



Toronto Shelter Network

Shelter Provider Health Survey –
Summary Report

July 14, 2017

Introduction

- Studies have shown that homelessness is clearly associated with poor health, and in fact, many people who are homeless remain at risk for poor health even if they obtain stable housing due to other variables such as poverty, mental health or substance use.
- Over the past year, health issues have become increasingly prominent for Toronto's shelters. Some of the contributing factors include:
 - The significant increase of refugees and refugee families in shelters and their need for health screening and primary care
 - Planning for George Street which will include health service components
 - The aging shelter population, associated with a growing need for long term and palliative care
 - Continually high numbers of shelter users with trauma, mental health and substance use issues and needs
- The TSN undertook this survey with its members to better understand the current state of health service access within shelters and to identify priority health needs. The aim is to use this information to help inform future activities including shelter/health service partnership development, training and health service planning for shelters.

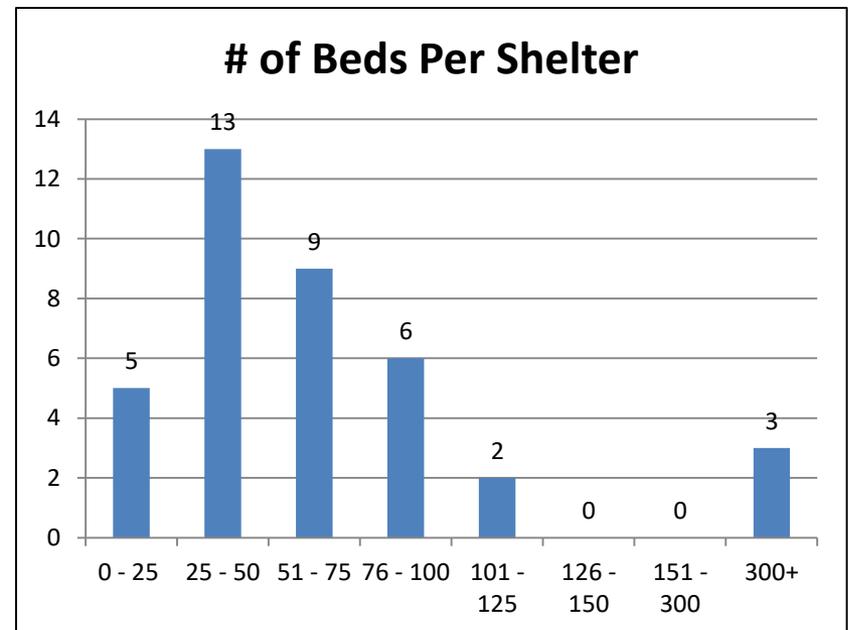
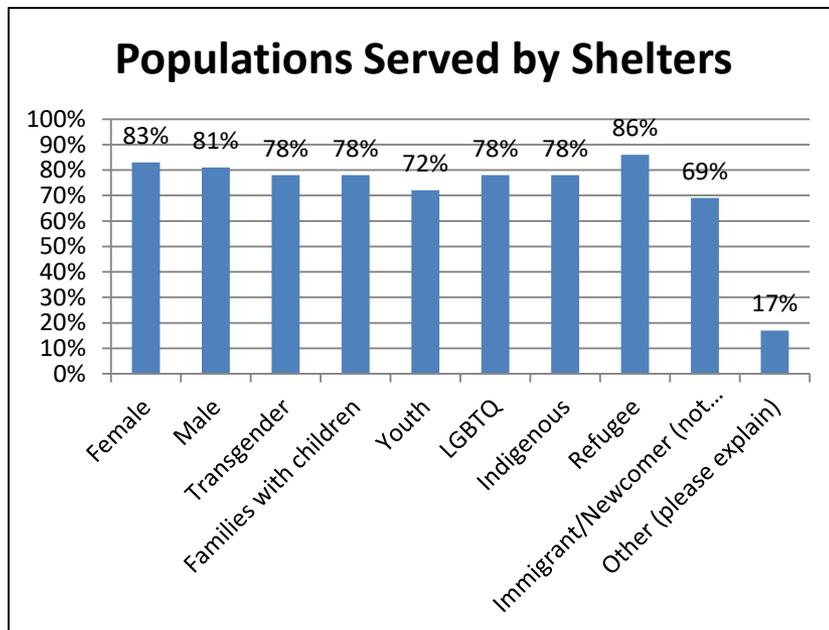
Respondents

Thirty six (36) shelters responded to the survey. In addition, the Streets To Homes Assessment and Referral Centre also responded.

- City of Toronto: Family Residence (Kingston/ Galloway), Seaton House, Family Residence (Kingston/Overture), Seaton House O'Neill Program
- Christie Ossington Neighbourhood Centre: Main Shelter, South Shelter
- Christie Refugee Welcome Centre
- COSTI
- Homes First: Kennedy Road Winter Shelter, 702 Kennedy Women's Shelter, Scarborough Shelter, Strachan House, St. Clair, Savards Women's Shelter, Strachan House Housing
- Eva's Initiatives: Eva's Satellite, Eva's Place, Eva's Phoenix
- Fife House
- Good Shepherd Centre
- Kennedy House Youth Shelter
- Native Child and Family Services of Toronto: Eagles Nest Men's Transition House, Eagles Nest
- Nellie's Shelter
- St. Simon's Shelter
- Salvation Army: Evangeline Residence, Gateway, Maxwell Meighen Centre, Florence Booth House
- Society of St. Vincent de Paul: Mary's Home
- Scott Mission
- Sojourn House
- Street Haven
- YMCA: Y House, Spratt House
- Youth Without Shelter

Respondent Profile

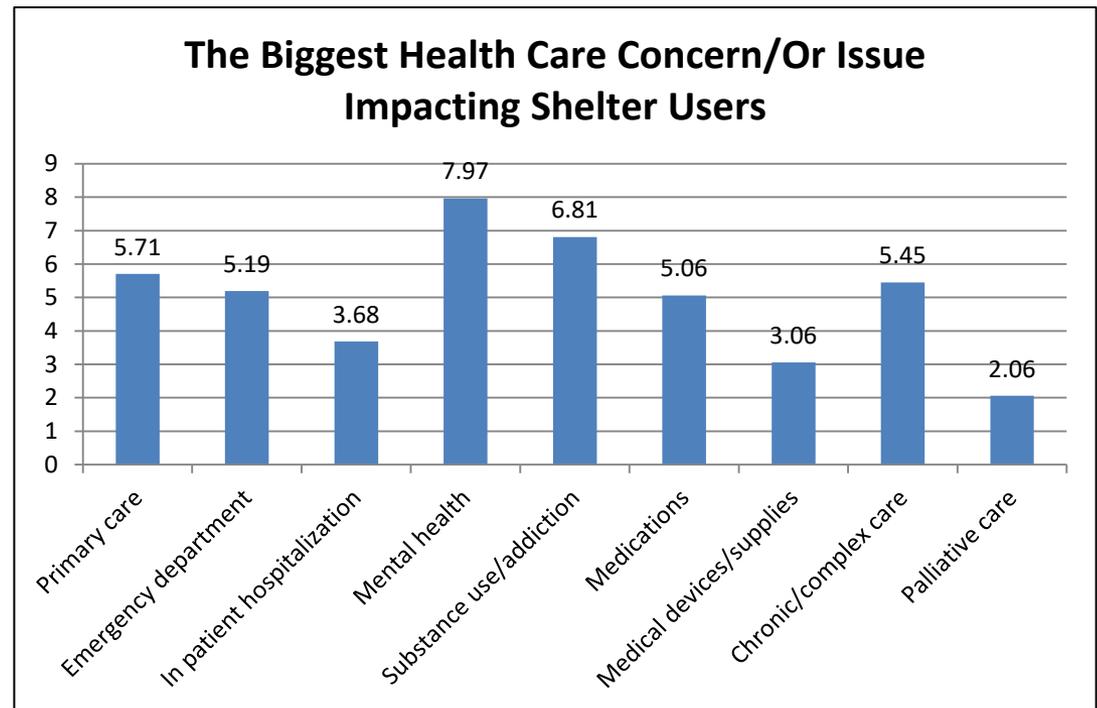
- Three shelters have more than 151 beds; 2 of these have more than 500
- Shelters serve a diverse group of people; notably 86% of respondents serve refugees, 83% serve women; 81% serve men; and 78% serve transgender, families with children, indigenous and LGBTQ populations; the “other” category of populations served includes seniors, people living with HIV/AIDS and couples
- Nine of 38 respondents (24%) receive LHIN funding
- Key health partners include: Toronto Public Health, Inner City Health Associates, Community Health Centres, St. Elizabeth Health Care



Health Care Concerns

- Mental health is the greatest concern for shelters that responded to the survey followed by substance use. Primary care, chronic care/complex care, emergency department use and medications are all similarly ranked (5.06 – 5.71).

“Many clients have un-diagnosed mental health issues. There is a lack of support for those that do have a diagnosed mental illness. Regular access to primary health care is also a large issue. A large percentage of our service users have physical/health issues like serious Allergies, Arthritis, Asthma, High Blood Pressure, Cancer, Diabetes, Hep C., High Cholesterol, Mobility Issues, Osteoporosis, Sensory and Thyroid issues”

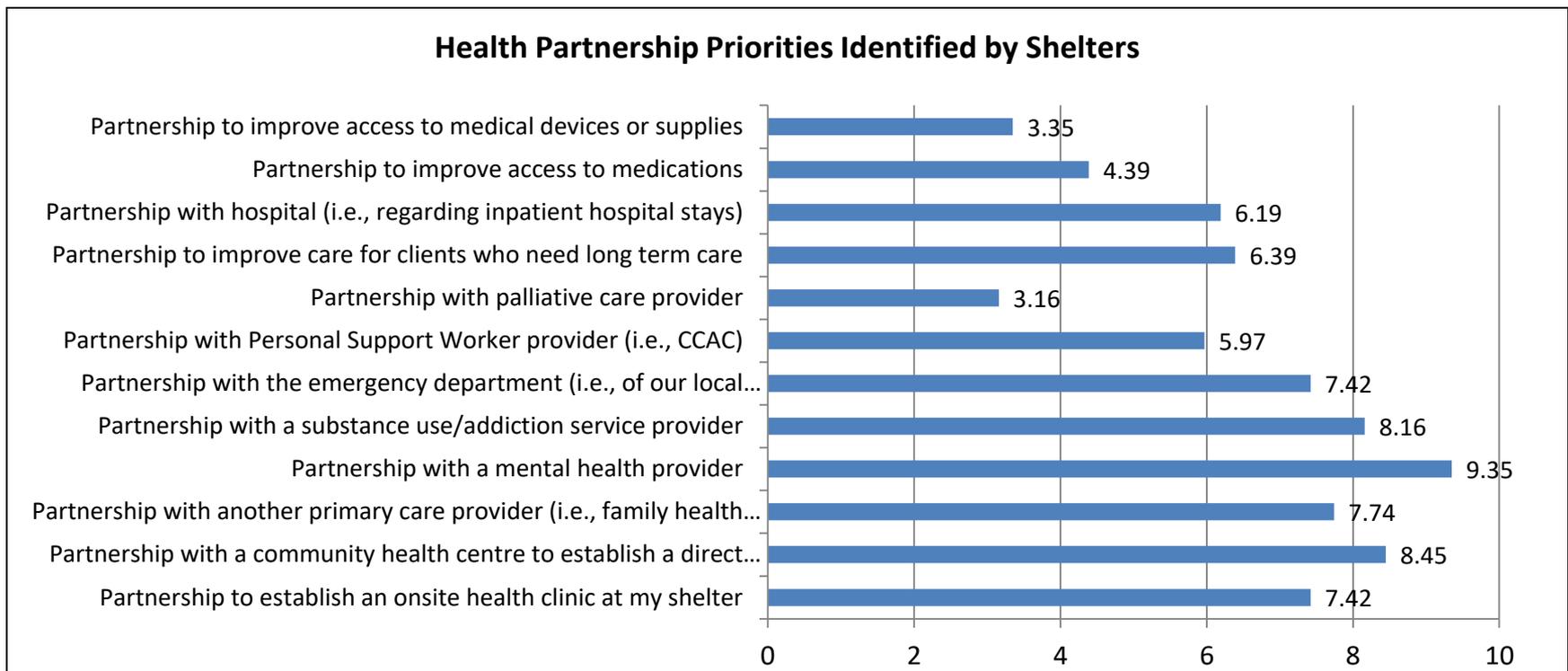


On Site Health Services

- **61% of respondents have access to on-site health services:**
 - ½ day three times X week - physician; 2 X month - Public Health Nurse
 - 1 day X week – family doctor
 - ½ day X week - physician; ½ day X other week
 - 2 days X per week - nurse
 - 5 days X per week – nurse; 1 day X week – physician.
 - 1 day X week - consulting psychiatrist
 - 1 day X month – physician
 - Full time nurse; 1 day X month - chiropracist
 - 1 day X every 2 weeks - nurse practitioner
 - 1 X month – psychiatrist; 1 X week - new outlook worker
 - ½ day per week - medical clinic
 - Mobile health clinic (no onsite health office)
 - 1 day X week – nurse practitioner
 - Regular health clinic

Capacity and Partnership Priorities

- 51% of respondents have space for an on-site clinic
- 77% of respondents have staff to support clients to address their health care needs (i.e., book appointment or accompany clients to appointments)
- Most respondents prioritized partnerships with mental health providers, followed by direct referral partnerships with community health centres and partnership with substance use/addiction service provider.



What We Heard...

We have prioritized establishing an on-site health clinic for our shelter-users ... This is necessary to provide an array of much needed health supports physical and mental. Partnerships to improve care for clients who need long term care is also extremely important for us as needs are complex and many require ongoing - long-term supports to be able to maintain housing somewhere down the road.

Onsite partnerships are the best for our clients because clients are able to build rapport with health care providers and get more information about medical history of the clients.

We have challenges with clients being well supported in emergency departments often being released back to shelters. Having the on-site doctors has been crucial in providing support for clients who would otherwise not access (health services) before (their) situation becomes more urgent. Those who are substance users are also more marginalized because of their use when accessing mainstream services.

We do have many young people accessing the shelter system with undiagnosed mental health, substance abuse /addiction, trauma related issues due to abuse. These partnership will help support the overall wellbeing of the clientele we serve to become independent and productive citizens.

The problem that we are facing right now is that our client population is aging and we have no LTC partnerships so it has becoming increasingly important to have this established.