and it is portable, so it moves where they move. In Toronto, housing allowances are typically federally and provincially funded” (2).

HOUSING FIRST

The Housing First model originated in New York in the 1990s, offering: “rapid access to a settled home in the community, combined with mobile support services that visited people in their own homes. There was no requirement to stop drinking or using drugs and no requirement to accept treatment in return for housing”. (3)

SHARED AIR

A term used by jurisdictions across the globe in reference to the establishment of tent communities or encampments.

SOCIAL HOUSING

“Social housing often fills the gap for low-income people by providing supportive housing, government-funded subsidies and rent-g geared-to-income (RGI) housing that would not necessarily be available to tenants in the private rental housing market. When they are properly funded and operated efficiently, social housing programs have the potential to provide viable housing options to people and families who cannot compete in the private rental market” (6).

SUPPORTIVE HOUSING

Combination of housing, services, and programs for people with mental health and addiction issues that supports people to maintain their housing and manage their health. “When a person chooses to live in supportive housing, they: have a warm, safe place to call home; can access the necessities of life such as food, washrooms, and laundry; can begin to heal from the damage caused by living outside; strengthen community connections. Building supportive housing can offer an opportunity for people to come together and create welcoming, safe and inclusive communities for all” (5).



1. Introduction

The Toronto Shelter Network (TSN) is an umbrella organization that champions the best housing outcomes for people experiencing homelessness. Our member agencies include organizations that operate 24-hour emergency homelessness programs including shelter, respite, 24-hour drop-in and COVID response (hotel) programs¹. We are mandated to provide relevant and valuable supports and services to member organizations so that they can deliver the highest quality services. We believe that housing is a human right and envision a City where everyone has a home that enables them to live with dignity. We advance our vision by working collaboratively with member agencies, service users and partners/allies to undertake research, policy and advocacy initiatives and develop transformative housing strategies that expand housing options for member agencies and people experiencing homelessness.

In July 2021, TSN released “Meeting Crisis with Opportunity”, a study documenting the impact of COVID-19 on the shelter system. The report provides significant insights into the successes and challenges of the pandemic response as well as recommendations for facilitating intentional post-COVID planning towards a more client and housing focused system. The report brings to the forefront questions of system sustainability noting that most traditional shelters now operate at less than half their pre-pandemic capacity. At the same time, the report highlights the promise of hotel programs, which at long last, offer service users a level of comfort, security and privacy that many have seldom or never experienced.

All levels of government have made commitments to end homelessness, including the City of Toronto, which as part of its Housing 2020 strategy, is carrying out numerous initiatives to address the City’s homelessness

¹ In this report, 24-hour homelessness service providers (traditional emergency shelters, 24-hour drop-ins, respite centres and COVID19 response programs/shelter hotels) are collectively referred to as shelters/shelter providers.

crisis. However, with many shelter hotel leases set to expire in the next two years, the future vision for the shelter system is not clear and there is concern that we will not move forward in an evidence-based way or leverage gains made during the pandemic.

With support from the Catherine Donnelly Foundation and in collaboration with our partners, TSN has undertaken a series of research and planning activities to help identify feasible and actionable options for re-investing resources used to operate the shelter hotel program and the shelter system as a whole towards more dignified emergency shelter and stable and supportive housing.

This report presents highlights from a jurisdictional and population focused review of best practices in emergency shelter service delivery² in Canada, the United States of America (USA), the United Kingdom (UK), Australia, and European Union (EU) nations. It features highlights from TSN's collaborative planning exercises with 24-hour shelter providers³ and consultations with shelter service users⁴.

Looking locally and globally for models of success with proven resilience in the face of the global COVID19 pandemic, this point in time review provides evidence that can help advance bold solutions as we continue to reimagine Toronto's shelter system. The review highlights the following insights:

Housing Policy is Foundational

Nations that develop and invest in national housing plans have greater capacity to make bold longer-term solutions. All nations with underinvestment in Housing First principles and overutilization of congregate emergency spaces experienced greater costs due to low system resilience during the pandemic.

Sometimes Change is Transformative but Mostly it is Incremental

Globally, the housing continuum, comprised of emergency shelters, transitional housing, permanent supportive housing and affordable housing, has seen more development, funding investment and rapid transformation over the past two years than was achieved in the past two decades (7). Many of the concepts that have halted progress in the past, such as biased labelling of "difficult to house" populations and a lack of potential for public

/private development of new housing stock, have been challenged in the era of the global pandemic (8). The progress seen during the pandemic demonstrates the capacity of community agencies and local governments to drive change. Doubt has long been expressed that the overhaul of the housing continuum is too monumental to achieve; however, the pandemic has shown that "we do not need to reinvent the whole eco-system all at once, but we do need to improve every single part of it, one step at a time, all of the time, as a continuous process of improvement" (9) to ensure long term strategic outcomes.

Housing First Makes Sense

Housing First principals across the housing continuum are essential to the realization of housing as a human right in Canada, and the strategic goal of an era in Ontario were "homelessness is rare, brief and non-recurring" (10). As reflected in the recent report by Toronto's Auditor General, the economic and human costs of sheltering versus housing people are difficult to rationalize (11).

Studies have resoundingly shown that "when people who were homeless settle into permanent secure accommodation" (12) they experience improvements across the social determinants of health. One permanent supportive housing program found that "after twelve months of stable housing and specialist support, presentations per individual at the emergency department were down 56.8 percent, and inpatient admissions had fallen by 53 percent" (12). These quality-of-life improvements cascade into positive economic impacts via the reduction of health costs and emergency service utilization.

Collaboration Drives Change

Collaboration between government, non-profit and private stakeholders across the housing continuum during the pandemic demonstrated a capacity for change and prompted new expectations of what is achievable. Research shows "the state has the regulatory authority to address the challenge but lacks the human capital for implementation. However, local governments and neighborhood organizations can respond most efficiently to the distress that homelessness causes during a pandemic and come up with locally appropriate policy recommendations" (13). In Australia, while the

² Emergency shelter sectors hold great diversity across the globe, but generally are intended to be a stop-gap in the continuum of housing support that leads to more long term and supportive solutions.

³ SSHA, Dixon Hall and TSN ran collaborative engagements throughout the pandemic with service users, providers and other key stakeholders. See Appendix 1 for the Summary Report.

⁴ See [Appendix 2](#) for Service User Survey Summary Report.

economic viability of local government's collaboration with shelter providers and housing stock developers was praised, investment in the private market alone laid bare the sectors lack of collaborative mechanisms or even broadly held shared interests. The research here found that over-reliance on private market investment to stem economic uncertainty during the pandemic proved unreliable and instead perpetuated the over utilization of emergency shelters (14).

The expansion of emergency shelter systems throughout the pandemic has proven shelter providers' capacity for nimble and responsive service delivery is astonishingly strong. Studies by Ligety (2022) and Liesshman, et al. (2022) suggest that effective community and government communication, transparency and consultation are pillars for successful change management.

There is Evidence to Guide our Decisions

As communication and collaboration have been essential on a global scale during the pandemic, new knowledge sharing and industry collaboration efforts have emerged. The 2020 US Rapid Shelter Innovation Showcase provides numerous takeaways that help to inform a re-imagined shelter system in Toronto:

1. There is no silver bullet answer for the “best shelter” given the variety of sheltering circumstances, so understanding the landscape is critical;
2. The whole lifecycle of using the shelter must be considered when comparing costs, as you often get what you pay for;
3. Good design—whether it is in the shelter's layout, the manufacturing process, or how it is deployed—goes a long way in determining the overall success of any rapid shelter solution. (9)



Credit: bondplace.ca

2. Jurisdictional Review

2.1. Canada



2.1.1 OVERVIEW

The National Housing Strategy Act (2019) enabled the Canadian federal government to demonstrate resilience during the global pandemic with policy such as the Rapid Housing Initiative (RHI). While this is but one advancement towards achieving housing as a human right, the RHI has been praised as a noteworthy exception to a global trend where provincial/state governance is driving responses across the housing continuum (14). Comparative research on policy interventions and outcomes have shown national strategies are essential to “housing is a human right” as they advance local ingenuity to scale up services with public private partnerships that support long term development (15).

Across Canada, a lack of capacity in existing emergency shelter systems, a shift to hotel leasing for emergency shelter expansion, a lack of affordable housing stock, failures in responding with a human rights perspective to encampments and challenges with sustainable rollout of harm reduction services have all been themes during the pandemic.

2.1.2 MODELS OF INTEREST

Many Canadian shelter providers have experienced a unique test run in rapid system expansion during the pandemic. Providing temporary congregate and non-congregate emergency housing (16), expanding emergency and transitional housing through the utilization of hotel leasing (17), rapidly securing partnership funding for retrofitting and initiating new builds of supportive and affordable housing (10) have resulted in the present window of opportunity for reassessing and rightsizing the housing continuum.

Emergency Shelter

In both Toronto and Vancouver, shelter providers have shared their experiences with creating a greater degree of privacy within congregate spaces (16) during the pandemic. Often described as pods, shades or barriers, these adaptations promoted greater dignity within the emergency shelter system during the pandemic. While ingenuity and compassion drove the implementation of these privacy designs, they could not ensure safety under public health guidelines and therefore did not prevent congregate spaces from reducing capacity.

“Please get me personal housing, my children have no place to call me” – *Service User*

TNS’s engagements with service users have resoundingly revealed that safety and privacy are key components for achieving housing as a human right. While designs such as pods or shades may be scalable across the emergency shelter system, ultimately, they are not long-term housing solutions nor do they align with a human rights approach.

“Hotel programs should be maintained” – *Service User*

WHICH OF THE FOLLOWING ARE MOST IMPORTANT TO YOU IN A SHELTER?

All responses represent “very important” replies from shelter users.

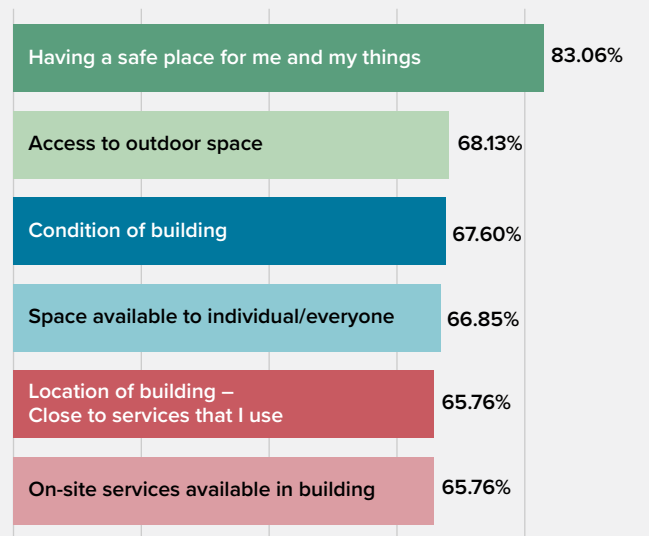


Figure 1: TSN Service User Survey Part 1

Housing First

As described in the SSHA Action Plan: “Housing First focuses on helping people to find permanent housing as quickly as possible, with the supports they need to live as independently as possible, without any preconditions such as accepting treatment or abstinence” (10). This SSHA definition supports low barrier access and a wraparound services approach across the continuum of housing.

In the two-year Canadian “At Home/Chez Soi” project involving 2,000 participants, researchers found the quality of Housing First participants’ daily lives changed from being survival-oriented to being “more secure,” “peaceful,” and “less stuck,” and this enabled them to move forward in their lives (12). The study also found that scattered-site supportive housing using rent supplements and intensive case management services led to significantly greater housing stability for homeless adults with mental illness and moderate support needs compared with usual care in 4 cities across Canada over the 24-month follow-up period (18).

As can be seen across this review and in recent collaborations, such as the “6,500 recently approved homes through partnerships with Miziwe Biik Development Corporation and United Property Resource Corporation” (15), Toronto is primed to

provide several pathways for expansion of Housing First principles through private/public collaboration.

It is deeply important to recognize that “Housing First principles” do not diminish the need for emergency shelters but see them as an essential aspect of the housing continuum that currently lacks transitional, supportive or affordable housing options. Research also suggests that all emergency shelters could be utilized as drop-in centres or community hubs that build and sustain social connections (12) for shelter users that move on to other pillars of the housing continuum.

2.1.3 INSIGHTS

Housing Stock

The Neighbourhood Trust’s 2020 report found that “small site rental housing acquisition program[s] that provide capital grants or forgivable loans to non-profit housing organizations or community land trusts to facilitate the purchase and conversion of at-risk private market affordable rental housing into permanently affordable housing” are realistic solutions to right size the continuum of emergency shelters, transitional housing, permanent supportive housing and affordable housing.

From the “right of first refusal on land sales” established in Montreal, to Calgary’s “non-market housing land disposition policy... where the City would proactively identify surplus City-owned land, analyze them for their location and amenities, and offer land parcels through an open, transparent process and on a predictable cycle – every two years” (19), Canadian jurisdictions are seeing a boom in progressive policy. In Toronto, the Housing Secretariat’s 2022 report focused on the delivery of approximately 11,200 rental homes, the new “vacant home tax” and new inclusionary zoning protocols (15). Leveraging federal funding such as the RHI, to advance municipal responses such as the Modular Housing Initiatives (15), suggests that Toronto is expanding its vision of housing as a human right with values of self-determination and choice

Encampments

The overutilization of congregate or “shared air” spaces for emergency shelter services in jurisdictions without sufficient single occupancy emergency shelters, transitional housing, permanent supportive housing and affordable housing infrastructure and policy led to inconsistent service provision and negative outcomes across the globe (7). While there is a long history of service users leaving emergency shelter spaces for the “safety” of outdoor spaces (8), the pandemic led to surges

in individually established emergency housing that came to be known as “encampments”. In many Canadian cities, these encampments experienced criminalization and forced displacement at great cost to municipalities. In the summer of 2021 “Toronto spent nearly \$2 million to clear encampments in three city parks” to remove just 60 individuals (20). The UN Special Rapporteur on the right to adequate housing noted that: “ultimately, encampments are a reflection of Canadian governments’ failure to successfully implement the right to adequate housing” (4)

“If housing is affordable, accessible, safe and near to my medical care... a thing less and I’m moving back to the park where I am safer and my needs are being met” – Service User

As the decommissioning of temporary COVID19 shelter programs proceeds in Toronto, the return to encampments threatens to be a costly negative outcome should the system return to its pre-pandemic reliance on congregate models. This concern has been voiced by key stakeholders in the sector (21) and service users (22). In TSN’s most recent service user survey, over 45% of respondents said they would not return to a congregate shelter if the hotel system was ended, and would instead search for other options (24.59%) or live outdoors (21.31%) (Figure 2).

Economic Resources

In Toronto, the cost of emergency sheltering doubled during the pandemic to between \$80,000 to \$90,000 per year per person, largely in response to the physical distancing requirements of the pandemic. These costs include rooms, meals, laundry, staff, case management and security. The average cost of providing supportive housing is \$24,000 per year per person while the average annual housing subsidy provided by the City is estimated to be \$7,900 per year (11).

The introduction of single occupancy rooms in the shelter system, while expensive, brought dignity to shelter residents and helped to prepare many individuals for independent living. Income supplement initiatives such as the Canada Ontario Housing Benefit (COHB) program, which provides a portable housing benefit to assist with rental costs in the private housing market, can be effective for mechanisms for moving towards a Housing First focused system; when administered in an efficient an accessible manner.

“I’m scared that once the hotel closes I will be back on the streets and most likely go back to prison. I’m trying to get my life on track. Not go backwards.” – Service User

When we consider temporary shelters closing, if hotel shelters were no longer an option,

HOW LIKELY WOULD YOU BE TO STAY IN ANOTHER SHELTER THAT IS NOT A HOTEL?

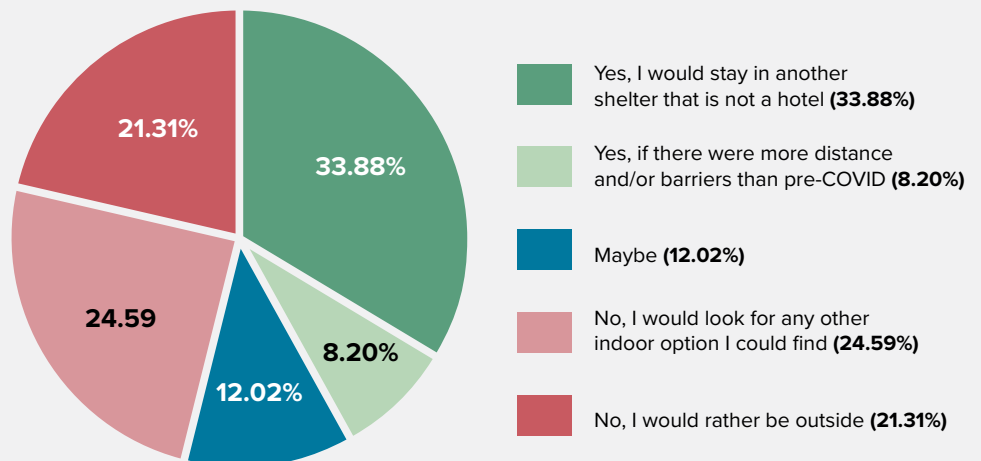
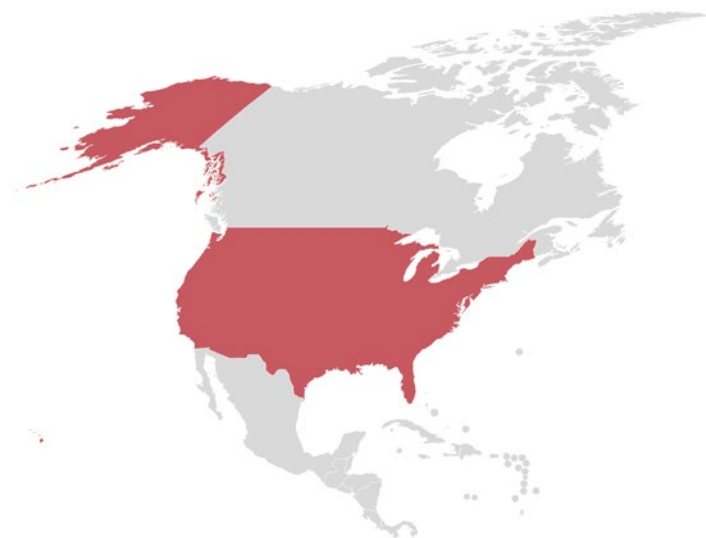


Figure 2: TSN Service User Survey Part 2

2.2. United States of America



2.2.1 OVERVIEW

With some research suggesting “eighteen out of every 100,000 people in the USA experiences homelessness at one time or another” (23) there are a great number of forces driving homelessness in the USA. The US Department of Housing and Urban Development (HUD) “broadly defines homelessness as “an individual or family who lacks a fixed, regular, and adequate nighttime residence.” It further categorizes homelessness into four areas: “(a) literally homeless, (b) imminent risk of homelessness, (c) homelessness under other federal statutes, and (d) fleeing/attempting to flee domestic violence” (24).

While “many local governments are now proficient in (preparation for/response to) weather-related disasters... evidence suggests that local governments that had not invested in building resource capacity prior to the pandemic were vulnerable in their ability to respond” (23). The United States has continued to move away from congregate housing during the global pandemic (25), but similar to the Canadian context, many cities struggled with respect for human rights in response to encampments (26). Similar to the Canadian context, there is the disproportionate representation of marginalized communities using the emergency shelter system and “the unequal impact of COVID-19 on the vulnerable” (23).

2.2.2 MODELS OF INTEREST

Emergency Shelters

Utilization of governmental powers by individual mayors was a trend in US shelter expansion during the pandemic. Atlanta’s mayor took “immediate executive action to procure hotel rooms to shelter 250 high-risk homeless individuals”; Dallas’ mayor “authorized the use of the city convention center for the immediate expansion of shelter capacity” and Las Vegas’ mayor built an “Isolation and Quarantine Complex in the Cashman Center parking lot” (23). Spaces utilized ranged from parking lots, recreational vehicles (RVs), trailers, gyms and convention centers, with dormitories and leased hotels being most common (24).

Prior to the pandemic “The NYC Urban Post-Disaster Housing Prototype Program produced a three-story prototype project in Brooklyn (City of New York, 2020) after Hurricane Sandy in 2014 (Figure 1). Unfortunately, this innovative new high-density type of rapid shelter (9) was not utilized during the pandemic and evidence of its impact is not available.

Evidence based examples from the US demonstrate that an effective crisis response system, based on Housing First principles, is affordable, reduces shelter stays and stabilizes housing outcomes. The key elements of an effective crisis response system include:

- **Access and Prioritization** - through outreach, co-ordinated access and diversion
- **Crisis and Interim Housing** - immediate and easily accessible available for anyone
- **Assistance to Return to Housing** - through rental supplements for the private market, social housing or supportive housing (27)

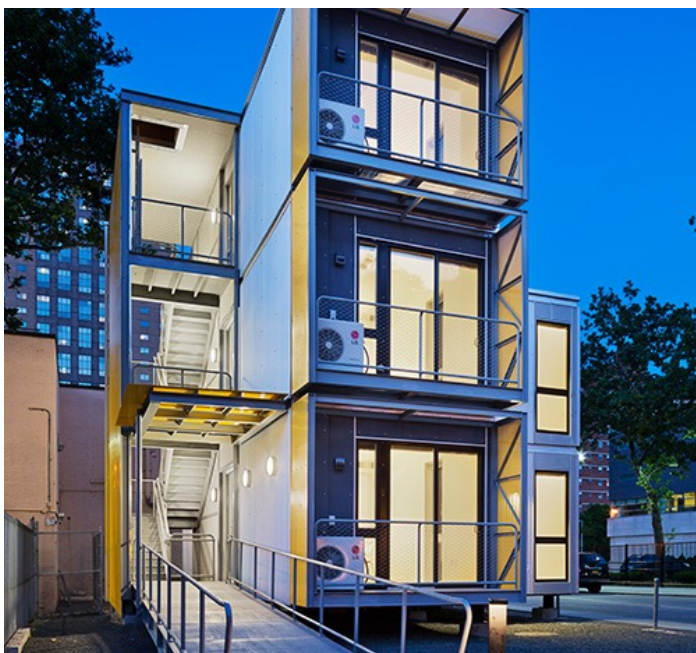


Figure 3: New York City Prototype (2020)

Public Private Collaboration

From San Francisco to New York, public private partnerships have been key to development funding “utilized by small Community Development Corporations (CDCs) and Community Land Trusts (CLTs) to acquire and preserve the affordability of small rental buildings that were at-risk of being sold in the market and upscaled”. The “New York City’s Acquisition Fund” is another example of this widespread practice of flexible bridge loans that preceded the pandemic (19). Spanning preservation, new construction and supportive housing streams, the fund has created or preserved 14,236 units over 86 projects (28).

In 2015, the Massachusetts Alliance for Supportive Housing (MASH) launched “Pay for Success (PFS)” to house chronically underhoused and homeless individuals, particularly those living with disabilities. “Once provider agencies assisted a target number of individuals in securing housing and successful tenancies were validated, investors were eligible for state reimbursement. MASH PFS used this structure to expand access to services and engineer successful partnerships between the Massachusetts state government, private funders, non-profit organizations, and service providers. What makes MASH PFS unique is the combination of private dollars and three key factors designed to end homelessness for good:

- expanded eligibility
- tenancy supports
- and low-threshold rental assistance” (29).

Houston has reduced homelessness by 63% since 2011. It has done so through a singular focus on Housing First, whereby county agencies, local service providers, corporations and charitable nonprofits “— organizations that often bicker and compete with one another — to row in unison” (30).

Encampments

While the US also struggled to respond to encampments, this landscape of local responses was more diverse and often resisted criminalization. “Dallas and Minneapolis adopted efforts to stop the enforcement of encampment policies and redirected the efforts of their administrative units to expand social services and care. The City of Minneapolis partnered with the Minneapolis Parks and Recreation Board to allow tenting in public parks to provide immediate refuge for those experiencing homelessness. The City of Honolulu also made public park space available for testing and tenting” (23).

2.2.3 INSIGHT

How funding is invested can make all the difference. In Houston, Covid money, which other cities, such as Toronto, have spent on temporary shelters and hotel rooms, is paying the rent for thousands of apartments for the continuum’s homeless clients.

The 2020 Rapid Shelter Innovation Showcase noted that in the expansion of modular emergency shelter “not every quote is created equally. It is important to reconcile the cost of each shelter using a methodical apples-to-apples approach. There are three primary steps in price reconciliation:

1. lining up the “upfront costs” of the unit and any needed auxiliary items,
2. adding the “near-term deployment costs” of delivering and setting up the unit on-site, and
3. accounting for the “long-term costs” over the unit’s operational lifespan (9).

They also noted “a variety of design features can make the most of a small space, such as high or vaulted ceilings, appropriately proportioned room dimensions (square, rather than long and narrow), built-in folding furniture, tuck-under storage, multi-use wet room bathroom/shower designs, and natural light from skylights and floor-to-ceiling windows. The dignity of a space comes from not just the metrics on paper, but how it makes one feel inside. “You get what you pay for” (9).

2.3. United Kingdom



2.3.1 OVERVIEW

The UK's "Everyone In" programme sought to ensure that people "sleeping rough" and in accommodation where it was difficult to self-isolate (congregate emergency shelters) were moved to safer accommodation or housed with the express aim of protecting them, and the wider public, from the risks of Covid-19. The programme was seen as a change of tone in government framing of homelessness and under housed communities after decades of disinvestment, and there is some hope this is a long term shift away from blame and misrepresentation of homelessness as an "individual responsibility" (8).

"The 'Everyone In' initiative was originally designed to be a 12-week programme of statutory intervention and, as such, the emergency accommodation was never intended to be provided on a permanent basis" (31). Throughout the pandemic, this Housing First approach saved lives, but it is yet to be seen if it has changed public opinion and policy more permanently toward public health and human rights (8). This potential shift exists within a housing crisis in part driven by the disinvestment and privatization of social housing stock over four decades (32).

2.3.2 MODELS OF INTEREST

Everyone In

Under the UK's "Everyone In" policy, "temporary housing... typically took the form of vacant hotel rooms that were subsequently procured by the [Greater London Area] GLA and London borough councils across the capital... [with] over 100 hotels... involved in the initiative in London (and over 300 nationally) and organised as a three-tier system of care, in which each hotel was designated as COVID Care, COVID Protect or COVID Prevent. This nationwide, best practice, categorical system was designed to triage people to the most appropriate accommodation based upon their level of risk and vulnerability to COVID-19. COVID Care hotels provided accommodation to those either testing positive or displaying and reporting symptoms of the disease, COVID Protect hotels provided accommodation to those considered most vulnerable to the disease as a result of underlying health conditions and COVID Prevent hotels were those that provided accommodation to all other people who were homeless or experiencing rough sleeping" (31).

The main drive of the March 2020 "Everyone In" policy is for no one to "sleep rough" a second night out on the street. That means the UK emergency shelter sector currently has a strong focus on individuals who are "sleeping rough" and the "invisible homeless" folks who are precariously housed or underhoused are missed in these targeted programs (31).

While policy and practice will fluctuate in the coming years, it is possible a conceptual shift occurred whereby emergency shelters became points of triage and access to permanent housing rather than a long-term stop gap for homelessness.

Hub Sites

The concept of emergency shelters as hub sites - that provide services beyond an initial housing crisis - led *Inspiring Change Manchester* to design a membership program to scale and tailor wraparound services for individuals in need of permanent supportive housing with a focus on sustaining social connection. As Housing First principles centre on “choice”, the agency deployed an intriguing membership model whereby clients have access to a “drop-in hub and services, at any point in their journey (through the housing continuum), including when or after they move to the less intensive ‘membership’ phase” (8). Mapping and envisioning programming with service users is essential for the successful utilization of the emergency shelter system (33).

2.3.3 INSIGHTS

Parallel to the Canadian context, shifts in government policy or funding result in program closures or demand a reduction of service delivery. Researchers and shelter providers have cautioned that models for ending homelessness must “plan for a non-linear recovery. Needs fluctuate, and not always in predictable cycles, but the fact they will fluctuate is definitely predictable. Allow capacity within the model to flex the support up and down to respond to changing needs. The importance of choice needs to reflect both the reality of the current housing market in the location of the service, and the right to make different choices to those a professional might make about where to live” (8).

As frontline workers carry forward the task of building trust and community with service users, the harsh realities of funding and programming inconsistencies can provide distressing challenges. Researchers found competing views from shelter providers about discussing these challenges - such as funding sunsets or a planned conclusion to service provision – during intake with service users who are predominantly presenting with complex trauma (8). There’s far more consensus on the urgent need for shelter providers to ensure all staff have training in grief and trauma counseling (8).

2.4. Australia



2.4.1 OVERVIEW

The pandemic response in Australia has varied from region to region and highlights the need for integrated national housing strategies and collaborative governance structures. Researchers note that institutional and public apathy have recently shifted, as both the COVID-19’s pandemic and homelessness are now framed as public health crises (7). Additional criticism of economic policy to advance private ownership, over affordable or emergency stock expansion, suggests such policy may have inflated costs throughout the pandemic (14). There is a growing economic argument for the development of permanent supportive housing and affordable housing as a better economic stimulus than the promotion of the private rental and sales sector (14). As Pawson, Martin et al (2021b: 115) conclude, “So far, it appears Australian policy makers have learnt new lessons about mechanisms for supporting the financial system and for supporting the circulation of incomes through the household sector, while visions glimpsed early in the emergency of new possibilities for securing tenancies, making rents affordable and ending homelessness are receding” (14).

2.4.2 MODELS OF INTEREST

Open communication across all levels of government and the private and public sectors is a critical factor for successful innovation. Research indicates that “state and territory governments are the best agencies to determine the type of responses necessary to ameliorate housing problems that intensified during the pandemic, [that] rapid administrative coordination

of national, state and territory jurisdictions to develop an information sharing infrastructure proved critical for effective COVID-19 housing and homelessness responses nationally, [and] rapid mobilisation of new and existing partnerships between governments, not-for-profit sectors and private industry reduced homelessness in innovative ways, suggesting a pathway for longer-term investment in innovative interventions” (14).

2.4.3 INSIGHTS

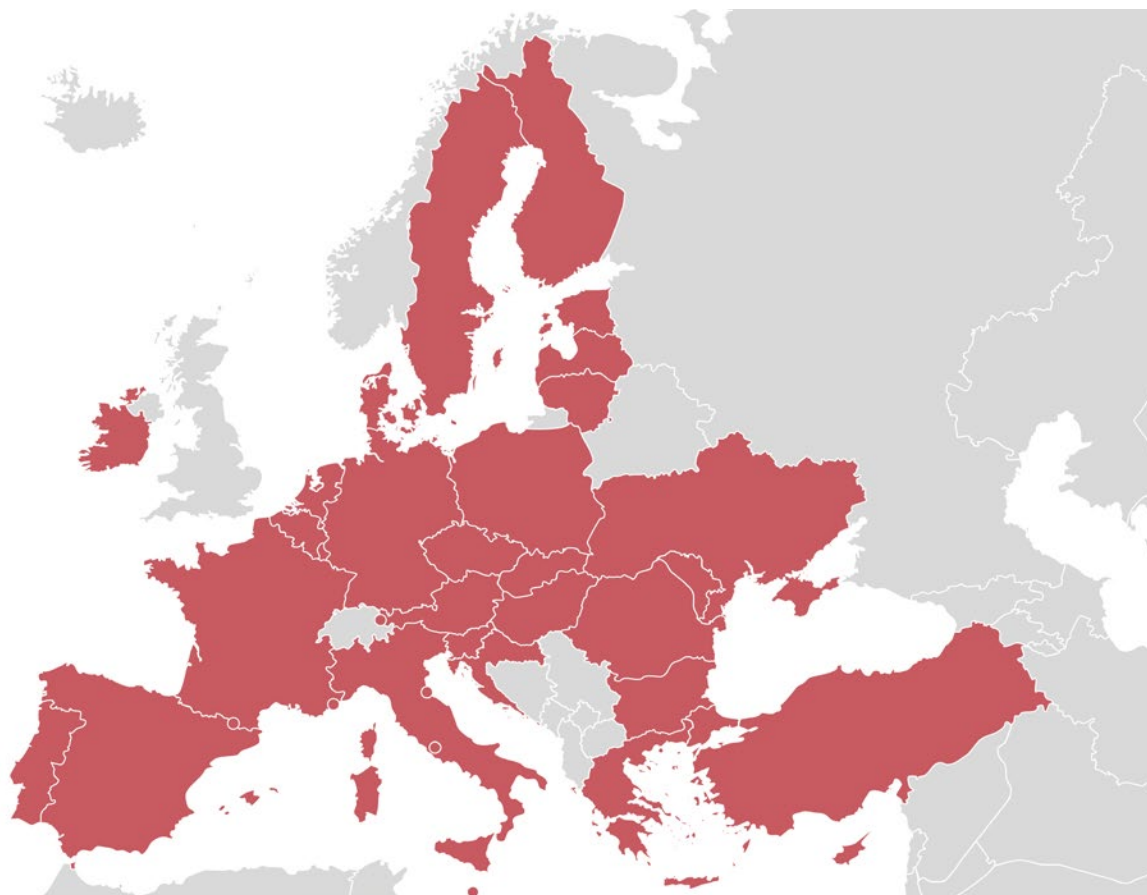
Research recognized that the private renter sector is not as cohesive as is often discussed in policy. “In reality, it is highly fragmented, mainly consisting of many thousands of individual landlords, investors and their agents. Aggregating and making sense of the decisions of such a diverse, and lightly regulated, set of interests does not amount to having a coherent or systemic policy response. Indeed, the evidence shows that income support interventions were far more effective in safeguarding homes (as well as incomes) than direct interventions, for example through eviction moratoriums or rent relief measures” (14).

2.5. European Union

2.5.1 OVERVIEW

Finland has been recognized globally for its leadership in ending homelessness, advancing beyond an over dependence on the emergency shelter system to invest in a low barrier Housing First approach. The delivery of emergency shelters is now focused on addressing crises. There is still an important role for emergency shelters in support of domestic abuse survivors and refugee populations, but the sector is designed to address an essential need and is not expected to provide a stand in for long term housing.

Denmark and Germany benefited from past investment in housing which resulted in greater resiliency in the global pandemic as “shared air” accommodation had not been over utilized (7). Nations such as Ireland and Portugal had made less of an investment in Housing First models, but have stepped up their focus on this policy direction in response to the pandemic. The resilience brought about through investment in long term supportive and independent housing



has been undeniable, but the sustainability of these policy and political shifts is yet to be seen (7).

Conversion of emergency shelters into sustainable long term supportive housing and the utilization of government housing and or existing affordable private housing has been a successful model in a number of EU nations. The design and the development of these spaces must be reflective of the populations they are supporting, as “housing is a human right” and Housing First principles centre choice and independence above all else (1).

2.5.2 MODELS OF INTEREST

Historically, Finland “had a staircase model in use for the work on homelessness, where the homeless person moved from one social rehabilitation step to another, with an apartment awaiting on the highest step. This model is not functional in the long run... It is easy to stumble on the steps, in which case the apartment will remain a dream. The model can also be considered inhumane for a good reason, since receiving a permanent dwelling requires a lifestyle change. In addition, the model proves costly, because long-term homeless people living in temporary accommodations place a burden on the special services of health and substance abuse care. The time was right for a completely new approach to work on homelessness: the Housing First principle” (1).

In the example of Finland there are other programs that have shown that choice and independence can factor into the management and governance of Housing First sites. Centering service users in community engagement efforts and shelter governance in Finland has advanced engage of permanent supportive housing communities in their surrounding neighborhoods while advancing life skills and in many cases employment for residents. “In the units that use [these] community work methods, one of the most important everyday practices are community meetings in which all the major decisions concerning the unit and its residents are made. Staff and those residents who wish to attend take part in the meetings. Sometimes the meetings are about revising house rules, sometimes decisions over new purchases are on the agenda. The principle is that the staff does not make decisions concerning residents before discussing with them first” (1).

Unique in the Finish model of Housing First, there is a low threshold to qualify for services. Globally, many Housing First program still focus on a “needs” based model that restricts access to long term emergency shelter users or individuals in need of supportive housing. One of the main insights around this is a risk that individuals who are barred from a Housing First program may through time, trauma and underutilization of services come to qualify for Housing First (1). This delay in support has negative impacts on long term health and negates the founding principles of human rights, choice and self-determination.

Community Work/Engagement

Similar to the experience in many of Toronto's communities, Finland struggled with the “not in my backyard” phenomenon of resistance to new housing/shelter developments in particular neighbourhoods. Community engagement was essential in shifting public perception over mental health addiction and homelessness (1).

In Portugal, the design of the emergency shelters was inclusive of different identities and needs. The integrated design allowed for access to a wide variety of necessary services. Community integration, both within the shelter and between each shelter and its surroundings, was prioritized and achieved through mechanisms of participation, self-governance and open communication (34).

Peer Integration

Most of the harm reduction teams in Lisbon have peer workers as a part of their staff, so the methadone, needle exchange, and MDCR teams brought peer involvement into the shelters. Peer integration facilitates trust and competence in service provision and helps new clients to approach the services (34).

2.5.3 INSIGHTS

EU Nations that have put in place strong Housing First principles and programs have been more resilient during the pandemic. While all nations reviewed here have at some point had an over reliance on the emergency shelter sector, there is a clear recognition that it was costly both economically and in the lives of individuals experiencing homelessness (1).

3. Tailored Practices

Homelessness affects people who have different, overlapping and intersecting life experiences and identities, including but not limited to Indigenous people, Black people, other racialized people, families, 2SLGBTQ+ people, people with physical and mental health disabilities, people who are neuro diverse, people who use substances, refugees, women and youth. This section briefly describes housing experiences and best practices for some of the groups that comprise Toronto's shelter using populations.

3.1. Indigenous People

In contrast with a common colonial understanding of the term, Indigenous homelessness is tied not only to the housing market and limited availability of affordable housing, but is also a direct result of hundreds of years of constant, deliberate destruction of Indigenous culture, linguistic heritage, and autonomy. The Indigenous Definition of Homelessness in Canada, produced by Jessie Thistle in consultation with Indigenous communities, has become a widely influential and highly regarded document. Thistle (2017) begins by discussing home and homelessness in an Indigenous context, situated within historical practices. He then discusses the 12 dimensions of Indigenous homelessness in Canada, which include: [1] historic displacement, [2] contemporary geographic separation, [3] spiritual disconnection, [4] mental disruption and imbalances, [5] cultural disintegration and loss, [6] overcrowding, [7] relocation and mobility, [8] going home, [9] nowhere to go, [10] escaping or evading harm, [11] emergency crisis, and [12] climatic refugee homelessness. The graphic summary below provides an overview of these 12 dimensions (35).

Indigenous people are over-represented among Toronto's homeless population. Representing between 1% and 2.5% of the Toronto population, the 2021 Toronto Street Needs Assessment (36) found that 15% of people experiencing homelessness identify as Indigenous. This number may in fact be higher as Indigenous people historically are under-represented in data collection. The Toronto Indigenous Community Advisory Board (TICAB) leads initiatives around Indigenous homelessness in the city. In addition to self-determination, solid commitment to data informed resource allocation is needed to advance a true commitment to Truth and Reconciliation. This means that at minimum, 15% of homelessness funding is allocated to Indigenous homelessness.

Figure 4: 12 Dimensions of the Indigenous Definition of Homelessness in Canada. [View the full size document.](#)



“The City should provide enough housing workers so we don't need to wait for a long time, there should be a social worker to help deal with things like legal matters and financial matters, the City should prioritize public housing for those in shelters, the City should offer summer jobs to people in shelters” – *Service User*

3.2. Black People

Black shelter users, comprising more than 40% of all Toronto shelter users (22), disproportionately engage with the emergency shelter sector due to systemic oppression. Historically there has not been a strategy to improve housing outcomes for Black shelter users. More recently, the Toronto Action Plan to Confront Anti-Black Racism has prioritized: using an anti-Black racism lens in shelter standards and procedures and the rent supplement provision program; collecting race-based data; creating safe spaces for Black queer and trans youth in 2SLGBTQ+ shelters, and training on anti-Black racism and the relationship between racism and mental health. The unique cultural, financial and support needs of single Black parents in the sector is also to be prioritized and is in need of further supportive research. (37)

Programs such as YOUth Belong, operated in Toronto by Eva's Initiatives, is an inter-dependent living program for Black youth experiencing homelessness or precarious living (38). This model centres on identity and provides Black youth leaving shelters with life skills and capacity to effectively navigate the systems that they will connect with daily, while rooting them in their communities and intersectional identities. It helps young people transition out of homelessness into stable housing by providing scattered site transitional housing and housing bursaries. This program highlights the importance of housing allowances in Housing First models.

“Racism and bigotry should not be tolerated.” – *Service User*

3.3. Gender Diversity

TSN has conducted research to close the knowledge gap on the unique needs of 2SLGBTQ+ providers and service users. As documented in TSN's 2021 study, 2SLGBTQ+ shelter service users in Toronto unwaveringly identify access to single occupancy rooms as “a crucial component of their mental health and wellbeing. For situations where a single occupancy room is not possible, clients stated that being able to choose your roommate is helpful” (39). While all youth will “age out” of youth focused programming “many youth expressed deep fear and concern about what would happen to them... citing the lack of 2SLGBTQ+ shelters for adults and concerns about safety in existing shelters” (39).

“Shelters that are safe and healthy & where you can breathe without any threat to life. Single occupancy rooms are extremely critical part of safety” – *Service User*

The study also validates the importance of community work/engagement highlighted earlier in this report, noting, “one service provider reported that their agency has constituted a committee (board) comprised of past and current clients which has been received positively. Participants in this study felt that such a committee can help clients to raise their concerns and ensure that they are addressed” (39). 2SLGBTQ+ service providers also discussed experiencing sexual harassment, micro aggressions and abuse in the workplace (39).

While there is limited research on Housing First models for adult gender diverse populations, Friends of Ruby in Toronto recently implemented a new housing model geared to support 2SLGBTQ+ youth (40). Friends of Ruby Home is a custom-built transitional house where youth can focus on life skills, get connected to community supports through case management and work towards living independently within one year. Each room is furnished with a bed, desk and chair, drawers and includes a 3-piece bathroom and kitchenette and it also includes common areas. Everything will be geared towards supporting youth on their path towards independent, stable and empowered living.

“Peer Support, Counselling for all types and genders” – *Service User*

3.4. Youth and Seniors

A person's resilience and needs change over time. According to City of Toronto shelter system flow data, between June 2021 and June 2022 utilization of emergency shelter by youth increased by 19%, while the number of seniors using the system has held steady at 7%.

Seniors are a unique and diverse population with varying needs, pathways into care, transitions into end of life and end of life planning needs. Many seniors who become homeless lose their housing later in life and are particularly unprepared for navigating shelter systems services and need additional guidance and supports. It is not surprising then that more than 60% of homeless seniors experience chronic homelessness. Seniors who have been labeled as chronically homeless may experience system barriers to qualifying for supportive housing and many of those who do secure housing do not receive the level of supportive care that they require, exacerbating their health and mental health issues.

Tailored Housing First strategies are needed for this population. As noted by the Toronto Auditor General, "If seniors and others with complex conditions currently experiencing chronic homelessness are not able to move to social housing or private market housing due to the complexity of their needs, and if they cannot move to long-term care because there is no availability or they face other barriers, it may be more effective and economical

to provide long-term care in an embedded housing and healthcare solution for long-term chronic shelter clients especially as their needs become more complex" (11).

Youth also present in unique ways across emergency shelter and affordable housing sectors. Almost one-third of respondents to the 2021 Toronto Street Needs Assessment reported their first homeless experience as children/youth. The more time a youth experiences homelessness, the more likely they are to be exposed to a number of risks such as sexual exploitation, economic exploitation, traumatic events, declining health and addictions. In a positive sense, youth are more responsive to accelerated supports for affordable housing and these supports and interventions can prevent the lifetime of recurrent engagement with shelter services. However, the current system in Toronto tends to focus on the provision of supports downstream, when young people are much older. Strategies that help young people avert or exit homelessness as quickly as possible are essential in avoiding lifelong consequences, including chronic adult homelessness.

“Older women are the last to get apartments and help. The priority is young people and [substance users]. Why? Same for cell phone and laptops, one size doesn't fit all.” – *Service User*

Consideration specifically for newcomer youth around language services, building community, accessing education and employment can be used as standard for wrap around and follow-up services that are low barrier and accessible to all youth. Youth shelter providers in Toronto, increasingly are advocating that Toronto adopt a shelter diversion strategy, used successfully in other Canadian jurisdictions (41) and/or reduce barriers to rent supplements and housing allowances for youth. Youth services hold great potential for prevention of chronic homelessness with prompt transitions from emergency shelter systems (42).



3.5. People Escaping Violence

The emergency shelter system can play an important role in promoting safety, support and advocacy for individuals escaping violence. Compared to other shelter using populations, the pathways to homelessness and housing needs for survivors of gender based or intimate partner violence are unique. Traditionally, parents with children have limited stays in emergency shelter and often experience hidden homelessness (ex. couch surfing) (42). However, there are hundreds of families with children that use the shelter system for more than six months, effectively rendering them chronically homeless. At the same time there are Toronto Community Housing units sitting vacant (11), indicating that while new affordable housing is deeply required, there are opportunities to divert families from emergency shelter.

Historically, more than 30% of Toronto's shelter system has been comprised of refugee claimants or asylum seekers. While they may be escaping violence and persecution and experiencing significant trauma, many refugees will not have access to health or social services because they lack documentation. Transitional housing that includes programming tailored to respond to the unique needs of refugees in Toronto has been utilized to a great extent to help with stabilization, trauma recovery and eventual transition into social housing and rental market housing for refugees (43). As the borders continue to open up post-pandemic, the city of Toronto is moving forward with dedicated emergency shelter programs for refugees, something that refugee providers have long advocated. It is yet to be seen whether this stream will build on promising transitional housing models that have been used to good effect with refugees locally and in other jurisdictions across Canada.

Tailored approaches for serving populations that are escaping violence are required. In addition to ensuring shelter staff receive training around trauma informed care, these populations require assistance to develop new networks and communities of support. Transitional housing models can offer tailored wrap-around services and can provide a safe space for people to develop new communities of support.

“Change and improvement is critical for bettering living conditions at shelters in Ontario overall.” – *Service User*

3.6. Substance Use

A toxic drug supply has been wreaking havoc across Canada and the United States. Interventions that save lives – such as safe injection services - have too often been delayed or halted by changing policy structures. “Supervised injection services (SIS) are health services that provide a safe and hygienic environment where people can inject pre-obtained drugs under the supervision of trained staff. One of the main goals of SISs is to reduce overdose deaths. There are over 90 SISs worldwide and there have been no deaths recorded at any of these services” (44).

The long history of shelter and supportive housing systems being abstinence based or using “housing ready” models means that substance users have often been unable to access the housing continuum beyond some emergency shelters. An international scoping review examining the benefits and/or changes that occurred when people experiencing homelessness or housing insecurity transitioned into a secure, stable home found improved substance use outcomes once people were housed in secure, stable accommodation. Stable housing resulted in “reduced days of alcohol use, improved ability to maintain sobriety, reduced days of [criminalized] drug use, lower rates of substance use, lower mortality rates for injecting drug users, and lower rates of substance abuse treatment” (12).

With the leasing of hotel rooms for shelter and encampment residents during the pandemic, overdose and overdose deaths began to climb in Toronto. Recent consultations with key stakeholders confirm that the introduction of single occupancy rooms during the pandemic led to many positive outcomes; however, the substance using community was not well served during the transition (21).

This prompted the introduction of a harm reduction directive, mandatory harm reduction training, the deployment of harm reduction teams, including peer support workers, and eventually safe consumption programs in some hotels. At the same time, the transition to an integrated harm reduction model is a time and resource intensive process, requiring a significant organizational commitment to cultural transformation. Shelters experience tension around values of autonomy and safety and are concerned about their capacity to create and sustain harm reduction practices. The long-term impact on shelter workers who routinely are called upon to save lives with naloxone or who are losing clients to overdoses has not fully been captured in the research. Understanding the experience of grief and loss for shelter providers and advancing a grief and loss support



Figure 5: Positive and Negative Impact of Shelter Hotels

framework in parallel with Housing First services for substance users is much-needed.

3.7. Mental Health

Living in high-stress situations, on the streets or in crowded shelters with limited access to treatment makes people experiencing homelessness, especially those with histories and current experiences of trauma, particularly vulnerable to chronic mental health issues and co-occurring substance use. Shelters that are less populated, well-spaced, which offer a welcoming and calm environment and are staffed by interdisciplinary teams can help to support clients in overcoming barriers to mental health treatment and care.

Canada's Chez Soi study concluded that Housing First rapidly ends homelessness. Across all cities that participated, Housing First participants obtained housing and retained their housing at a much higher rate than those who did not have access to Housing First supports, which included immediate access to an apartment, a rent supplement, and one of two types of support services: those with high needs received assertive community treatment and those with moderate needs received intensive case management (45).

An international scoping study found considerable improvements when people were safely housed, “with reduced levels of mental distress, depression, and anxiety; reduced psychiatric and psychotic symptoms; improved mental health symptoms; increased hope, self-efficacy, self-esteem, and happiness; and fewer days in a psychiatric hospital (12).

“**Mental health outreach at shelters - people who are able to assess if residents need services the shelter cannot provide, ie elderly or senior care, recognition of depression or other mental health issues which people may not seek out on their own**” – *Service User*

To mitigate harms and reduce the proliferation of encampments, moving forward, it will be important to create dedicated, safe and appropriate spaces along the homelessness to housing continuum for people with deep mental health needs and active substance users.

4. Discussion

Toronto has struggled with limited investment in affordable and supportive housing for decades. The emergency shelter system, inherently underfunded and dependent on the charitable sector, up until the pandemic was increasingly using large congregate facilities to shelter people. In less than two years the shelter system was transformed with 48 temporary physical distancing sites (23 of which are in hotels or motels) added to “73 base shelter sites offered across Toronto”, accounting for “40% of Toronto’s shelter capacity” (46).

For Toronto’s emergency shelter providers and service users, the pandemic brought both promise and pain.

The unheralded usage of shelter hotel programs ushered in a movement towards more dignified shelter spaces and positive rapid re-housing efforts. However, uneven development of harm reduction supports and criminalization of encampments were stark examples of system gaps and human rights violations.

Highlighted below are some key themes that emerged through this review. They offer insights for transitioning and re-visioning the housing and homeless system through a focus on rightsizing the emergency shelter system, committing to Housing First and embedding equity and anti-racism throughout. These findings can help guide the City of Toronto as it moves forward with decommissioning the shelter hotels and implementation of the new shelter service model.

A return to pre-pandemic congregate emergency shelter will move the system backwards.

- The pandemic has shown that a reliance on congregate style emergency housing reduces system resilience and is costly in the long term.
- There is little provider support for this model and clear feedback from service users that congregate settings will hasten a return to encampments.
- Financially viable options for dignified Housing First pathways such as retrofitting shelters as transitional/supportive housing and modular housing development are available.

Continued engagement and communication between all sector stakeholders will strengthen the housing continuum.

- Homelessness is not a linear journey – preventing harm and promoting health and wellbeing for individuals experiencing homelessness is a system wide responsibility and requires a multi-sector strategy.
- There is no singular solution that can address the diversity of needs and build upon the assets of diverse shelter using populations. Commitments to equitable and client focused service delivery should be reflected in policy, partnerships, and appropriate resourcing.
- The engagement of service providers and service users in the governance of emergency shelters can ensure policy and program relevance and effectiveness within the context of Housing First principles and housing as a human right.

There is opportunity to right-size the shelter system

- Emergency shelters should be nimble and scalable, but should not be overused as a long-term housing stop-gap.
- Diverting people from shelter through the use of rent and income supplements has been shown to be an effective and cost-effective use of system resources.
- Emergency shelters will continue to provide critical supports for people experiencing crisis. They are the first point of contact for individuals fleeing violence and deep histories of trauma and oppression, and many times the last and only option for people who experience serious mental health challenges and/or substance use.
- Emergency shelters are well positioned to be essential partners in the development and delivery of transitional housing, permanent supportive housing (with choice in scalable support). Many are eager to convert their existing shelters and redeploy skilled emergency shelter workers to offer rapid and efficient pathways towards supportive and deeply affordable housing.

5. Toronto's Emergency Shelter System

The evidence collected and reviewed for this report was drawn upon to revision the emergency shelter system as an access point for client centered services and supports and a pathway to stability and housing.

Figure 6 describes the key features of an effective homelessness to housing system.

- **Diversion:** The vast majority of people are diverted from emergency shelter to a transitional or permanent housing options.
- **Rent Supplements:** To divert people from and to facilitate movement of people out of emergency shelter, portable rent supplements are made available.
- **Capacity:** With a right sized homelessness to housing system, emergency shelter is available to those who need it. People in housing crisis are swiftly triaged and supported to access the services that best meet their needs.
- **A Tailored Transition:** The emergency shelter system is highly tailored with facilities and programs that are designed to address the health, social and housing needs of different populations. Some populations, such as refugees may transition quickly from shelter to housing while populations with deeper needs such as those with serious mental health and substance use may use the service for a longer period of time.
- **High Support Shelter:** There are few options in the supportive and affordable housing space for people with exceptionally deep needs (i.e., people with serious mental health and active/unstable substance users). Shelters that bring expertise with these populations are converted into deeply supportive housing facilities
- **The System if Built on Principles:** An anti-oppression and equity lens is embedded in policy and practice and all facilities offer dignity.
- **Staffing Models:** All providers, small or large, directly or community operated; have in place a staff teams that delivers effective case management and housing supports.
- **Partnerships:** Memorandum of Understanding guide the delivery of health services (primary care, mental health and harm reduction); facilitate pathways to health in the community (long term care), and enable wrap-around supports, such as employment, that people need to stabilize their lives and be successful in maintaining their housing.
- **Indigenous Self-Determination:** Figure 6 does not set out to describe the future state system for Indigenous communities. In keeping with Article 3 of the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) which calls for Indigenous Peoples' right to self-determination, TICAB leads initiatives around Indigenous homelessness and equitable funding is in place for Indigenous communities



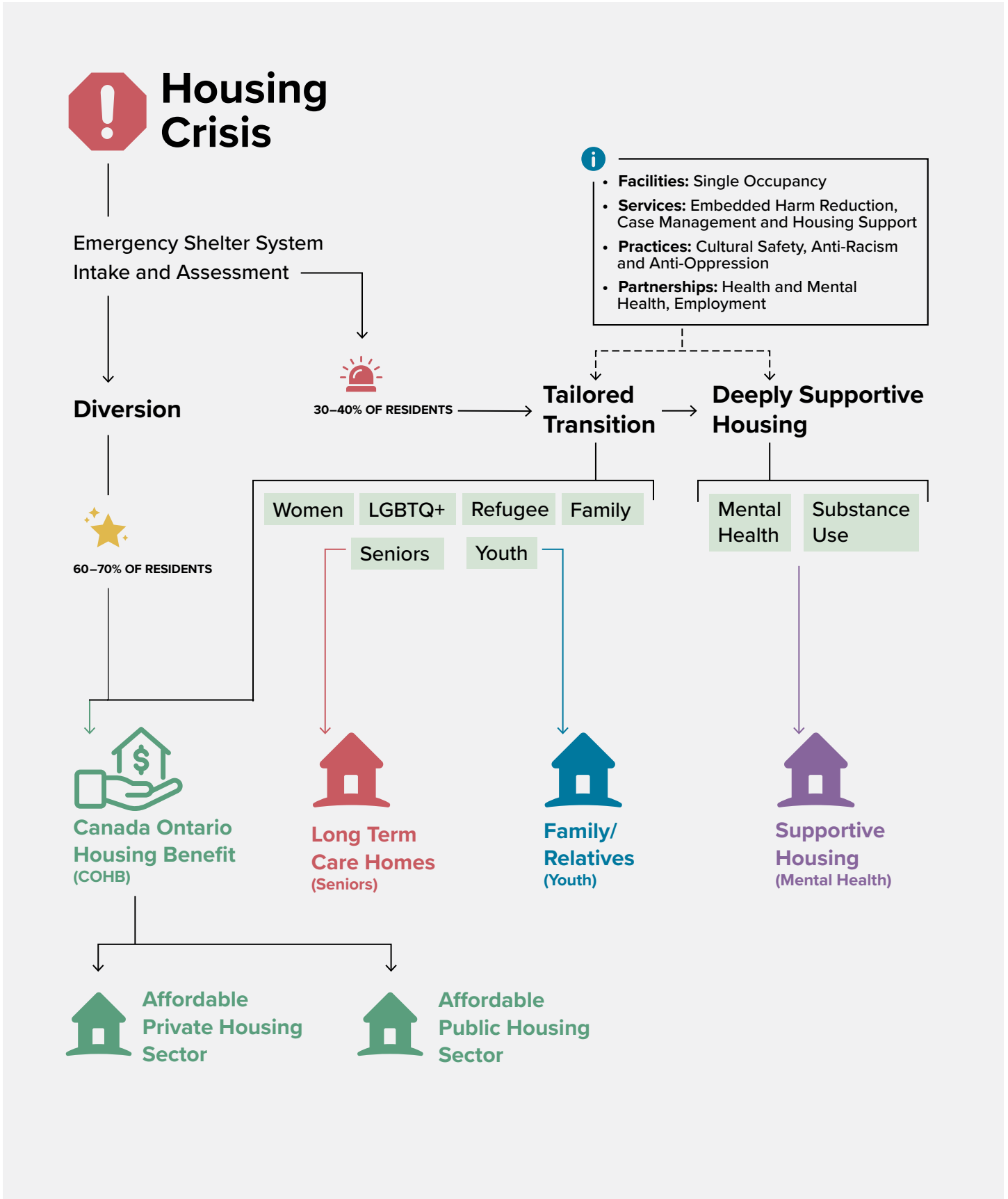


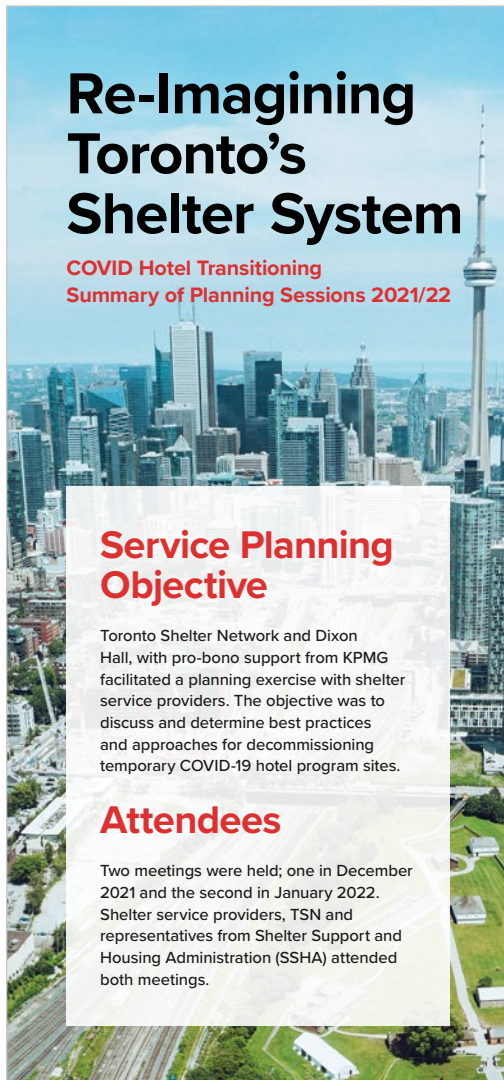
Figure 6: Rightsizing the Housing Continuum

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7. Appendices



Re-Imagining Toronto's Shelter System

COVID Hotel Transitioning
Summary of Planning Sessions 2021/22

Service Planning Objective

Toronto Shelter Network and Dixon Hall, with pro-bono support from KPMG facilitated a planning exercise with shelter service providers. The objective was to discuss and determine best practices and approaches for decommissioning temporary COVID-19 hotel program sites.

Attendees

Two meetings were held; one in December 2021 and the second in January 2022. Shelter service providers, TSN and representatives from Shelter Support and Housing Administration (SSHA) attended both meetings.

Discussion

QUESTION

1 How should housing resources be prioritized to support the transition and relocation of temporary COVID-19 shelter clients?

- Participants want to see equity drive decisions and favour an approach that does not advantage one group of clients over another.
- Eligibility and prioritization should be applied as housing becomes available.
- The unique needs of underserved communities (Indigenous, LGBTQ, BiPOC) and specific population groups (active drug users, those with mental health challenges, youth) must be accounted for in transition.
- Be innovative by repurposing current funding (allocated towards hotels) to create supportive housing – let's avoid having people moving out and coming back into the shelter system.

QUESTION

2 What happens to bed spaces at temporary COVID-19 shelter sites as they are decommissioned? How large or small should the emergency system be?

Most participants agreed that base shelter capacity should not be changed when temporary sites close. Until suitable, affordable and supportive housing is available, the size of the base system cannot be reduced.

QUESTION

3 What do service providers need from the City to support the transition and integration of temporary COVID-19 shelter programs and decommissioning of hotel program sites?

- **Notice:** A minimum of three months when a temporary site is closing to prepare for transition.
- **Staffing:** Service providers have strict collective agreements. They need time and resources to address HR implications (i.e. lay-off or severance) that may result from decommissioning.
- **Funding:** Service providers need access to housing supports (rent subsidies) and services (housing support workers) to help transition clients to housing and prevent their return into the shelter system.
- **Housing Supply:** Even with time to plan for decommissioning of temporary sites, there is not enough affordable housing supply for hotel clients. This will limit service providers collective vision of not seeing hotel clients moving back into the base shelter system.

QUESTION

4 What are ways to ensure that the specific needs of groups (e.g., Indigenous people, Black individuals, people who use substances, seniors, youth, 2SLGBTQ+, etc.) are met during any transitions?

- **Engagement & Partnerships:** Engage directly and routinely with these communities to learn about their lived experiences and involve them in decision-making.
- **Consider Specific Needs:** There is no one-size-fits-all approach. Built form, programming, services and partnerships may differ from group to group.
- **Housing First:** Housing is the priority. Best efforts should be made to NOT move people from hotel programs into shelters. Equity needs to be considered particularly for those who have been in shelters for a long time.
- **Supports for a Successful Transition & Beyond:** Clients should have access to a support system during transition process, including counselling/mental health and follow-up supports.

QUESTION

5 What is a big, bold idea that has not yet been shared?

- **Modular Housing:** Leverage modular housing to rapidly increase housing capacity
- **Stabilization & Transitional Housing:** Increase availability of transitional housing. Designate sites with embedded supports to provide a springboard to more permanent housing options using individualized placement strategies.
- **Framing & Discourse:** Shift the discourse around the emergency shelter system so that it is seen as an

- important part of the housing system, particularly for chronic service users.
- **Investment Cost:** Provide the business case (i.e. value for money) to decision makers for investing in housing vs emergency shelters.
- **Infrastructure:** Advocate to the City of Toronto to ease the planning process for new builds for supportive/affordable housing.

QUESTION

6 How do program operators want to be engaged in the transition planning?

- **Engage Service Providers:** Through every step of the process, including those operating both hotel programs and traditional shelter sites.
- **Engage Clients:** Through every step of the process and ensure all engagements are culturally appropriate.

Next Steps

- ▶ Use the notes from this exercise to inform SSHA's ongoing transition planning.
- ▶ Engage with shelter clients to ensure their perspectives are heard and inform next steps.



Engaging Clients at Temporary COVID-19 Sites in Re-Imagining Toronto's Shelter System

Survey Findings

INTRODUCTION

During the COVID-19 pandemic, the City of Toronto opened temporary shelter programs to allow clients to physically distance and protect themselves against the spread of the virus. As the City moves forward its long-term plans for these temporary sites, the City of Toronto and TSN collaborated to administer a Client Survey with 200 shelter hotel residents between April 2022 and May 2022, in an effort to integrate residents' feedback in the decision-making process.

OVERVIEW OF FINDINGS

Who participated in the survey?

- Most respondents are between 35 years and 65 years of age; youth and seniors (age 65+) were underrepresented
- Just over 50% identify as cisgender man; 34.74% identify as cisgender woman
- Most clients identify as straight/heterosexual
- More than 50% describe themselves as white or European
- 78% are born in Canada; of those born outside of Canada, 66.67% moved to Canada over 10 years ago
- Most have no dependents

What are survey participants' experiences with shelter services?

- 50% have experienced homelessness for a duration of 1-5 years
- 70% have experienced homelessness or have used shelters or similar sites prior to March 2020
- 90% of participants have resided in a private and single room in a hotel site
- 70% of survey respondents have stayed in a temporary site between 1-6 months or over a year

What features or factors about shelters are most important to survey participants?

- Private and separate space from others: 73.08%
- Access to housing help/housing workers: 85%
- In addition:
 - ◆ Type of people living in the building
 - ◆ Location of building and proximity to services
 - ◆ Access to windows and outdoor space
 - ◆ Reputation of the shelter
 - ◆ On-site services such as harm reduction, mental health, budgeting education or training, employment services or training, life skills training, family reunification support, personal support worker, case management, group activities, peer support programs and primary healthcare services
 - ◆ Sense of security and safety
 - ◆ Access to amenities and furniture
 - ◆ Access to staff that are well trained

How satisfied are survey participants with their current shelter?

- 80% describe their current place of stay to be generally better than their prior residences
- Most report their relationships with peers and staff have been unchanged or have gotten better during COVID

How satisfied are survey participants with shelter services and supports?

- Primary Care: 70% report being satisfied or very satisfied
- Mental Health: 48.67% report being satisfied or very satisfied
- Harm Reduction and Addiction Services: 56.15% report being satisfied or very satisfied
- Housing Services/Worker: 57.45%
- Case Management: 55.62%
- Employment Supports: 43.48%
- Internet: 67.57%
- On-site Programs and Services: 58.82%

What feedback do survey respondents have about shelter health and safety?

- Most are satisfied or very satisfied with their access to information about COVID-19, masks, screening, and testing, quantity of PPE for clients and staff, and level of emphasis on personal hygiene and physical distancing practices
- Most feel protected from communicable diseases with the increase in personal space and physical distancing requirements
- Deemed most important: mandatory masking for staff and clients, ongoing screening for symptoms, rapid testing for new admissions, regular rapid testing available and required for residents

What barriers do survey participants experience that prevent their movement from shelter to housing?

- No barriers: 56%
- Lack of affordable housing: 84.41%
- Lack of support in finding or applying for housing: 76.09%

What do survey participants believe enables people to move from shelter to housing?

- Affordable housing
- Having support to transition to a new location (e.g., community resources, support when moving, information sessions, follow-up supports when moved out)





✉ coordinator.tsn@gmail.com

🌐 torontoshelternetwork.com

🐦 [@TOShelters](https://twitter.com/TOShelters)