



Policy and Practice Recommendations:  
**Developing Gender-Based Low Barrier Housing  
to Address Complex Homelessness**

---

Community University Policy Alliance



# TABLE OF CONTENTS

1	THE PROCESS.....pg 4
	• The 'Engaging Social Policy' Project
	• What is a Community University Policy Alliance?
2	THE GUIDE.....pg 4
	• How This Guide Was Developed
	• Who Should Use This Guide and How
3	THE CONTEXT.....pg 7
	• Gender-Based Complex Homelessness
	• Low-Barrier, Permanent Housing with Supports
	• Proposed Model for Housing with Supports
	• Key Policy Issues that Contribute to Complex Gender Based Homelessness
4	PUTTING THE SUPPORTS IN SUPPORTIVE HOUSING.....pg 11
5	STAFFING LOW-BARRIER HOUSING.....pg 17
6	HOUSING AS A COMMUNITY.....pg 22
7	HARM REDUCTION.....pg 28
8	TENANCY AND PROGRAM PARTICIPATION.....pg 34
9	INTENTIONALLY DESIGNING INFRASTRUCTURE FOR LOW-BARRIER HOUSING.....pg 41
10	CONCLUSION.....pg 47
11	GLOSSARY OF TERMS.....pg 49
12	REFERENCES.....pg 53



**This guide was a collective effort by people who experience, work in and care about the homelessness sector. We made an early commitment to centre the voices of people with lived experience and front-line staff in this process.**

Our **Project Team** is comprised of academics, sector leaders, front-line workers and people with lived experience of gender-based complex homelessness. This includes Mary Vaccaro, Jennie Vengris, Megan B., Farrahn Maloney, Olivia Mancini, Courtney Sullivan and Val Sadler.

We'd like to thank members of the following groups and committees who enriched this guide through their knowledge and expertise:

- **The Community-University Policy Alliance Working Group.** Our working group is comprised of 16 members including people with lived experience of homelessness and front-line workers who work in shelters, health services, addictions services, harm reduction programs, housing programs, sex work advocacy, low barrier day spaces and residential care facilities.
- **Peer workers from Keeping Six, Woman Kind, Mental Health Rights Coalition, Grenfell Ministries**
- **The Women's Housing Planning Collaborative**
- **McMaster University:** The Office of Community Engagement, The Research Shop and The Engaging Social Policy Faculty Committee, The Faculty of Social Sciences - Community Research Platform
- **The Hamilton Social Medicine Response Team**
- **The Greater Hamilton Health Network**
- **The City of Hamilton** – Housing Services Division
- **The City of Hamilton** – Expanding Housing and Support Services for Women, Non-Binary, and Transgender Community Sub-Committee
- **The Residential Care Facilities Tenants Coalition**
- **Attendees of the Residential Care Facility Community Forum**

We consulted a broad range of stakeholders and sector leaders through focused conversations, group discussions about this issue and possible solutions and in reviewing content for this guide.

One of the goals of the broader Engaging Social Policy project is 'advance the study of social policy' in the School of Social Work. We worked with placement students, students in policy-focused courses and students connected to other parts of the University.

We would like to acknowledge the students who participated in this project: Samm Floren, Kim Ritchie, Bridget Mardsin, Maddie Brockbank, Tamarah Corrigan, Bri Denicola, Anneke Froentjes, Anthony La Fuentes, Patrick Tarrant, River Valade-Holland, Kelly Wu, Angelica Esposito and Sana Minhas.

Infrastructure artwork developed by: Stephanie Davidson (Assistant Professor, Interior Design, Ryerson University) and Farrahn Maloney.

**Special Thanks** - This project began with a partnership with Katherine Kalinowski (Good Shepherd Centres) and Carol Cowan-Morneau (Mission Services). They provided invaluable leadership to the idea that we as a community need to collectively do better for women experiencing long-term and complex homelessness. They connected us to stakeholders, leaders and community planning tables and this guide is richer for their involvement.

# THE PROCESS

## THE 'ENGAGING SOCIAL POLICY' PROJECT

In 2017, the McMaster School of Social Work received a generous donation from the estate of Dr. Richard Splane directed to 'advancing the study of social policy.' This project is made possible through this donation.

For this first project, we organized the work around a Community University Policy Alliance. As we move forward, the School intends to continue deepening capacity (through different mechanisms) for effective exploration, dialogue, analysis, and response to the policies that both enable and constrain the life chances of citizens and define our collective quality of life.

## WHAT IS A COMMUNITY UNIVERSITY POLICY ALLIANCE?

We developed the Community University Policy Alliance (CUPA) as a mechanism for intentionally drawing together those who experience social policy: service users, social workers, students, advocates, academics, and policy makers. We organized the CUPA with three overarching objectives:

- To develop a participatory process for building relationships between university and community
- To further participation, critical thinking, teaching, and dialogue especially among stakeholders not often included in policy discussions
- To establish and move towards practical/tangible change goals.

# THE GUIDE

**Our project started with a fundamental question:**

Why is there a group of people accessing women-serving organizations in Hamilton who remain persistently unhoused despite multiple intervention options?



While the answer is complex, we have uncovered a solution to the issue that we believe will work through this project – low-barrier, permanent, supportive housing developed using a strong gender and justice lens.

Over the course of the project, COVID-19 impacted the entire world and had a significant impact on the homelessness sector in Hamilton. The impacts of COVID-19 shaped how we engaged in this work over the past two years and served as a stark reminder of the need for low-barrier, supportive housing options for people who remain unhoused despite the availability of traditional housing interventions.

A common refrain related to this kind of housing is that it is too complicated or too expensive. We disagree. Our current interventions are not working. We know from local research and from people experiencing homelessness (and the people that care about them) that there remains a group of women - inclusive of trans and cis women - and non-binary people who are cycling through temporary accommodation, shelters, and tents.

The creators of this document engaged in an imaginative process to articulate an ideal housing model for people accessing women-serving organizations who experience complex (chronic and highly acute) homelessness. Through our work, we also engaged in careful policy and systems analysis and an interrogation of how to develop meaningful partnerships to leverage existing resources differently. We also explored low barrier, supportive housing models in existence across Canada.

The reality is that this work is complicated, but it is possible. It requires prioritizing substantial sector planning, funding, and partnership development and being willing to make bold investments to end gender-based chronic homelessness in our community.

## HOW THIS GUIDE WAS DEVELOPED

This project is co-facilitated by faculty and a doctoral fellow from McMaster University's School of Social Work who have extensive experience working in the area of housing and homelessness in Hamilton. The core project team also consists of frontline workers and people with lived expertise of these issues. In addition to this project team:

- This work has been co-created by faculty and students from McMaster University's School of Social Work, people with lived experience, frontline staff, and sector experts of gender-based homelessness in Hamilton.
- The initial stages of the CUPA benefited from the support and advice of the co-chairs of the Women's Housing Planning Collaborative. Both sector leaders highlighted the deep and unmet needs of people who experience gender-based chronic homelessness.
- We convened a Working Group of mostly frontline workers and housing advocates/grassroots organizations who met with us to discuss topics pertaining to low-barrier, supportive housing for women and gender diverse individuals experiencing complex homelessness.
- We brought together people directly impacted by the issue, community agencies, social service/health care providers, and academics from across the university to engage in this participatory policy process.
- We convened stakeholders in the community to talk about Residential Care Facilities – a housing model that could inform this approach. The results from that consultation are included in this analysis.

In addition to this extensive consultation and collaboration, the team consulted literature on women's homelessness and other program models to generate the solutions that we propose in this guide.

## WHO SHOULD USE THE GUIDE AND HOW

**The intended audiences for this guide are those who make decisions about funding, planning, and programs related to housing and homelessness.** It is written from our local perspective (in Hamilton), but we envision it as a tool that is applicable to decision makers, policy makers, and funders across Canada.

Funders and policy makers at the local, provincial, and federal levels can benefit from understanding what it takes to implement a successful housing intervention for people who experience complex homelessness. Significant investment and resources are needed to ensure that this model of housing is effective.

This guide has also been developed for people within non-profit and social service housing and homelessness organizations who develop new programs. If any organization or collaborative of organizations wants to make a difference with people whose homelessness experiences are most complex, this guide offers practical advice for how to do that.

These two important stakeholder groups are both critical to the success of these projects; funders need to provide adequate resources for this kind of intervention and service providers need to implement evidence-based interventions to be successful. There are six sections in this guide and each focus on a particular component of the proposed housing intervention. Within each section, there are a set of System and Policy Recommendations and a set of Program and Practice Recommendations.

## SYSTEM AND POLICY RECOMMENDATIONS

The System and Policy recommendations each fall into one of three categories:

### Partnerships

One way to offset the significant costs of this kind of housing intervention is to marshal strong community partnerships to offer tailored, expert supports in a variety of areas. Many communities across Ontario and Canada (particularly mid- to large-sized cities) have a range of health and social service providers. With facilitation and sector planning, partnerships can be organized to fulfill the component of housing with supports.

### Sector Planning

A sector that is planned can draw forward meaningful partnerships and use funding more effectively. Sector planning needs to consider the population of people, the issues they are experiencing, and the best, most effective interventions. It requires funders who are willing to pay for the long-term, relationship-centered, skilled work necessary for sector planning. It means that when new funding is announced, the sector knows where the money needs to be diverted to fill gaps. This approach is consistent with the City of Hamilton's stated commitment to broader systems planning in the homelessness sector<sup>1</sup>.

### Funding

Interventions for the most complex experiences of homelessness are expensive. The series of funding recommendations offer suggestions about where the additional funding would best be leveraged in relation to this proposed intervention.

## PROGRAM AND PRACTICE RECOMMENDATIONS

Each of the six sections has a series of practice and program recommendations. These recommendations were generated through our participatory process with people with lived expertise, frontline workers, and sector leaders. These are meant to inform the delivery of services in gender-specific low barrier housing.

Within the program and practice recommendations sections, you will find promising practice profiles that highlight programs across Canada that are engaging in this kind of work. Furthermore, each section includes an Appendix of practical tools and resources to help mobilize and integrate these recommendations into practice.



### QUOTES FROM LIVED EXPERTS

Each section includes quotes from a woman or non-binary person experiencing gender-based complex homelessness in Hamilton.

These consultations were a part of the (in)visible project: a narrative research project on gender-based chronic homelessness in Hamilton and the Women Envisioning Supportive Housing project: a participatory action project involving 25 people experiencing gender-based homelessness in Hamilton (forthcoming).



<sup>1</sup> City of Hamilton. (2019). Coming Together to End Homelessness: Hamilton's Systems Planning Framework.

# THE CONTEXT

## GENDER-BASED 'COMPLEX' HOMELESSNESS

This CUPA is focused on women (inclusive of 2-spirit, cis, and trans women) and non-binary and gender diverse people who access the women's housing and homelessness sector and who have long and complex experiences with homelessness. We are focused solely on people without children in their care.

Sometimes this population is referred to as experiencing 'high acuity' or 'chronic' homelessness. They experience multiple, intersecting systemic barriers that prevent them from attaining, sustaining, and maintaining long-term, safe, and meaningful housing.

We understand that intersecting equity-deserving identities and adverse experiences, coupled with broader structural issues like poor policy, preclude people from accessing and sustaining traditional forms of market-rent housing. Issues of racism, colonialism, transphobia, misogyny, sanism, ableism, and the discrimination of people who use drugs and engage in sex work means that these barriers are deeper, more persistent, and less supported, and, therefore, become more challenging to overcome.

Colonialism, genocide, intergenerational trauma and disproportionate experiences of violence and victimization have a unique impact on Indigenous women, trans and 2-spirit people. In order to support the self-determination of Indigenous people, it is critical that solutions to Indigenous gender-based homelessness be Indigenous-led. While our project team has Indigenous representation, the model we are proposing is not an Indigenous-led solution. That said, we recognize that Indigenous people will inevitably find their way into low-barrier housing programs and, therefore, they need to centre decolonizing approaches. Local leadership can learn from examples of Indigenous led solutions to gender-based homelessness being enacted across Canada.

We fully support the range of policy shifts Indigenous people have been calling for over the last few decades namely through the Truth and Reconciliation Commission and the National Inquiry into Missing and Murdered Indigenous Women and Girls. Particularly relevant to the discussion on gender-based housing is the Calls for Justice around Human Security (4.7) which reads:

We call upon all governments to support the establishment and long-term sustainable funding of Indigenous-led low-barrier shelters, safe spaces, transition homes, second-stage housing, and services for Indigenous women, girls, and 2SLGBTQQIA people who are homeless, near homeless, dealing with food insecurity, or in poverty, and who are fleeing violence or have been subjected to sexualized violence and exploitation. All governments must ensure that shelters, transitional housing, second-stage housing, and services are appropriate to cultural needs, and available wherever Indigenous women, girls, and 2SLGBTQQIA people reside.<sup>2</sup>

While we are focused on a common housing experience, it's important to note that this group of people are diverse in terms of identities, histories, and experiences. It is also critical to acknowledge that this group of individuals are more than the barriers they experience; they are people with strengths, relationships, and important contributions to our society.

For the purposes of this guide, we will use the term 'tenants' or 'people' to reflect the full group of people that we are centering our recommendations on – people who access the women's housing and homelessness system, which includes women and people who do not identify as women but feel safer in this part of the system.

The organization of the housing and homelessness system based on the gender binary is something that has been critiqued and requires continued planning so that everyone can feel safe and included in the housing interventions that work for them. The use of the term 'tenants' or 'people' should not detract from the significant gender-based analysis that informs this work.

<sup>2</sup> National Inquiry into Missing and Murdered Indigenous Women and Girls (Canada). (2019). Reclaiming Power and Place: The Final Report on the National Inquiry into Missing and Murdered Indigenous Women and Girls. Vol 1a and 1b. Privy Council Office. Retrieved from <https://www.mmiwg-ffada.ca/final-report/>.



# LOW-BARRIER, PERMANENT HOUSING WITH SUPPORTS

Low barrier housing is intentionally designed to meet the needs of people who have been systematically excluded from accessing traditional market-rent housing. Models of low barrier housing provide intensive on-site support, offer flexible tenancy agreements that are responsive to the needs of tenants, and foster intentional and meaningful community between the people that live there and those that work in the building.

## PROPOSED MODEL FOR HOUSING WITH SUPPORTS

We are proposing a small, co-housing model with supports as the most promising intervention to house this group of individuals who are repeatedly cycling through homelessness.

This is not the most cost-effective model; cost-efficiency is met through developing more units of housing and having a higher staff to tenant ratio, but the reality is that, for this group of people, smaller is better. It has been well-documented that these costs are realized elsewhere in the system, particularly in healthcare, policing, and jails. While this is not the most cost-efficient model, it is the model that we truly believe will work.

### **Some key elements of the model of housing with supports that we are proposing include:**

**Small:** no more than 15 people occupy one housing project and the ideal number of tenants is 8 - 12 people.

**Co-Housing:** people (particularly women) are interested in living in spaces where other people are onsite - people who they can build relationships and community with.

**Highly Supportive:** there are a range of core support staff on-site at all times and in-reach services supplement the range of other necessary services tailored to each resident.

**Permanent:** tenants sign a lease to ensure their rights are upheld, thus supporting increased housing stability.

**Centers Community:** peer support and mutual aid relationships are fostered and are the core of the model.

**Harm Reduction Focused:** this housing model explicitly includes people who use drugs and includes a range of harm reduction practices.

A variation of this model exists in the Hamilton community through Residential Care Facilities, which refers to small groups of people with significant housing needs that live together and share the support of a small number of staff.

In other parts of Canada, service providers employ different models of housing with supports, including large apartment buildings with supports built in. Although we are proposing a smaller model, some of our recommendations would work in a larger housing form.

## KEY POLICY ISSUES THAT CONTRIBUTE TO COMPLEX GENDER-BASED HOMELESSNESS

The policy issues that contribute to persistent and complex experiences of gender-based homelessness are many. In the face of inadequate resources, people with the deepest, most complex needs will continue to be left out.

Organizations cannot continue to be expected to support people who require smaller programs and more well-supported staff with the resources provided. If we are going to move the needle on this critical issue, we need more funding for critical elements of the program (peer work, community building, well-supported and trained core staff teams, etc.), and we need to generate much stronger community partnerships and sector planning efforts. Through this work, four key policy issues became clear.



## #1: ORGANIZATIONAL POLICY BARRIERS FUELED BY LACK OF RESOURCES

Some organizations struggle to meaningfully support people who experience complex gender-based homelessness, in large part due to a lack of resources. Many shelters and drop-in services do not have adequate staffing to truly support people with complex needs that emerge from trauma, and, as a result, people are often met with service restriction or inadequate support.

Frontline staff work incredibly hard to meet the needs of everyone who accesses their services; however, oftentimes because of the low-wage and precarious and shift-oriented work, many staff teams are comprised of relatively new workers with a high rate of turnover. There is not adequate funding to pay staff who have the experience, education, and training with in-depth trauma work and specializations around mental health and addictions. Partnerships seem to be part of the answer to this challenge, but, with the scarcity of resources, most organizations are competing for relatively small funding envelopes that pose challenges for developing meaningful partnerships through time and trust-building.

## #2: LACK OF MEANINGFUL DATA AND SECTOR PLANNING

Gender-based homelessness remains invisible. This invisibility and the hidden nature of gender-based homelessness has been documented in research internationally<sup>3</sup>, nationally<sup>4</sup>, and even locally in Hamilton<sup>5</sup>.

Strong data on the scope and breadth of any social issue is a key component of a sector planning approach. Within the women's housing sector, there is an anecdotal understanding of the scope and breadth of the problem of complex homelessness but a lack of strong, consistent data that can help with planning.

This is not to suggest more research needs to be done; the root causes and tragic effects of gender-based homelessness are well understood. What we need is strong, consistent, system-wide data that can help tailor housing responses in ways that are most effective.

It is critical to understand the needs in the system and plan how funding and programs can be organized to meet those needs. Without a sector-planning approach, particular groups of people are left behind.

## #3: NEOLIBERAL FUNDING FOCUS ON OUTCOMES

The funding landscape has changed dramatically over the past 20 years<sup>6</sup>. Funders have moved toward measuring outcomes of programs in order to understand their efficacy and their ability to continue offering support. Organizations are expected to meet particular housing targets and to demonstrate that the funding is resulting in meaningful housing outcomes for people. Accountability is important, particularly when there are limited resources.

The impacts of focusing on housing outcomes is significant in that it can create competition in sectors that need to be able to work cooperatively. Additionally, organizations may choose not to work with people with the most complex needs because it will require more work, take more time, and may be impossible to achieve the necessary housing outcome<sup>7</sup>.

In the end, the relentless focus on outcomes at the organizational level may end up creating additional barriers, especially for people who already have a difficult time maintaining and sustaining housing.

<sup>3</sup> Sales, A., & Guijara, L. (2017). Homeless women: The invisibility of female housing exclusion. *Journal on Social Knowledge and Analysis*, 2-12.

<sup>4</sup> Schwan, K., Versteegh, A., Perri, M., Caplan, R., Baig, K., Dej, E., Jenkinson, J., Brais, H., Elboff, F., & Pahlevan Chaleshtari, T. (2020). *The State of Women's Housing Need & Homelessness in Canada: A Literature Review*. Hache, A., Nelson, A., Kratochvil, E., & Malenfant, J. (Eds). Toronto, ON: Canadian Observatory on Homelessness Press.

<sup>5</sup> Vaccaro, M. & Craig, J. (2020). Considerations for permanent housing: Ideas and perspectives from women and gender diverse people experiencing complex homelessness. Retrieved from <https://www.homelesshub.ca/resource/considerations-permanent-housing-ideas-and-perspectives-women-and-gender-diverse-people>.

<sup>6</sup> Baines, D. (2012). *Doing Anti-Oppressive Practice: Social Justice Social Work*. Blackpoint, NS: Fernwood Publishing.

<sup>7</sup> Johnstone, M., Lee, E. & Connolly, J. (2017). Understanding the meta-discourse driving homeless policies and programs in Toronto, Canada: The neoliberal management of social service delivery. *International Social Work*, 60(6), 1443 - 1456.

## #4 : BROADER POLICY PROBLEMS

Hulchanski et al<sup>8</sup> argue that homelessness is not complex – we know the issues and the solutions (they argue that those are: housing, income, and supports).

Housing has become a commodity in our current economy, and it is difficult to fulfill peoples’ right to housing while others are working to make profit from it. Very little Rent-Geared-to-Income or affordable housing has been built in the past 30 years, and rents have increased steadily in most municipalities in the last decade. It is becoming increasingly uncommon for the private market to offer rents that are affordable to people living with low incomes.

Additionally, the entire social safety net in Canada has been steadily eroded over the past 30 years<sup>9</sup>. Organizations that support people along a myriad of concerns (mental health, substance use, education/vocation training, primary health, etc.) have contended with funding cuts and changes to their mandates to be more outcomes-focused. This has contributed to changing services, increased caseloads for workers who are struggling, and waitlists for service. It is nearly impossible to solve the problem of homelessness when so many interconnected parts of the system are struggling to offer support.

It is also important to understand how the issue of income has impacted homelessness. While the people that we are focused on in this guide experience more barriers to housing than poverty, their poverty is deep and contributes to their lack of housing. Social assistance rates have stagnated in relation to inflation, thus rendering people on Ontario Works and Ontario Disability Support Program largely unable to afford market rent housing in most municipalities. For example, in Hamilton, a single person on Ontario Works receives \$733 per month (in 2021) while the average market rent for a bachelor apartment was \$898 (2020) according to Hamilton-based data in the 2021 Rental Market Report by the Canada Housing and Mortgage Corporation.

Finally, structural oppression has a significant impact on people experiencing complex homelessness. A 2009 study by York University found that people experienced discrimination along a range of identities when looking for housing<sup>10</sup>. The presence of racism, anti-Indigenous discrimination, ableism, and transphobia contribute to and shape peoples’ experiences of homelessness. These lasting impacts of structural oppression are deeply rooted in all systems that people navigate.



<sup>8</sup> Hulchanski, D., Campsie, P., Chau, S., Hwang, S., and Paradis, E. (2009). (Eds). Finding Home: Policy Options for Addressing Homelessness in Canada. The Homeless Hub.

<sup>9</sup> Baines (2012).

<sup>10</sup> Centre for Equality Rights in Accommodation. (2009). Sorry, It's rented: Measuring Discrimination in Toronto's Rental Housing Market. Toronto, ON.

# PUTTING THE 'SUPPORTS' IN SUPPORTIVE HOUSING

*Living alone was just lonely. I think they need like a shelter, but permanent where they have like a Doctor that is like a psychiatrist or something, because so much of homelessness, it all revolves around mental health, I think. And, for sure, they need more help for mental health... and then have counselors and all types of stuff, maybe a little pharmacy to get your meds All types of stuff.*

*~ 13 years of homelessness, passed away at age 33*

## PRACTICE AND PROGRAM RECOMMENDATIONS

**#1** : Effectively coordinated community partnerships should offer a suite of regular on-site in-reach supports including: mental health support, harm reduction support, Indigenous-specific cultural support, and recreational programming.

**#2** : Staff, partners, and tenants should work together to develop options for tenants to support each other through fostered interdependence and opportunities for relationship building. The support plan should be a living document that is reviewed as often as needed.

## SUPPORTS AND GENDER SPECIFIC LOW BARRIER HOUSING

'Single-site permanent supportive housing' is a critical component of the housing continuum for people whose homelessness is both 'chronic' and 'highly acute'<sup>11</sup>.

There are few examples of permanent supportive housing that have been designed to meet the needs of people who have accessed women-serving housing and homelessness services for long periods of time, who experience 'chronic and acute' homelessness, and who seek housing and support without dependent children. This is a key policy issue locally and on a national scale<sup>12</sup>.

Housing and supports need to be tailored to the unique needs of the tenants. Operationalizing 'support' in gender-based permanent supportive housing requires grounding the work in a shared ethical and value-based commitment to holistic service delivery. Based on our work and through learning more about gender-based housing, we recommend supports be grounded in a framework of:

*A garden would definitely be a big one. A nice space to smudge because I do smudge every day. Help with the laundry as well, have someone on-site who is a counsellor and they could also assist with stuff and maybe peers similar to the safe injection site in Hamilton, like handing out harm reduction supplies. We could have an open kitchen where we could all do things and share responsibilities.*

<sup>11</sup> Homeless Hub (2021). Solutions - Supporting communities to prevent and end homelessness: Permanent Supportive Housing. Retrieved from <https://www.homelesshub.ca/solutions/transitional-housing/permanent-supportivesupported-housing>.

<sup>12</sup> Schwan et al. (2020).

**Anti-colonial approaches:** A commitment to working outside of colonial structures, prioritizing partnership development with Indigenous-led organizations, and mobilizing support in ways that align with the Truth and Reconciliation – Calls to Action<sup>13</sup> and Missing and Murdered Indigenous Women and Girls (MMIWG) Calls to Justice<sup>14</sup>.

**Low barrier access:** On-site support is operationalized through partnerships with organizations and service providers who understand the issues and share a commitment to low barrier supports

**Trauma- and Violence-informed:** Operated with the understanding that trauma and violence are central in the lives, histories, and realities of people who experience gender-based homelessness  
Harm reduction: Strategies are intentionally designed to meet the needs of people who are actively using substances

**Gender based:** Grounded in the unique needs and priorities of people who access ‘women-serving’ homeless and housing services<sup>15,16,17</sup>.

## COORDINATED, ONSITE IN-REACH SUPPORTS:

Each tenant should have a support plan developed in collaboration with the tenant and the intensive case manager. Beyond the supports provided by the core staff team (case management, advocacy, crisis intervention, supports with daily living and meaningful activities, etc.), other support and specialized care needs should be met through **in-reach** services provided by community partners who attend on-site. Low-barrier housing mobilizes on-site support from community partners who share a similar commitment to supporting this population. This can build on existing partnerships and be pathways to develop new, responsive, and innovative programming.

All care providers for women experiencing homelessness must prioritize trust, relationship building, and share a similar value-based commitment to the work<sup>18</sup>.

### WHAT IS ‘IN-REACH’?

In-reach is a term borrowed from the healthcare community and refers to community partners delivering their services on-site in different organizations and in different ways. The purpose of in-reach is to reduce the number of non-acute hospital presentations by providing early intervention and patient-focused healthcare and support that is accessible.

*For example, if a mental health service provider sent a nurse to a housing program for a day per week, that would be considered ‘in-reach’.*



<sup>13</sup> TRC (Truth and Reconciliation Commission of Canada). (2015). Honouring the truth, reconciling for the future. Retrieved from [http://publications.gc.ca/collections/collection\\_2015/trc/IR4-7-2015-eng.pdf](http://publications.gc.ca/collections/collection_2015/trc/IR4-7-2015-eng.pdf).

<sup>14</sup> National Inquiry into Missing and Murdered Indigenous Women and Girls Canada (2019).

<sup>15</sup> Atria’s Women Resource Centre. (2021). Who we are and our mission and values. Retrieved from <http://www.atira.bc.ca>.

<sup>16</sup> The Jean Tweed Centre. (2013). Trauma Matters: Guidelines for Trauma-Informed Practices in Women’s Substance Use Services. The Jean Tweed Centre. Retrieved from <http://eenet.ca/wp-content/uploads/2013/12/Trauma-Matters-FINAL.pdf>.

<sup>17</sup> Kirby, C., & Mettler, K. (2010). Systems Planning for Targeted Groups: Women first: An analysis of trauma informed women-centred, harm reduction housing model for women with complex substance use and mental health issues. Canadian Observatory on Homelessness. Retrieved from <https://www.homelesshub.ca/sites/default/files/attachments/2.1%20Kirby.pdf>.

<sup>18</sup> Moravac, C. (2018). Reflections of homeless women and women with mental health challenges on breast and cervical cancer screening decisions: Power, trust, and communication with care providers. *Frontiers in Public Health*, 6, (30), 1-15.

Available literature suggests that future programs and policies must place an emphasis on building relationships between women experiencing homelessness and a range of service providers, such as physicians, paramedics, and nurses<sup>19</sup>. The lack of accessible and appropriate health and social supports for people experiencing gender-based homelessness continues to create barriers to their health and well-being. Unprecedented collaboration and coordination across levels of government and sectors is required to meet the intersecting and complex needs of these individuals<sup>20</sup>. Tenants' identities must be reflected and respected in the constellation of supports provided, which means that partnerships with organizations led by and attentive to equity-deserving groups are critical.

*When I met with my whole team to talk about goals, next steps, I honestly felt so special. Makes you feel important and it really helps. Makes you feel almost loved and like you can believe in yourself. I needed help on a lot of things, for different stuff. Everyone should have a team like this.*

## INDIGENOUS-LED IN-REACH SERVICES

For Indigenous peoples, it is critical that in-reach support services be designed and delivered by Indigenous peoples "in a manner that is consistent with and grounded in the practices, world views, cultures, languages, and values of the diverse Inuit, Métis, and First Nations communities they serve"<sup>21</sup>. Healing practices must be holistic and focus on unresolved intergenerational, multigenerational, and complex trauma<sup>22</sup>. Creating partnerships with Indigenous-led service providers is critical and these partnerships must foreground Indigenous self-determination and autonomy.

## PRIMARY HEALTHCARE IS A CRITICAL IN-REACH COMPONENT

Access to healthcare needs to be ensured. This must include:

- A dedicated primary care physician with experience working with this population
- Clear pathways for safer supply and the meaningful integration of peer-led harm reduction supports
- Registered Nurses who are on-site weekly to provide services like wound care, diabetes care, and other nursing care as required
- A psychiatrist and team of mental health nurses and care providers to ensure access to good quality, low-barrier, and regular mental health support
- Trauma-centred counselors who are especially trained in the intersection of addiction, concurrent disorders, and experiences of violence
- Available personal support workers to assist with house cleaning, personal hygiene, and other support needs as required
- Finding unique ways to engage with healthcare students to be part of the in-reach healthcare team through practicums and placements

*I have a lot of health issues going on. A lot of new stuff. I probably wouldn't go to the doctor if it wasn't on-site. I would probably just put up with the pain, which I usually do anyways, but if she is right in the building it is just so easy to go to the doctor.*

<sup>19</sup> van Berkum, A., & Oudshoorn, A. (2015). Best practice guidelines for ending women's and girls' homelessness. Homelessness Partnering Strategy. Retrieved from <https://www.abeoudshoorn.com/wp-content/uploads/2015/08/Best-Practice-Guideline-for-Ending-Womens-and-Girls-Homelessness.pdf>.

<sup>20</sup> Schwan et al. (2020).

<sup>21</sup> National Inquiry into Missing and Murdered Indigenous Women and Girls Canada (2019).

<sup>22</sup> National Inquiry into Missing and Murdered Indigenous Women and Girls Canada (2019).

## CO-HOUSING AS SUPPORT

There are a range of aspects of support that can be cultivated through the co-housing model itself. Some of these key supports garnered from co-housing include intentional community, social connection, meaningful activity, and participation. In a context focused on units of service, outcomes, and efficiency, this is hard to plan for and evaluate, but it is integral to the success of gender-based supportive housing models.



*I think a lot of group activities. It brings people together, I have a chance to have a snack, to meet a neighbour, I might find I have something in common with her. It builds friendship and trust, and then loyalty.*



**Some examples of important sources of support that have been suggested by the creators of this guide include:**

- Intentional community through social connection with staff and other residents
- Nature, gardening, and communal green space
- Connection to cultural and religious/spiritual community
- Opportunities to share food, meals, and cooking – collective kitchen
- Space for physical activity – exercise equipment, yoga, walking
- Sharing food and meals that are enjoyable, culturally-specific, and nourishing
- Arts-based and other creative activities/workshops
- Skill-building workshops, including financial management, cooking, CPR/harm reduction, food handlers, and peer work
- Recreational activities like movie nights, baking, and going to community events
- Opportunities to participate in developing, evaluating, and shaping the housing and support model (for example, advisory groups, town halls, mentorship, etc.)
- Opportunities to have family visits to promote connection and stabilization
- Be an active participant in the community through participating in causes that are important to them



## PROMISING PRACTICE PROFILE

### WHAT ARE TRAUMA- AND VIOLENCE-INFORMED SUPPORTS IN PRACTICE?

Trauma is central to the experience of homelessness. Trauma is experienced, navigated and processed in ways shaped by identity, such as gender, Indigeneity, race, age, and socio-economic status. A trauma-informed approach is central to an intersectional gender-based analysis.

Trauma events and prolonged traumatic stress interfere with a person's sense of safety, ability to self-regulate, sense of self, perception, self-control, and self-efficacy, and shapes interpersonal relationships and isolation/support seeking patterns.

A trauma-informed lens is central when developing 'supports' in gender-based permanent supportive housing. From an intersectional gender-based analysis, it is important to consider the ways in which experiences of trauma and ways of coping with trauma are shaped by identity, including, gender, Indigeneity, race, age, and other identities.

The Jean Tweed Centre has articulated how they use a trauma-informed lens in practice when designing gender-specific permanent supportive housing programs:

**#1** : The support service providers work with women in a way that acknowledges how common trauma is and the wide impact it has, including the interrelationship between trauma, substance use, and mental health concerns.

**#2** : Recognizes a wide range of physical, psychological, and emotional responses that women may experience as a result of trauma and view these not as 'problematic behaviours' but as responses to difficult life experiences, which may reflect coping strategies that are (or were) survival strategies.

**#3** : Develop individual service and support plans with each woman, ensuring that women have choice and control and that supports are grounded in the tenant's unique identity and experience.



# SYSTEM AND POLICY CHANGES

## Partnerships

The Municipality as Service Manager has a role to play in nurturing community partnerships through:

- Regular convening of sector partners
- Resourcing sector planning support roles at collaborative tables
- Compelling partnerships through funding processes (for example, piloting a funding call that prioritizes in-reach and other forms of partnerships is critical to changing the culture of collaboration in housing and homelessness services).

## Sector Planning

This work requires community planning; it is critical for a sector to understand its assets and gaps to forge new partnerships to support people effectively.

## Funding

Funders often ask people to demonstrate their partnerships but provide few tools, resources, or incentives to do this meaningfully. There also needs to be clear processes in place for funders to ensure that these elements of the funding mandate are met.

Developing a separate funding stream entirely for in-reach services in supportive housing would support the effort described in this section: bringing a range of supports as needed to people who are working to stabilize in housing.

There are significant constraints at all levels of government to fund the kind of robust supports needed to operationalize successful low-barrier housing. Strong partnership models for on-site support are shown to improve tenants' overall quality of life and make it possible for the program to do complex work<sup>23,24</sup>.

People who have endured long histories of homelessness have complex housing and support needs that have not been successfully met by existing services with single staff teams. Building sustainable and effective models of support in housing requires mobilizing intersectoral partnerships to provide on-site access to low-barrier supports.

Complex agency mandates and significant competition for few resources often limit partnerships. For this type of housing to work, there needs to be a meaningful community planning process and strong support from funders for develop a sustainable partnership model for providing in-reach health and social supports.

By building on existing meaningful partnerships, low-barrier housing leverages on-site support from community partners supporting this population. The broader system must participate in dismantling chronic homelessness.

<sup>23</sup> Andersson, G. (2016). What makes supportive relationships supportive? The social climate in supported housing for persons with psychiatric disabilities. *Social Work in Mental Health*, 14, 5 509-529.

<sup>24</sup> Tsemberis, D., Kent, C. & Respress, C. (2012) Housing stability and recovery among chronically homeless persons with co-occurring disorders in Washington, DC. *American Journal of Public Health*, 102(1), 13-16.

# STAFFING LOW-BARRIER HOUSING

*I talk to the staff here all of the time, they are very helpful to me. I don't like being by myself and I do need the support from the staff. I think that is why I like being here.  
(emergency shelter for women)*

*~ 33 years old, 8 years of homelessness*

## PRACTICE AND PROGRAM RECOMMENDATIONS

**#1**: Support for tenants should be provided by the on-site core staff team (who all have relevant training and experience), which includes an Intensive Case Manager, Tenant Support Workers (24/7 on-site staff), and Peer Support Workers.

**#2**: A strong, well-developed staffing complement is central to this housing model and requires an intentional and meaningful framework supporting the core staffing team.

## STAFFING GENDER SPECIFIC LOW-BARRIER HOUSING

Effective low-barrier housing requires significant resources and attention in hiring, supporting, and sustaining a core staff team. Through our community consultations, we learned about the elements needed to successfully engage in this type of housing.

Many low-barrier, gender-specific programs operate with limited funding for staffing. This kind of housing is a critical component of the housing continuum and requires adequate resources, even if that means re-leveraging those resources from other parts of the system.

In 2021, Reaching Home partnered with Hub Solutions, a social enterprise of the Canadian Observatory on Homelessness (COH), to conduct a needs assessment of frontline staff in the homelessness support sector and identify opportunities and avenues to improve employment and workplace conditions in the sector. Many of the findings of that needs assessment echo findings from consultations with frontline workers in Hamilton. Mental and emotional exhaustion, inadequate wages, limited training and resources, and a lack of health/mental health benefits packages are some of the key factors influencing precarious employment, employee retention, and turnover in the sector<sup>25</sup>.

*No more than 10 women in one housing program, because after that you are just asking for chaos and quite honestly, 10 to 20 women with one or two people working as the main girls is just enough.*

<sup>25</sup> Levesque, J., Sehn, C., Babando, J., Ecker, J., & Embelton J. (August 2021). Understanding the needs of workers in the homelessness sector. Hub Solutions: Toronto, ON. Retrieved from <https://www.homelesshub.ca/sites/default/files/attachments/HubSolutions-Understanding-Needs-Oct2021.pdf>.

# THE CORE STAFF TEAM

We are recommending that the core-staffing team include an Intensive Case Manager, Tenant Support Workers, and Peer Support Workers. This guide focuses on these particular staffing positions, but it is important to include additional staff in the complement, like management and cleaning staff.

Based on a review of other low-barrier housing models that exist and conversations with frontline staff, we suggest that the optimal staff to tenant ratio is **2 staff per 15 residents**. If a building houses more than 15 tenants, there should be more than two staff on at any given time. This is necessary from a staff and tenant safety perspective and for effective crisis intervention. This considers the expectation that this housing will support individuals who have experienced multiple complex barriers and experiences of trauma (who might identify as having 'high acuity' on local assessment tools).

## The core staff team must:

- #1 : Be representative of the population served – both through identity and experience.
- #2 : Bring substantial experience supporting women who face significant barriers to maintaining housing (including experience working with people who use substances, have significant mental health challenges, and have experiences of complex trauma).
- #3 : Share a value-based commitment to anti-racist/anti-oppressive practice, harm-reduction practices, low-barrier service delivery, and feminist approaches to developing supportive relationships with service users.
- #4 : Be empowered to participate in organizational and sector planning.

We recommend the following staff members as critical components of the core staffing team:

### #1 : **Tenant Support Workers:**

These frontline staff would provide 24-hour staffing support to the housing program. The role of Tenant Support Workers is to provide immediate crisis intervention, ongoing support to the tenants, and assistance with various tasks of daily living, such as cleaning, cooking, etc. Tenant Support Workers should provide 24-hour on-site staff support. We recommend that, each day, two staff work 'days' (8am-8pm) and two staff work 'nights' (8pm-8am). Based on our conversations with frontline workers, we recommend that Housing Support Workers work 12-hour shifts. Two shift turnovers per day can increase staff communication and consistency and will allow staff more full days off per week.

### #2 : **An Intensive Case Manager:**

The Intensive Case Manager would be hired to assist with individualized case management, client-advocacy, coordination of service delivery, and referrals for tenants living in the program. There would be one case manager hired for up to 15 residents. The Intensive Case Manager would work during the day (ex: 10am- 6pm) and would be able to leave the housing program to accompany tenants to appointments in the community.



*I know I definitely want patience from staff. Someone there to talk to in the night or when I am on my way out for the day... someone to help me stay on track and organized with all of the things I am supposed to do.*



### #3 : Peer Support Workers:

People with lived experience of homelessness, mental health, and substance use should be hired to assist with providing support to tenants. We recommend that Peer Support Workers work four hour shifts over the dinner hour and into the early evening. (4pm-8pm). This timing would allow for Peer Support Workers to assist with providing an evening meal and facilitate an evening drop-in program for tenants. See the section on 'Housing as Community' for more details around engaging peer support workers.

A commitment to support must be central to the core staff team's approach. Given the significant trauma histories, mental health concerns, substance use issues, and other health care needs, tenants referred to gender-specific supportive housing program often require a high level of support<sup>26</sup>.

Tenant Support Workers and Intensive Case Managers should have completed a degree or diploma program to support them to do this work. Through our work, we have learned that goodness of fit for the role, ongoing training to cope with the complexity of the work, and having values align with the program philosophy are the most critical components when hiring and retaining staff for this program.

*A front desk with friendly staff, 24-7 who make sure there is no bad people coming in the apartment building.*

On-site staff support increases accessibility for tenants and provides a high level of responsiveness in times of crisis, while simultaneously supporting tenants to develop long-term stability.

The support needs fulfilled by the on-site staff team should include:

#### ● Case management and advocacy

- Including tailored housing stability support plans, referrals to appropriate supports, advocacy relating to housing and supports, ongoing coordinated support planning, etc.

#### ● Support with aspects of daily living

- Including crisis-based supports, meals and food, medication management, harm reduction supplies, cleaning etc.

#### ● Meaningful activities

- Tenants are supported to participate individually and collectively in ways that support each other and enrich their lives both inside and outside of the housing program.

Too often, staff in programs that serve people with multiple barriers are expected to provide support outside of their scope of training (in terms of addictions, harm reduction, complex mental health, trauma, etc.)<sup>27</sup>. Therefore, we are recommending that the core staff team be supported by a range of community partners who have expertise in the kinds of specific care that tenants might need. These community partners providing supports should have aligned vision, understanding, and commitment as staff. See the section on 'Supports' for more information on the kinds of partnerships that we are recommending to engage a range of supports.

<sup>26</sup> Kirby & Mettler (2010).

<sup>27</sup> Francis, L. (2020). Conflicting Bureaucracies. Conflicted Work: Dilemmas in Case Management for Homeless People with Mental Illness. The Journal of Sociology & Social Welfare, 27(2).

# A FRAMEWORK FOR SUPPORTING THE CORE STAFFING TEAM

Successful low-barrier housing interventions require a focus on supporting the team in ways that lead to staff retention. Working in low-barrier housing cannot be perceived as an entry-level position that people quickly enter and exit when a better opportunity comes along. There must be longevity in the staffing team. The work itself can create burnout and needs to be well compensated with vacation time, benefits, and support.

- **Fair wages, sick days, vacation days, and mental health days:**

In order for staff to be well-supported, they need to receive fair wages (above what is considered a living wage, we are recommending \$22.00/hour), sick days, vacation days, and mental health days.

- **Substantial health and wellness benefits packages:**

We heard about the importance of a substantial 'health and wellness benefits' package that allow for access to therapeutic support to work through vicarious trauma.

- **Mental health supports embedded into the organizational culture:**

There needs to be a focus on workers' wellness. This includes regular supervision meetings, consistent team meetings, debriefing critical incidents as a team, in-depth knowledge exchange opportunities, and team building/team self-care days.

- **Clear division of labour:**

There must be a clear division of labour, which allows frontline staff to focus on providing immediate and in-depth support to residents. There needs to be other staff available to assist with 'house duties,' including cooking, cleaning, and activities of daily living. These additional staff (i.e. housekeepers, food preparation, and servers) play a vital role in the stabilization and health of residents and are affected vicariously in the same way as case workers, housing support workers, etc. They serve as critical members of a healthy staffing team and as such should be vetted, trained, and supported in the same way as other core staff.

- **Staff must have ongoing decision-making and planning capacity within the organization:**

Frontline workers have a wealth of knowledge and expertise, yet they are rarely invited into decision-making and planning tables. Involving staff input in key decision points, incorporating their perspectives into sector planning, and engaging them in more collaborative ways will reduce staff burnout and lead to staff feeling well-supported within an organization.

- **Ongoing training:**

The changing nature of the work requires access to ongoing training for staff. This can be delivered in-person, or staff can be encouraged to complete training online. Staff should be compensated for participating in ongoing training. Staff, themselves, should be seen as powerful sources of knowledge; ongoing knowledge exchange and open communication can be a way to promote continuous quality improvement.

# SYSTEM AND POLICY CHANGES

## Partnerships

Staffing resources should be supplemented through an interdisciplinary team of community partners who meets the unique needs of tenants through providing regularly scheduled 'in-reach' services.

## Sector Planning

A commitment to adequate compensation and sustainable working conditions should exist across the entire sector.

## Funding

Adequate funding must be in place for the kind of staffing complements needed to support people with the most complex needs. Often organizations that support people with the highest acuity are unable to pay competitive wages that support staff retention.

There are significant funding constraints at all levels of government that impact housing providers' ability to pay on-site 24-hour staff<sup>28</sup>. Funding barriers prevent the development of deeply supportive housing, which leads to organizations trying to operationalize this kind of housing without enough resources to meaningfully sustain the staffing levels needed.

With significant sector planning and re-leveraging existing resources in the sector, staffing costs for low-barrier housing could be actualized. Funding programs that support people in the community who experience complex care needs are required to make difficult decisions. Sometimes this means funding fewer programs to fund other programs more fully.

Locally, there is an opportunity to build on the commitment to fund community programs based on the complexity of clients' needs. Additionally, there is the opportunity to build unique and innovative 'in-reach' partnerships with health and social services to offer meaningful, consistent support to supplement staffing costs.

Organizations must commit to putting policies, practices, and structures in place to support the staff team in their daily work. This work is extremely complex and under-resourced. Adequate wages and access to good benefits are important. It is also critical that workers feel safe and supported in their roles.

It is critical that Housing Support Workers and Peer Support workers are viewed as important contributors to the housing system. Their voices, perspectives, and ideas must be leveraged into sector planning tables, and they must be fairly compensated and supported in their daily work.



<sup>28</sup> Levesque et al. (2021).

# HOUSING AS A COMMUNITY

## PEER-LED AND PARTICIPATORY APPROACHES

*I've noticed that here (transitional living program) if someone's got butter, and someone's got pasta, and someone's got sauce, well then between the four of us we can all eat very well. It is nice, and if we struggle, most people are more than happy to share their experiences to bring you forward, because everybody has come from such a different aspect, that they know of resources that you may not.*

*~ 36 years old – 7 years of homelessness*

### PRACTICE AND PROGRAM RECOMMENDATIONS

- #1: Create opportunities for community building in the housing model.
- #2: Develop a robust, meaningful, and resourced peer support program.
- #3: Build resident and peer decision-making opportunities into a range of ways within the housing program

### COMMUNITY AND PEER SUPPORT IN GENDER-BASED LOW BARRIER HOUSING

Many women (again, inclusive of cis and trans women) and non-binary individuals describe their ideal housing situations as including a sense of connection, belonging, and agency. The most successful models of low-barrier supportive housing include opportunities for meaningful engagement for both service users and peer workers.

Often, the interventions put in place for people who have experienced long-term homelessness replicate the institutional settings that many people have encountered (hospital, jail, group homes). We know that finding opportunities to mirror the affective parts of home and natural support systems help women feel more connected to their housing and, therefore, participate more fully in the program<sup>29, 30</sup>.

We strongly recommend that models of community building, participatory planning and decision-making, and peer work represent key components of any new low-barrier housing program for women.

*A lot of the women I've noticed in the homeless community do stick together so, you know what, even the women don't realize it, but they are their own support group. I've heard a lot of them, they sit there and saying they have nobody in their corner. And sometimes I would say, what's that? You've got ten women right here, right now – and they are listening to every word your saying.*

<sup>29</sup>Paradis, E., Bardy, S., Cummings-Diaz, P., Athumani, A. & Pereira, I. (2011). We're not asking, we're telling: An inventory of practices promoting the dignity, autonomy, and self-determination of women and families facing homelessness. (Toronto: The Canadian Homelessness Research Network Press).

<sup>30</sup>van Berkum, A., & Oudshoorn, A. (2015).



There is a lot to learn from mutual aid and participatory approaches to housing people with complex histories of homelessness. Many women talk about feeling institutionalized in the housing system – that the traditional relationships of helper and person requiring help are reaffirmed in these spaces<sup>31</sup>. Constantly being the ‘client’ or in the service user role diminishes people’s natural affinity to support others, sustain a sense of self-worth, and exercise agency.

Additionally, people who have experienced particular life events or challenges can be really well equipped to help others through them<sup>32</sup>. Repeatedly, women talk about how powerful it is to feel understood and recognized in their experience by someone who has lived it before<sup>33</sup>.

## WHAT IS MUTUAL AID?

Mutual aid is a community-grounded orientation of support that dismantles the idea that some people need help and others are there to help them. It is rooted in the understanding that everyone needs help and that everyone has something to offer. Mutual aid brings people together to meet basic survival needs through a shared understanding that the systems we live under are not meeting people’s needs.

Mutual aid projects are a form of political participation in which people take responsibility for caring for one another by building new social relations that are more survivable. Mutual aid in a supportive housing context means leveling the power dynamic between staff and residents and finding ways for residents to participate in the house in a variety of meaningful and helpful ways. Examples of practical ways to do this can be found below.



## COMMUNITY BUILDING OPPORTUNITIES

According to the literature, a sense of belonging and meaningful connection to community are critical components of housing success. This can be achieved in supportive housing models through community building practices and activities<sup>36</sup>.

Community building can happen through space and infrastructure considerations. For example, common spaces where women can gather and spend time together help to promote community connections and relationship building.

Additionally, this kind of housing program should include informal programming to facilitate connection between residents and staff – things like shared meals, drop-in art making, movie nights, and community outings. For instance, this could be done through displaying a ‘what do you need today?’ board where tenants can write what they need (a cup of sugar, a friendly smile, the contact info for a temp employment agency, etc.) and other tenants and staff can help fill those needs.

<sup>31</sup>Paradis et al. (2011).

<sup>32</sup>Salhus, M. (2007). Women in Co-housing Communities. Resources for Feminist Research, 32(3-4), 232.

<sup>33</sup>Paradis et al. (2011).

<sup>34</sup>Coplan, I, Spence, J.D., D’Cruz, D., Miller, L., Redford, M. & Pawelkiewicz, J. (2015). Towards A New Bill of Rights: The voices of tenants in permanent supportive housing. The Dream Team: Toronto, ON.

<sup>35</sup>Salhus, M. (2007).

<sup>36</sup>Government of Ontario (2017). Supportive Housing Best Practice Guide. Retrieved from <http://www.mah.gov.on.ca/AssetFactory.aspx?did=15988>.

# EFFECTIVE PEER SUPPORT

The cornerstone of the staff team should include outside peers who support residents. This should include people who have lived the experience of homelessness but are not current residents.

Peer workers should be recognized as an invaluable part of the staff team; their ideas and contributions need to be taken seriously. Peer work needs to be valued monetarily, too, as they should be paid a living wage and offered regular pay increases. There should be a range of roles that peers take on and there should be opportunities for movement within the organization within those roles.

Peers require supervision and debriefing opportunities; these need to be planned, intentional, and regular. There should also be a commitment to understanding the possible barriers that peers have and continue to face and be flexible in response to that understanding<sup>37</sup>.

There is also merit to building paid opportunities for residents living in the housing, such as a continuum of mechanisms for residents to do low-commitment activities. On one end, this might be very low-commitment and low-responsibility activities (like putting away chairs and coffee mugs after a group session) and can build to roles with more complexity/responsibility (like facilitating a weekly art group).

These opportunities should include one-off and less-skilled ways for residents to engage in the program differently (paid opportunities to engage in maintenance or administrative work) so that they start to build a sense of connection to the program. This should include ways for residents to skill-share and co-facilitate programs and groups with staff.



*Peers are able to help too, it would be a very big encouragement for the people that they help. I think peers should be involved in the harm reduction stuff and in the day to day stuff like cooking, cleaning, and doing stuff around the house.*



## PROMISING PRACTICE PROFILE : HOUSELINK

### **Participant Engagement and Supported employment at HouseLink (Toronto, ON)**

Houselink is a supportive housing program in Toronto, Ontario. One facet of their program is participant engagement, which includes creating numerous opportunities to give participants a voice in decisions and program involvement. Houselink refers to their residents as participants, and they are encouraged to participate in the governance of the program. They have a Member Advisory Forum, which is a monthly meeting discussing issues of common concern. These meetings are attended by senior leadership to hear concerns and ideas.

Another facet of their program is supported employment. They provide opportunities for nearly 1/3 of their adult residents to participate in part-time, casual and relief roles. Participants are compensated fairly and can describe their involvement as work experience on resumes. Some of the supported employment tasks include:

- Property maintenance tasks like landscaping, drywall patching, and painting
- Administrative tasks like reception and courier services
- Program support tasks including drop in operation, arts and crafts leaders, and cooks

# WAYS TO MEANINGFULLY ENGAGE PEER WORKERS AND TENANTS IN THE HOUSING PROGRAM

We heard from peer workers, women with lived experience, and frontline workers about the importance of offering a range of opportunities for paid work for tenants to meaningfully support the housing program that they live in.

Offentimes the most likable, stable, and engaged tenants are the only ones who get access to decision-making, planning tables, and paid peer roles. We think that, by developing a continuum of opportunities for paid roles within the housing program, all tenants can participate in ways that make sense for them.

We met with peer workers from across Hamilton to discuss what kinds of values should underpin this type of program (paid engagement activities) in supportive housing for women.

## We believe that this kind of program should be grounded in the following core values:

- #1 : Fair compensation that is provided in cash (ex: \$20/hour)
- #2 : Roles that support tenants to build their own strengths and talents (ex: if someone is good at and enjoys cooking, they should be compensated to assist with cooking dinner for the house)
- #3 : Low-barrier and flexible commitment to participating in the work (ex: you can sign up to take on a cleaning task this week, but that does not mean you need to sign up next week to participate in this program)
- #4 : This program should have a component that supports tenants to explore future employment or vocational goals, if that is something they want.

Some examples of ways to meaningfully engage tenants in the housing program include: (continuum from low to high threshold of commitment)

- Cleaning common spaces inside and outside the housing program
- Small household repair projects, such as painting or lawn work
- Assisting with grocery shopping
- Assisting with meal preparation
- Supporting other tenants with cleaning or other activities of daily living
- Facilitating arts-based and cultural programming
- Providing peer-based harm reduction support (such as peer witnessing, naloxone training, etc.)

Empowering tenants to engage in peer work requires ongoing support and recognition of the role of boundaries. Having a staff person or a paid peer worker who is designated to support the development of residents as peers is recommended.

*I have helped a lot of people in this community. Old people, I bring them fresh fruit and vegetables. If people have little babies, I bring them diapers, formula. If I can get things at the food bank, wherever it's free, I'm grabbing it. And I can distribute it. And you know, it's something I love.*

# RESIDENT AND PEER DECISION-MAKING OPPORTUNITIES

There are number of ways people with lived expertise can be engaged in planning and decision-making processes:

- Lower-stakes opportunities for regular feedback and planning are important. For example, responding to resident/peer feedback should be a standing agenda item on team and/or management meetings agendas.
- Peer workers should be invited (and paid) to attend any team meetings.
- Residents/former residents should be invited onto the Board of Directors or any other planning and decision-making table within a culture of ongoing quality improvement and program evaluation. To make this meaningful and successful, the Board should receive training about how to engage peers in decision-making.
- Tenant advisory committees provide the opportunity for residents to influence their housing experience and help them build new skills for navigating life after homelessness (things like communication, empathy, structure, advocacy).

The tenants' advisory should be a place to talk about the housing program, make recommendations, and offer new ideas. It is critical that the program adopt a culture of experimentation where new ideas can be fostered as opposed to paying lip service to the contributions of service providers.

## CREATING A SUCCESSFUL TENANT ADVISORY COMMITTEE

### DO:

**Make it regular.** Making sure that the meetings happen often and regularly demonstrates their importance and helps build relationships.

**Make it meaningful.** Implement the majority of solutions and ideas generated and, if an idea cannot be implemented, be clear and explain why it is not possible.

**Provide resources.** Offering food and other incentives to participate is helpful. Having a paid staff member who is dedicated to co-facilitating the meetings and bringing the ideas to management is important for relationship building and trust.

**Support tenant-leadership.** Make sure that the meetings are co-facilitated between staff and tenants so that everyone has power to make change and set the agenda.

**Gather feedback.** Find out from residents how the meetings are going and what can be improved.

### DON'T:

**Be overly formal.** Keep the setting and pace of each session informal and fun.

**Let oppressive comments slide.** For everyone to feel safe to participate, make sure that any racist, ableist, homophobic, or transphobic comments are addressed immediately.

**Make participation contingent on commitment.** If someone misses multiple meetings in a row, they should still be able to participate and contribute when they can.

# SYSTEM AND POLICY CHANGES

## **Sector Planning**

Peer supports and integrating the perspectives of people with lived experience would benefit from sector-wide approaches. Frontline workers and people with lived experience must be part of ongoing sector planning processes and collaborative tables.

## **Funding**

Funding for low-barrier, supportive housing must include adequate resources for peer support. Additionally, funders must have high expectations around how programs will engage the voices and lived experience of service users and peer workers.

Despite the very clear evidence that peers are very effective at supporting people who have experienced homelessness, peer programs remain underfunded and not well supported. Common issues include:

- Peers and staff are unclear about the peer role
- Peers do not have access to resources to sustain their work (adequate pay, benefits)
- Peers do not have access to debriefing and supervision opportunities

Funders have increased interest in the engagement of people with lived experience in service user support, organizational planning, and decision-making roles, but that interest is not backed up with the resources to make it effective.

As budgets continue to be inadequate to plan the kinds of housing interventions that are effective for this important group of people, organizations need to resist the urge to replace critical staff functions with peer workers. Peer workers have a unique role within an organization and should not fill in for under-staffing.

---

<sup>28</sup> Levesque et al. (2021).

# HARM REDUCTION: DEVELOPING HOUSING FOR PEOPLE WHO USE DRUGS

*There is nowhere for women who use drugs to go. Nowhere in the city. I think there needs to be somewhere for women who aren't ever going to quit.*

*~ 34 years old, 6 years of homelessness*

## PRACTICE AND PROGRAM RECOMMENDATIONS

- #1 : Ground the housing program in an ethical and value-based commitment to intentionally support tenants who use drugs and other substances.
- #2 : Work collaboratively with tenants who use substances to develop and implement harm reduction policies, programs, and practices in the housing program.
- #3 : Ensure a collaborative partnership with healthcare providers (including primary care physicians, addiction medicine specialists, and detox programs), harm reduction focused organizations, and Public Health to facilitate access to safer supply, safer drug use spaces, and harm reduction focused supports.
- #4 : Ensure that there is access to safer drug use space on-site in low-barrier housing by [applying for an exemption](#)<sup>39</sup> under the Controlled Drugs and Substances Act.

## HARM REDUCTION AND GENDER-BASED LOW-BARRIER HOUSING

Locally, there are currently no models of permanent supportive housing or emergency shelter services that have been intentionally designed from a harm reduction framework to meet the needs of people who use substances. This is a significant gap in our housing continuum that perpetuates long periods of unresolved homelessness for people who use drugs<sup>40,41</sup>.

<sup>39</sup> Government of Canada. (2018). Applying to run a supervised consumption site: Overview. Retrieved from <https://www.canada.ca/en/health-canada/services/substance-use/supervised-consumption-sites/apply.html>.

<sup>40</sup> Harm Reduction International (2020) Global State of Harm Reduction 2020. London.

<sup>41</sup> Harm Reduction International. Retrieved from [https://www.hri.global/files/2021/03/04/Global\\_State\\_HRI\\_2020\\_BOOK\\_FA\\_Web.pdf](https://www.hri.global/files/2021/03/04/Global_State_HRI_2020_BOOK_FA_Web.pdf).

## WHAT IS 'HARM REDUCTION'?

**History:** Harm reduction work began as a social justice movement (for and by people who use drugs), built on a belief in, and respect for, the rights of people who use drugs.

**Policy & Programs:** Harm reduction refers to a range of public health policies, support services, practical strategies, and interventions that have proven efficacy to lessen the negative (harmful) social and/or physical consequences associated with substance use. This includes things like syringe distribution programs, safe consumption sites, safer supply, peer witnessing, etc.

**In Practice:** Harm reduction practices are based on safety, respect, and dignity. Operationalizing harm reduction means taking a non-punitive approach to substance use and focusing on life saving interventions rather than policing and criminalizing people who use drugs. On the ground, harm reduction work should be informed by the understandings, experience, knowledge, and service needs of people who use drugs.

There are many structural barriers to implementing harm reduction policies and practices in housing, including the criminalization of drugs, punitive organizational policies, stigma, and ongoing narratives about risk and liability.

People who use drugs face significant barriers when accessing emergency shelter, supportive housing, and other health and social supports<sup>42,43</sup>. Frontline staff are also constrained by organizational limitations to support people who use drugs.

Systemic oppressions connected to people's intersecting identities are central to drug use and influence barriers and facilitators to reducing harm. Indigeneity, race, gender, age, ability and health, socio-economic status, and language contribute significantly to these barriers.

Very few programs exist whereby a Gender-Based Analysis (GBA+) has been used to design, develop, and evaluate harm reduction services to meet the needs of women (inclusive of those who are cis, trans, and 2-sprited) and non-binary people<sup>44, 45, 46</sup>.

Many local organizations and planning tables have committed to such a framework, but a meaningful, system-wide integration of GBA+ on the issue of substance use has not yet been achieved. Using a GBA+ framework to respond to the drug policy crisis would allow for a more nuanced analysis of the interconnection between substance use and violence, trauma, colonization, disability, limited meaningful social connection, and structural inequities in the lives of people.

**DISCLAIMER:** There are a range of substances that people use and varying ways that people use them. All substances and substance use risk exists on a continuum. The recommendations put forth in the section focus primarily on supporting people who use substances and have been impacted by the toxic drug supply spurred by discriminatory drug policy.

<sup>42</sup> Bardwell, G., Boyd, J., Kerr, T., & McNeil R. (2018). Negotiating space and drug use in emergency shelters with peer injection programs within the context of an overdose crisis: A qualitative study. *Health and Place*, 53, 86-93.

<sup>43</sup> Wallace, B., Barber, K., & Pauly B. (2018). Sheltering risks: Implementation of harm reduction in homeless shelters during an overdose emergency. *International Journal of Drug Policy*, 53, 83-89.

<sup>44</sup> Atira Women's Resource Society. (2021). *SisterSpace: Women-only overdose prevention site: Utilization-focused evaluation*. Vancouver, B.C.

<sup>45</sup> Hovey, A., Roberts, C., Scott, S., & Chambers, L. (2020). Understanding the landscape of substance use management practices in domestic violence shelters across Ontario. *Journal of Family Violence*, 35, 191-201.

<sup>46</sup> Poole, N., Urquhart, C. and Talbot, C. (2010). *Women-Centred Harm Reduction, Gendering the National Framework Series (Vol. 4)*. Vancouver, BC: British Columbia Centre of Excellence for Women's Health.



# AN ETHICAL AND VALUE-BASED COMMITMENT TO MEANINGFULLY SUPPORTING PEOPLE WHO USE DRUGS

For this recommended housing model, the lead organization, community partners, funders, and staff must share an ethical and value-based commitment to meaningfully supporting people who use drugs. This commitment must be prioritized in all sector planning and partnership development, and it must be made explicit to staff and tenants. This will fill a critical gap in our current housing system.

This kind of commitment means ensuring that housing and support are accessible, dignified, and deeply respectful of people who use drugs and that no punitive policies exist to preclude people who use drugs from accessing the program (and its supports).

We advise that the following statement be included on all job postings for on-site support staff and shared with prospective tenants:

*This housing supports tenants from a harm reduction framework. We house and support people who use drugs and those who do not. There is a safer drug use space on-site, and we support learning about and engaging in harm reduction practices.*



*I use drugs right? And every time I go to a shelter to get the help I need, I just get kicked out or judged. There needs to be a housing place for women who use drugs.*



## PROMISING PRACTICE PROFILE : HARM REDUCTION IN GENDER-BASED LOW BARRIER HOUSING

### SISTERSPACE

SisterSpace, the world's first women-only, community-accessible overdose prevention site, opened on May 16th, 2017, in Vancouver's Downtown Eastside (DTES). The SisterSpace program is operated by Atira Women's Resource Society, in partnership with Vancouver Coastal Health (VCH) and the Public Health Agency of Canada (PHAC).

It is located on the main floor of a gender-specific low-barrier supportive co-housing program operated by Atira Women's Resource Society called Sereena's. SisterSpace is accessible to the tenants of Sereena's as well as the broader community, which is important as it is the only gender-specific safe consumption space located on the DTES of Vancouver.

SisterSpace offers a gender-specific, trauma-informed approach to safer use. The program is set up to look like a living room, and program participants can access peer support workers, harm reduction education, referrals to other community services, and supports for basic needs (such as meals and other necessities!).

The program is staffed by harm reduction workers, peers, and in-reach partners from Vancouver Coastal Health.



*I think a crisis area, like counseling and that, because you know what? And it should be kinda a 24-hour thing because a lot of girls who work the streets and that, they are out half of the night. I think a women's only safe injection site would be a good thing, it would be more relaxing for women because we wouldn't be around the pressures of a guy being around.*



# COLLABORATING WITH PEOPLE WHO USE DRUGS IN PROGRAM AND POLICY DESIGN

A key principle of harm reduction is the inclusion of people who use drugs or have used drugs in every aspect of the development and implementation of policies and programs that impact their lives<sup>47</sup>.

Within gender-specific low-barrier housing, there are several practical ways to work collaboratively with tenants who use drugs to enhance the implementation of harm reduction policy and harm reduction program design, including:

- Forming an advisory board of tenants whom actively use drugs (and invite tenants who do not use drugs but who care about their neighbours and want to play an active role in this work). This must be put in place in a way that can guide the housing model development.
- Ensuring that this advisory board has actual decision-making power relating to organizational policy, harm reduction practices, and the ways in which this is implemented in the housing model.
- Hiring and paying peer workers who use drugs or who have a history of substance use to engage in on-site harm reduction work, including Peer Witnessing. This requires a real commitment to meaningfully involve people with lived experience who may require support and flexible ways of working and participating in peer roles.

## PROMISING PRACTICE PROFILE

### **SAFER USE : PEER WITNESSING**

Peer Witnessing is a low-barrier, peer-led intervention available in shelter programs and supportive co-housing buildings.

RainCity (a large housing and support provider in Vancouver) began using a peer witnessing model to increase access to life-saving interventions and prevent overdose deaths. Residents at risk of overdose are connected with trained peer-residents who can provide overdose prevention and response services in residential settings.

Residents participating as 'Peer Witnesses':

- Live in the buildings they work in
- Receiving training in overdose prevention and response measures like administering Naloxone, administering CPR, and calling emergency responders when needed
- In addition to witnessing on-site use, peers can work with tenants to support developing substance use safety plans to promote safer use
- Peer Witnessing is a role that is financially compensated through the agency

<sup>47</sup> Harm Reduction International. (2021). Principles of Harm Reduction. Retrieved from <https://www.hri.global/what-is-harm-reduction>.

# SUBSTANCE USE SAFETY PLANS

There is a need to ensure that every tenant living in low-barrier housing who uses substances is meaningfully engaged in substance use safety planning and harm reduction supports.

A substance use safety plan should be a part of the broader intensive case management support and should be developed in collaboration with the service user and their housing support workers, the intensive case manager, and external supports (for example, peer harm reduction workers and healthcare providers).

The substance use safety plan is intended to ensure that tenants have access to information, resources, and services to reduce harm. If a safer drug use space exists on-site, substance use safety plans should work to discourage using alone in their units.

## **Our working group recommended the following key features as important aspects of substance use safety plans:**

- Facilitating access to safer supply prescribers whenever possible
- On-site access to a safer drug use space in housing
- Peer witnessing models
- Receiving relevant harm reduction education (ex: safer injecting practices, toxic drug warnings, and naloxone and CPR training for residents)
- Engaging with harm-reduction supports (ex: vein care through nursing, pathways to detox and treatment, peer support)
- Having access to a working phone to access a peer and/or the National Overdose Response Service when using alone.

# ON-SITE SAFER DRUG USE SPACE

Low-barrier housing providers should pursue the necessary legal steps to facilitate an on-site safer drug use space. Without the exemption, good harm reduction work is constrained by a complicated legal terrain.

On-site safer drug use space can be staffed by peers and facilitated in partnership with local harm-reduction focused organizations. Applying for an exemption under the CDSA can ensure that there is a safer space to use substances for tenants living within the housing program. This is a proven way to reduce overdose related fatalities on-site.

*A safe place on-site to use drugs is needed or people will feel like they have to hide in their room alone to use. This way the girls can feel like they are supported and they can be safer.*

# SYSTEM AND POLICY CHANGES

## Partnerships

People who use drugs must be included as key partners, and they must have an opportunity to meaningfully inform sector planning, policy development, and program delivery within health and housing programs.

## Sector Planning

Adopt a systems-wide commitment to the meaningful and real adoption of harm-reduction services across all systems that people who experience homelessness access.

## Funding

Funders should ask prospective grantees how they will facilitate harm reduction in their housing intervention in meaningful ways that explicitly meet the needs of people who use drugs

Effective harm reduction work is often limited because of the criminalization of substance use. In Canada, the possession of controlled substances is prohibited under the Controlled Drugs and Substances Act. The prohibition and criminalization of substance use has a tremendous impact on what organizations can legally do in relation to supporting safer substance use on-site.

Through this work, we sought to explore the actual legal liability that organizations have around substance use on-site. We struggled to find a clear legal framework that guides organizations in relation to harm reduction work.

Some systems and policy barriers that shape what is currently possible through harm reduction frameworks include:

- The criminalization of substances
- Organizations concerned and largely unsure about risk, liability, and legalities
- Stigma and pressure from funders, supports, and neighbourhoods

Despite this lack of a legal framework, organizations have the opportunity to apply for an exemption to the CDSA Act under section 56.1.

Section 56.1 of the CDSA grants the Federal Minister of Health and Health Canada with the authority to provide an exemption to the CDSA law - essentially allowing for the creation of 'safer drug use spaces' where meaningful harm reduction work can happen.

This could help organizations move away from the punitive policies that keep substance use hidden and contravene public health advice.

As mainstream organizations begin grounding policy and practice from a harm reduction framework, there is a lot that can be learned from work happening at the intersection of harm reduction, equity, and inclusion.

### **For more information consider looking at:**

Indigenous-led approaches to harm reduction (Indigenous Harm Reduction Network, 2021; Metro Vancouver Indigenous Executive Council, 2020).

Harm reduction work connected to anti-black racism and defund the police movements (Harm Reduction International, 2021; Defund the Police, 2021;)

Harm reduction work from a gender-based plus (GBA+) analysis (Atira Women's Resource Society, 2021; Poole et al, 2010).

# TENANCY AND PROGRAM PARTICIPATION



*Finding something permanent just does not seem not possible. You stay here for a bit, go there for a bit, then you can stay here for 11 months, then back there for a bit. I really need to find a permanent place to live.*

*~ 52 years old, 14 years of homelessness*



## PRACTICE AND PROGRAM RECOMMENDATIONS

- #1 : Prioritize providing housing and support to tenants who have experienced multiple barriers to housing.
- #2 : Tenants rights are protected through lease agreements under the Residential Tenancies Act (Section IX – Care Homes).
- #3 : Tenants responsibilities for living and participating in a co-housing model are a part of a ‘program agreement.’
- #4 : The plain language lease and program agreements are reviewed annually through a tenant’s advisory board.
- #5 : No person should be evicted to homelessness.

## TENANCY AND PROGRAM PARTICIPATION IN GENDER-SPECIFIC LOW-BARRIER HOUSING

Permanent supportive housing is different from transitional programs and shelters because tenants are protected under the Residential Tenancies Act (RTA)<sup>49</sup>. It is imperative that low barrier housing have both a lease and a program agreement.

**Lease Agreement:** A lease ensures tenants’ rights and prevents unlawful evictions. Without a lease, tenants are not protected under the RTA and, therefore, cannot be permanently housed.

**Program Agreement:** A program agreement outlines tenants’ responsibilities for living in this kind of co-housing model and lays out the kinds of on-site supports, services, and programs that tenants can expect to receive (although it is important to note that a person’s tenancy is not contingent on participating in the program).

The housing model proposed in this guide is covered through Section IX of the Residential Tenancies Act<sup>50</sup> which focuses on ‘Care Homes.’

<sup>49</sup> Government of Ontario (2017). Ontario Supportive Housing Policy Framework. Retrieved from <http://www.mah.gov.on.ca/AssetFactory.aspx?did=15986>.

<sup>50</sup> Residential Tenancies Act, 2006, SO 2006, c 17, Retrieved from <https://canlii.ca/t/5551q>.



## WHAT IS A CARE HOME?

A care home is a form of rental accommodation that provides 'care services,' including at least one of the following elements:

- nursing care
- supervision and administration of prescription drugs
- an emergency response system and plan
- help with transportation and assistance with daily activities – like meals, housekeeping, and recreational services.

Not all housing and support programs are 'care homes' despite having similar elements. You are a 'care home' tenant if:

- one of the reasons that you moved into this housing was the 'care' component, and
- your tenancy agreement explicitly follows section IX of the Residential Tenancy Act - 'Care Homes'

### **Care home tenants have rights.**

These rights are covered by the Residential Tenancies Act – Section IX (RTA) and ensure that tenants have many of the same legal rights to their space as any other tenant. Tenants within care homes cannot be evicted without due process and cannot be transferred to another 'room' or housing arrangement without consent.

### **Care home tenants receive specialized care and support.**

Within Section IX of the RTA, it notes that tenants of care homes must receive an information package before signing a lease, which outlines the care services, emergency support plans, and activities of daily living that the tenant can expect to receive. A care package is then detailed in the 'lease' agreement,.

## THE 'CARE HOME' AS A MODEL OF HOUSING AND SUPPORT

We recommend developing a 'Care Home' model of housing and support, which is explicitly designed to support people accessing the women's homelessness system who have experienced multiple barriers to getting and maintaining housing.

This housing intervention should seek out and prioritize women (inclusive of cis and trans women) and non-binary people from equity-deserving groups who have experienced structural barriers to accessing and maintaining housing and supports.

# REFERRALS INTO THIS HOUSING PROGRAM

Referrals should come through a variety of avenues, including self-referrals and from sources supporting this group of individuals, such as low-barrier drop-ins, shelters, peer-led organizations, and outreach workers. It is crucial that tenants with the most complex barriers to attaining and maintaining housing be prioritized for this housing model. One way to assess for this fit is through the municipal By-Name Priority List in terms of people who score in the highest percentile on tools like the Vulnerability Index Service Prioritization Decision Assessment Tool (VI-SPDAT) and Service Prioritization Decision Assessment Tool.

Both tools have significant flaws when accounting for the chronicity and depth of housing and support needs, particularly for people impacted by gender and equity issues for a variety of well-documented reasons<sup>51, 52</sup>. For this reason, a transparent, evidence-based process for prioritizing tenants into this program is crucial. A strong equity analysis must inform this prioritization process. People who experience structural oppression in their pursuit of housing need to be prioritized. A transparent application and decision-making process is critical to the success of this intervention. The housing provider will want to consider how this program fits within the local Coordinated Access strategy.

## STEPS FOR SECURING TENANCY:

- #1 : Receive an information package about the specifics of this particular housing and support model (including care provision) as outlined in Section IX of the Residential Tenancies Act<sup>53</sup>.
- #2 : Meet with the Intensive Case Manager and the prospective tenant's allied care providers and support networks to develop a 'care plan' tailored to address the tenant's self-identified housing barriers and support/care needs.
- #3 : If interested in tenancy and care agreement, meet with a community legal advocate from an outside organization to ask questions and review the lease agreement.
- #4 : Sign lease agreement and issue direct deposit from social assistance cheque to the housing provider. Any barriers that a tenant may experience in signing a lease (low literacy, not understanding English, or mental health issues that may create concerns) must be well supported by program staff or community partner supports.

## PROTECTING TENANTS' RIGHTS THROUGH LEASE AGREEMENTS

A lease makes housing permanent. It is a legal document that articulates the rights and responsibilities of tenants in rental housing. The lease should be developed for the program with two key principles in mind:

**Principle One:** The lease should be grounded in a commitment to low-barrier housing. It should work to support the housing stability of all tenants, even those who may struggle with issues that undermine their housing stability. Eviction should be viewed as a last resort, and the fit between the tenant and the program should be considered (as opposed to blaming the tenant for the eviction).

**Principle Two:** The lease should be written in plain language and each tenant should fully understand what they are signing. All tenants should have access to outside legal counsel throughout their tenancy.

*I think they should have 30, 60 and 90 day lease. From there, decide. Do you like it or not? It is about goodness of fit.*

<sup>51</sup> Brown, M., Cummings, C., Lyons, J., Carrion, A., and Watson, P. (2018). Reliability and validity of the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) in real-world implementation. <https://doi.org/10.1080/10530789.2018.1482991>.

<sup>52</sup> Cronley, C. (2021). Invisible intersectionality in measuring vulnerability among individuals experiencing homelessness – critically appraising the VI-SPDAT. *Journal of Social Distress and Homelessness*. <https://doi.org/10.1080/10530789.2020.1852502>.

<sup>53</sup> Residential Tenancies Act (2006).



## TIPS FOR CREATING A LOW-BARRIER CARE HOME LEASE AGREEMENTS

- Rent should be 33% of a tenant's documented income or the shelter portion of social assistance (for example, a single adult on ODSP should not be paying more than \$497.00 for rent).
- There should be no requirement for first and last month's rent, a damage deposit, or a reference from a past landlord.
- Tenants should be able to rent for 30 days, 60 days, and 90-day blocks to determine if the housing is a good fit, with options to sign a longer-term lease or continue renting month-to-month.
- The cost of rent (wherever possible) to be all inclusive and include the cost of hydro, wireless internet, and access to a telephone.
- Tenants should have the option to pay (either financially or through contributing their time and skills) if they want access to consistent daily meals through the housing program.
- The units should be furnished with the basic necessities and tenants should be encouraged to personalize their rooms as desired.
- Care agreements should be both participatory (tenants review the co-housing agreement annually) and highly specific (each care agreement is tailored to individual needs).

The lease should be written in plain language and, wherever possible, provide specific examples to help tenants understand their responsibilities as a leaseholder. Tenants should be encouraged to ask questions about their lease to their housing provider.

Prospective tenants should be provided with support from a legal advocate (provided by an outside organization, such as a community legal clinic or women-serving organizations that have legal services) to support them through the lease signing process. Strong partnerships are needed with legal clinics, legal advocates, and community law offices.

## DESCRIBING TENANTS' RESPONSIBILITIES THROUGH PROGRAM AGREEMENTS

*It is critical to note that the lease supersedes the program agreement, and the tenant has legal rights to remain housed regardless of their compliance with program expectations.*

A 'program agreement' would complement the lease, which articulates the rights and responsibilities of all tenants within the housing program with a focus on cultivating the relational aspects of living in shared housing.

A program agreement can be used to:

- encourage agreed upon safety and emergency planning (ex: safety plans for violence, overdose, self harm/suicidality)
- establish agreed upon principles for living in community
- develop a shared set of standards for what it means to be a good neighbour

The program agreement should be co-developed with the tenant advisory board. New tenants are asked to 'sign on' as a way to promote a shared sense of responsibility for creating the kind of housing that tenants want to live in.

## PROMISING PRACTICE PROFILE :

### **BRIGID'S PLACE - OTTAWA ON - 'AGREEMENT TO RESIDE'**

In addition to a lease (under the RTA), tenants also sign an 'Agreement to Reside,' which outlines basic expectations for contributing to a safe environment for the women and staff at Brigid's Place. This outlines shared responsibilities for tenants, the housing program, and its staff.

#### **The 'Agreement to Reside' includes the housing providers' expectations regarding:**

- treating one another with dignity and in non-discriminatory ways
- maintaining individual units and common spaces
- not engaging in 'criminalized activity' on property (ex: buying/selling drugs)

The agreement to reside also outlines women's rights to have their feedback heard, their rights to self-determination, and their right to be cared for. This outlines shared responsibilities for tenants, the housing program, and its staff.

## ACCESSIBLE LEASES

All policies that govern the housing program should be written in plain language so that a variety of readers (for example, those who have low literacy or do not read English proficiently) can understand the policies.

A written tenancy agreement for a care home tenant must include:

- The cost of rent, not including services and meals
- When the rent is due (on which day of the week or month)
- A list of all care services and meals that the tenant must pay for and the cost of each of them
- The length of time the agreement is for
- A statement that says tenants have the right to discuss the agreement with anyone and to cancel it within 5 days

The tenancy agreement can include other things the tenant and landlord agree to. For example:

- mutual expectations, as long as they do not take away a person's rights as a tenant
- when/if the landlord can enter the room or apartment for cleaning, repairs, and to check on a tenant's condition
- limits on renting the room to someone else

We recommend that both the lease and care agreement policies and a program agreement be reviewed regularly (recommended every year) in a process that integrates feedback and input from staff and tenants.

This is especially important for the Program Agreement; this document should be created in a participatory way with tenants and reviewed by a tenant group every year.

*I think a zero violence tolerance is a good thing. I think if you have a problem with somebody there is a right way to do deal with it. For this housing to work, people would need to understand, it's not just about you, it's not just you living there, there are other people living there too.*

## AVOIDING EVICTIONS INTO HOMELESSNESS

Evictions should only occur under extreme circumstances, such as those that involve ongoing violence and continuous threats to the safety of other tenants and/or staff.

Using a trauma-informed analysis to identify appropriate responses to challenges means that eviction should happen only as a last resort and with an alternate housing plan in place. Creative approaches to issues that may be cause for eviction in other houses is crucial (for example, perhaps having the person help fix property damage instead of being evicted).

If an eviction does occur, there needs to be a clear process that offers lots of clarity to the tenant about why the eviction is happening and what they can expect. Evictions should occur through the appropriate legal processes and tenants should have support from program staff around re-housing. It is critical to note that this aspiration – ensuring that no one is discharged into homelessness – is not the responsibility of the housing program alone. A collective, sector-wide commitment with support from the Service Manager will make this aspiration a reality.

## A KEY TENSION : GUEST POLICIES

The issue of guests is complex. Every tenant should be afforded the right to engage with friends and loved ones as they want to. In a co-housing setting, safety is a key concern for staff and tenants. Having every tenant able to engage with anyone they want at any time is complicated.

*A female needs to engage fully in the freedom of her sexuality. When you put a female right, from hospital, in a lodge, and don't allow her guests. That sexuality, you take it away from her. Hey, that is not a complete happy human.*

There are a series of considerations to take into account when writing a guest policy for the type of housing we are proposing:

- Some tenants will have histories of gender-based violence. Having male-identified individuals on site may cause undue harm because of traumatic experiences.
- Staff may feel and may be unsafe with the presence of guests.
- Through our consultations, we know that some tenants may be engaging in sex work, which creates unique concerns around 'guest' policies.
- Given the size of the housing program, there may be fire code issues to consider in terms of how many guests can be in the space at a given time.

This list is not to dissuade the inclusion of guests, but it is meant to offer an overview of the considerations an organization must take into account when weighing the benefits and challenges of creating a guest policy that works for all tenants and staff.

## GUEST POLICIES FROM GENDER-SPECIFIC SUPPORTIVE HOUSING PROGRAMS ACROSS CANADA:

Here is how a range of gender-focused supportive housing programs across Canada have managed their guest policies:

**Alpha House in Calgary, AB** allows tenants to have one guest each in the building at a time (can include family, friends, children, male-identified people). Guests are signed in by staff. Tenants can have two overnight guests per week (except for certain days).

**Brigid's Place in Ottawa, ON** does not allow overnight guests and the reason is to ensure the safety of tenants and staff.

**Frederick's Place in Kitchener-Waterloo, ON** started out with a guest policy in which tenants could have guests in their units (one at a time). The guest policy was revised after incidents of drug trafficking, stealing, and impacts on staff and tenant safety. Currently, no guests are allowed to access the housing program. Staff continue to explore safer ways of facilitating guests in the space.

**Margaret's Place in Toronto, ON** allows occasional daytime-only guests, including children, friends, and family in common spaces.

**Margret's Kinship Housing for Women in Toronto, ON** is small (typically 3-5 tenants in an apartment or small house), and policies regarding guests would be made by women living in the house and reflected in the communal living agreement. Some houses have a 'no guest policy,' but other houses welcome the company of one another's children, partners, and friends. Women are placed into existing housing arrangements that best reflect their own identified preference about guests.

## SYSTEM AND POLICY CHANGES

### Sector Planning

To ensure a clear pathway in and out of this kind of housing, each housing intervention must be mapped, well-understood, and part of a strong sector-based set of partnerships.

### Funding

Ending homelessness requires putting funding and resources into programs that will keep people housed. Funders should prioritize funding programs that secure tenant rights through a lease.

Most housing interventions at the permanent end of the continuum tend to meet the needs of people with lower to medium acuity. There is a need for substantial funding for permanent housing solutions to meet the needs of people with the highest levels of acuity related to their homelessness.

Interventions for people with higher acuity are often less permanent and, without a lease agreement, people have fewer rights. As a system, we need to prioritize housing interventions for people with high acuity that actually afford them rights to their housing through a lease.

Additionally, our community requires a coordinated system of housing and supports that allow for movement along the housing continuum and can accommodate tenants who are not successful in this housing type. For example, a tenant may not fit well within the co-housing model and may benefit from a single unit with supports. In a sector that works together, there would be pathways in and out of each intervention, with shelter as the very last resort. Real sector planning and coordinated access can help to achieve this.

# INTENTIONALLY DESIGNING INFRASTRUCTURE FOR LOW-BARRIER HOUSING



*There are so many abandoned buildings and houses in Hamilton that are rundown. Why not take one of those and fix it up to make like 6 or 8 bachelors? That would be perfect for me and for a lot of the other women.*

*~ 4 years of homelessness – passed away at 47 years old*



## SYSTEM AND POLICY CHANGES

### Sector Planning

Municipal planning process that can identify possible land/existing infrastructure should be better connected to social service and non-profit housing developers.

### Funding

Municipalities have the capacity to leverage funding for infrastructure. Municipalities interested in developing affordable infrastructure must be willing to leverage existing city-owned land, engage in innovative partnerships, and explore options for adaptive re-use, infill development, and modular builds.

## PRACTICE AND PROGRAM RECOMMENDATIONS

**#1** : A smaller co-housing setting (8-12 people) is the recommended design for low-barrier supportive housing for this population.

**#2** : Each tenant must have their own individual studio unit (bedroom, sitting area, small kitchenette) and there should be a range of shared communal space and green space to foster community. Operationalizing on-site support requires private clinic space, an office for on-site staff, space to host workshops and meetings, and a child friendly space for children visiting.

**#3** : A trauma-informed and intersectional design lens should inform infrastructure development, and intentional safety features must be embedded into the built form of housing.

# INFRASTRUCTURE AND GENDER-BASED LOW BARRIER HOUSING

What this population of people require to be housed from an infrastructure perspective is relatively modest. A private and dignified living space with a door that locks, access to a working bathroom, kitchen, and technology (landline/cell phone, access to a device with Wi-Fi), space to foster community and connection including nature/green space, and a private space to receive on-site support<sup>54, 55</sup>.

There are two key issues to consider around infrastructure related to low-barrier, supportive housing to address complex gender-based homelessness:

## ***The infrastructure must match the need.***

People with long and complex experiences of homelessness identify wanting a sense of connection and community in a smaller, co-housing space. This space must be designed with an intersectional gender-based and trauma-informed analysis at the centre of the infrastructure planning process<sup>56</sup>.

Spaces must be safe and welcoming for Indigenous people through visual representations, spaces for smudging, and intentional design. All infrastructure must be developed in accordance with the Accessibility for Ontarians with Disabilities Act<sup>57</sup>.



*Everything should also be accessible to wheelchairs and walkers. Because everybody does that have their disabilities, or they can't take the stairs or something. At least an elevator, or a lift, or something that can take them up.*



## ***We need creative, thoughtful, and informed approaches to infrastructure planning and resourcing.***

Exploring a range of ways to repurpose and better use existing space is critical; we urgently need creative and cost-effective ways of developing housing. There is a considerable disconnect between the expertise of the majority of service providers within the homelessness sector and the technical and policy knowledge needed to secure infrastructure funding and build housing. Municipalities must be committed to this planning and support the process as they are the key to successful developments in communities.

## THE INFRASTRUCTURE MUST MATCH THE NEED

### **A Smaller Housing Model (8-12 tenants)**

Through conversations with women with lived experience of homelessness and frontline workers from a range of supportive and transitional housing spaces, we know that a smaller setting with fewer tenants is the preferred approach to low-barrier supportive housing for this population.

A smaller congregate setting of 8-12 tenants could be supported in a large house or small walk-up apartment building with the proper accessibility features put in place. This kind of small setting allows for intensive support, intentional community building, and meaningful participation in the housing program.

<sup>4</sup> Vaccaro, M. & Craig, J. (2020).

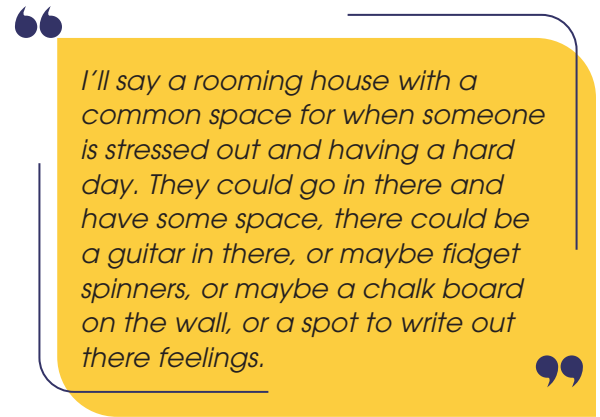
<sup>56</sup> Paradis et al. (2011).

<sup>56</sup> Sagert, E. (2017). Designing Common Spaces for Women-Centered Supportive Housing. Vancouver: University of British Columbia Library. Retrieved from <https://open.library.ubc.ca/soa/cIRcle/collections/graduateresearch/310/items/1.0362568>.

<sup>57</sup> Accessibility for Ontarians with Disabilities Act. (2005). Retrieved from <https://www.aoda.ca>.

The biggest challenge is the cost-effectiveness of operating a small housing program or service model. While larger housing programs may work well for tenants with less complex support needs, the group of tenants we are focused on require more intensive support that larger supportive programs cannot consistently offer.

This housing model could be adapted to exist within a larger setting. For example, this could be achieved by taking over a floor of a large housing complex or existing housing program. There are unique challenges to this type of program, but it is possible with innovative planning.



## DESIGNING SPACE

Space must be intentionally designed to foster a sense of safety/privacy, community, connection, and space for receiving on-site support and clinical care.

Each tenant must have their own individual studio unit (bed, sitting area, small kitchenette); this should be universally accessible and able to be personalized to meet tenants' needs and preferences. Each individual unit must be at least 250 sq feet (small but well planned with intentional design), with larger units made available for people who use wheelchairs or other mobility devices.

On-site there should be a range of shared communal spaces intentionally designed to foster community and connection, including a collective kitchen, shared lounge, and quiet room. There should also be access to green space, nature, and plants wherever possible both inside and outside.

Operationalizing on-site support requires adequate space to do so. There is a need to have a private, fully functional clinic space on-site for tenants to meet with healthcare partners, an office for on-site staff that can lock to store personal client information and medications, meeting rooms, and space to host workshops.

## INTERSECTIONAL AND TRAUMA-INFORMED DESIGN

**Intersectional design** recognizes that individuals have many intersecting identities and experiences that must be considered when designing housing and infrastructure.

*For example*, housing should be intentionally designed to support tenants' shifting needs and identities including aging, accessibility, etc<sup>58</sup>.

**Trauma-informed design (TID)**: recognizes that experiences of trauma can influence the ways in which spaces are perceived as safe, accessible, and comfortable. TID aims to reduce adverse and institutional spatial designs and develop housing that feels de-institutionalized, safe, and personalized<sup>59, 60, 61</sup>.

For example, infrastructure designs that have dark or dimly lit stairwells, stark white spaces and a sterile design, and a lack of privacy and/or communal space can be triggering for people who have experienced trauma and institutionalization<sup>62</sup>.

<sup>58</sup> Sagert, E. (2017).

<sup>59</sup> Farrell, J. (2018). Trauma Informed Design. Retrieved from <https://cotsonline.org>.

<sup>60</sup> Hetling, A., Dunford, A., Lin, S., & Michaelis, E. (2018). Long-Term Housing and Intimate Partner Violence: Journeys to Healing. *Affilia-Journal of Women and Social Work*, 33(4), 526-542.

<sup>61</sup> Pable, J., & Ellis, A. (2017). Trauma-informed design Definitions and strategies for architectural implementation. (PDF file). Design Resources for Homelessness. Retrieved from [www.designresourcesforhomelessness.org](http://www.designresourcesforhomelessness.org).

<sup>62</sup> Singer, D. (2020, January 30). Using trauma-informed design, buildings become tools for recovery. The Colorado Trust. Retrieved from [www.coloradotruster.org](http://www.coloradotruster.org).



# PRAGMATIC APPROACHES TO INTERSECTIONAL AND TRAUMA-INFORMED DESIGN

During the 2020/2021 academic term, the CUPA worked with a group of interdisciplinary undergraduate and graduate students from McMaster University's Research Shop to review and consolidate existing literature and best practice approaches for designing housing infrastructure to meet the needs of this population.

**Use of Space:** Space should be designed intentionally to promote privacy, safety, community, and socialization.

**Secure Entry Way:** People who have experienced violence and trauma require a secure entry way to be safe in their housing. Intentional safety features in infrastructure are favorable from a trauma-informed design lens and must be put into place to prevent ongoing violence, victimization, and exploitation of tenants.

**Prioritizing personalization and choice:** Co-design and decorate communal spaces and gardens, and tenants should have the ability to personalize units through choice of colour, furniture, and spatial layout.

**Connections to Nature:** Plants and natural light are used in housing to improve the mood of residents, and nature and plants should be incorporated both inside and outside the housing building wherever possible.

**Sightlines:** Clear sightlines (visibility - being able to quite literally 'see what is coming around the corner') are important to enhance feelings of safety for tenants in the building. This is especially important for tenants who have experienced trauma and violence.

Three architectural methods are suggested to create clear sightlines:

- **Wide corridors:** Wide corridors connected to a central space have been used to alleviate triggers of trauma residents may experience.
- **Curved corners:** Halls built with curves improve sightlines and avoid individuals being surprised by someone appearing from a corner.
- **Windows and cut-outs:** Windows that provide clear sightlines into common areas allow residents to assess their safety in common areas before entering.

**Noise Canceling Infrastructure:** Some people who have experienced trauma or live with significant mental health concerns can make involuntary noises, including screaming, banging furniture, or making other noises. By investing in noise canceling infrastructure between units, tenants who have been evicted from other housing spaces because of noise-related concerns may be effectively supported. In addition to 'sound proofing' or noise canceling infrastructure, carpets, fabrics, and acoustic panels are useful for minimizing loud noises.

# CREATIVE, COLLABORATIVE AND INFORMED APPROACHES TO INFRASTRUCTURE PLANNING AND RESOURCING

Communities and local planning tables should not allow good solutions to homelessness to be halted or dismissed because of barriers to sustaining infrastructure. Funding to acquire, develop, and sustain infrastructure is one of the systems-level and policy barriers that prevent affordable housing from being developed.

There is a considerable disconnect between the expertise of the majority of service providers within the homelessness sector and the technical and policy knowledge needed to secure infrastructure funding and build housing<sup>63</sup>. The municipality is best positioned to think creatively about leveraging and repurposing existing City-owned lands.

## At the local level, the City should focus on engaging in the following activities:

- Prepare and share an inventory of vacant and unused/underused City-owned land and infrastructure. This unused and underused space should be leveraged to community partner organizations who are interested in developing housing with support to address the issue of homelessness in our community. If there is vacant and unused/underused federal land, pursue funding through the Federal Lands Initiative<sup>64</sup>.
- Vacant City-owned land and infrastructure should be audited for its potential for adaptive reuse, modular housing, and/or other infrastructure development projects to alleviate the housing crisis.
- Engage with Community Land Trusts whose purpose is to work with residents and community partners to identify and facilitate real estate projects that are sustainable, affordable, and meet community needs<sup>65</sup>. Learn more about Hamilton's Community Land Trust (CLT) and their work to make better use of underused land and preserve or create new community assets.
- Foster partnerships with socially engaged architects, housing developers, schools of trade, and trade persons to develop, support, and sustain local infrastructure development.

## RAPID INFRASTRUCTURE DEVELOPMENT

Developing and sustaining infrastructure is difficult. We are focusing on two promising approaches for rapid infrastructure design happening in municipalities across Canada and Internationally.

**#1:** Modular Housing is an innovative and cost-effective way to build small-scale infill housing while providing a rapid, dignified response to homelessness<sup>66</sup>. Modular housing is prefabricated housing built off-site in a factory and transported to the site for assembly. The City of Toronto has used vacant City-owned land as lots for modular housing build and, through this, has been successful in building several hundred new units over the past few years.

**#2:** Adaptive Reuse: Adaptive reuse refers to the process of reusing an existing building for a purpose other than which it was originally built or designed for. It is also known as recycling and conversion. Adaptive reuse of buildings can be an attractive alternative to new construction in terms of sustainability and a circular economy. It has prevented thousands of buildings' demolition and has allowed them to become critical components of urban regeneration and solutions to homelessness<sup>67</sup>.

*I love old buildings. There are lots of windows in it, it's not very high. They look like they need a gardener, and I love doing that. Look at the nature in that, look at the trees. Isn't it beautiful? It would feel like being on vacation, every day.*

<sup>63</sup> Huffman, T. (2018). Built community: architecture, community, and participation in a permanent supportive housing project. *Journal of Social Distress and the Homeless*, 27(1), 44-52.

<sup>64</sup> Canadian Mortgage and Housing Co-operation. (2021). Federal Lands Initiative for Affordable Housing. Retrieved from <https://www.cmhc-schl.gc.ca/en/professionals/project-funding-and-mortgage-financing/funding-programs/all-funding-programs/federal-lands>.

<sup>65</sup> Agha, A. (2018). Perpetual affordability and Community Control of the Land: Community Land Trusts in Canada. Retrieved from [https://chra-achru.ca/wp-content/uploads/2018/09/2018-09-18\\_summary\\_community-land-trusts.pdf](https://chra-achru.ca/wp-content/uploads/2018/09/2018-09-18_summary_community-land-trusts.pdf).

<sup>66</sup> Modular Building Initiative (2020). Canadian Rapid Housing Statement: Modular Building. Retrieved from <http://www.modular.org/documents/public/images/PDFs/CN-Response/2020-Canadian-Rapid-Housing-Statement.pdf>.

<sup>67</sup> Chesco Planning. (2021). Municipal Planning Toolkit: Adaptive Reuse. Retrieved from <https://www.chescoplanning.org/MuniCorner/Tools/AdaptiveReuse.cfm>.

## PROMISING PRACTICE PROFILE : ADAPTIVE REUSE

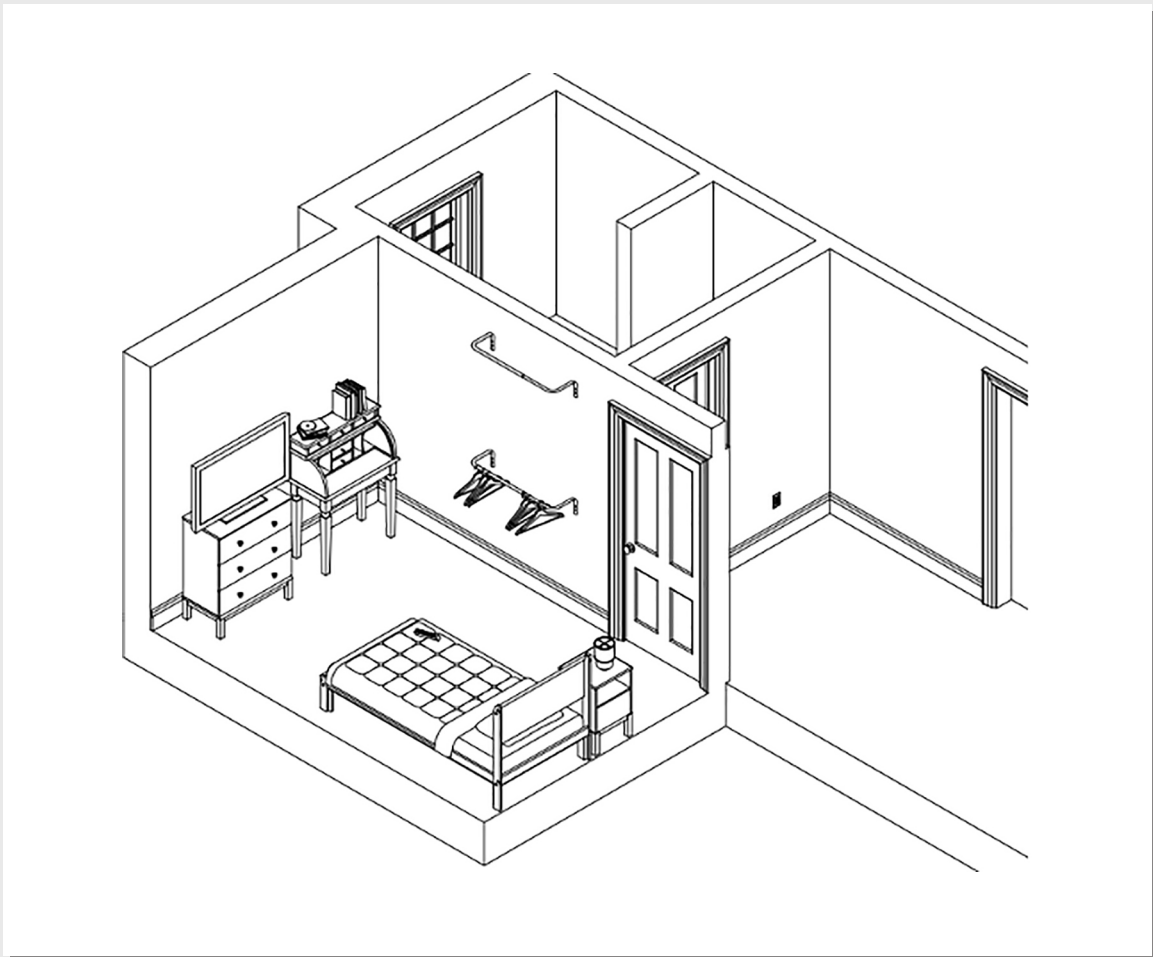
In 2018, the Women's Housing Planning Collaborative of Hamilton received funding from Women's College Hospital (Toronto, ON) to study the housing needs of women, without children in their care, who experience long-lasting homelessness.

A key part of this research was to ask women to describe their ideal permanent housing arrangements. One of the narratives of a participant who had experienced 13 years of homelessness **described her preferred housing as:**

*'I'd like a clean one-bedroom apartment or even a bachelor. I've always wanted my own bed, or my own apartment. With a little table or desk to read at. Safe, something safe too, I can't live in a bad rooming house. I liked (transitional housing for women)... The closeness of the group... other girls, Christmas,... That was the good part.'*

In 2020, Stephanie Davidson - an architect and professor at Ryerson University's School of Interior Design - began working with the participants' narratives for the purpose of better understanding and visualizing the kinds of infrastructure required to address housing needs.

"The desires of this individual, to be comfortable, warm, secure, in a clean home, with closeness to other women, could be met in any number of housing situations.



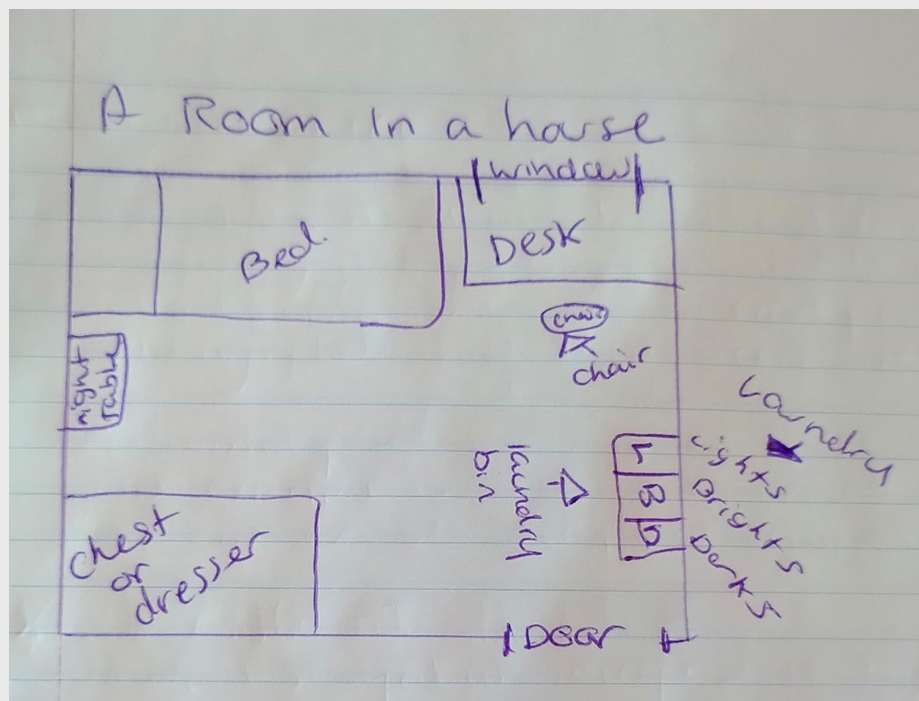
A farmhouse was chosen in this case because it's a spatial typology that can quite easily accommodate several people - this can be seen in examples of farmhouses that have been converted to "bed and breakfast" type lodging both in Canada and the US.

In the plan of this particular farmhouse, two identical bedrooms sit side-by-side just outside a "connector" room, which has a south-facing window and provides access to a full bathroom. This room could be used as a kitchenette for two women, with an area to sit/lounge.

A clean room is a common desire for individuals involved in this research. Interiors that have been assembled poorly, with inexpensive, short-term finishes are difficult to maintain and keep clean.

The farmhouse is a typology that's already been tested by adaptive re-use scenarios for multi-tenant dwelling. These houses are often characterized by generously sized, operable windows and resilient materials that can be repaired rather than being discarded."

Within urban areas, there are several older homes that are generous in size. These homes could be retrofitted to meet the needs of multiple tenants and mirror the typology of infrastructure described here. During our work together for this project, a woman with lived experience of gender-based homelessness drew the following 'blueprint' to depict how a room in a house could be retrofitted into a small studio unit that would meet her housing needs.



There are several examples of re-adaptive reuse projects that have led to gender-specific permanent supportive housing.

For example: **Brigid's Place** is an eleven-bedroom gender-specific permanent supportive housing program operated out of an old Victorian home in Ottawa (ON).

**Margaret's Place** (Toronto, ON) is also located in a large residential home that has been renovated to meet the needs of eight to ten tenants. **Fredericks Street** (Kitchener-Waterloo, ON) is a nine-bedroom gender-specific permanent supportive housing program located in a multi-purpose YWCA building. **Alpha's Women's House** (Calgary, AB) is located in a retrofitted retirement home and consists of twenty-four studio units.

# CONCLUSION

During our process, we engaged in a lot of imaginative work. We know that these issues are complicated and that what we are proposing requires significant investment. People deserve access to housing and support and realizing that kind of housing requires leveraging existing resources and imagining something different.

We asked people with lived experience, frontline workers, and advocates to imagine this kind of housing with us. To that end, we invite you to imagine with us.

Imagine a big older home on a tree-lined street close to the downtown core. Twelve tenants live there. Each has their own unit with a bed, dresser, kitchenette, and sitting area. Washrooms are shared by a few tenants. There are a few communal spaces – a large living room with a television, couches, comfortable chairs, and soft lighting; a large communal kitchen where meals are prepared and served each evening; and a quiet room for reflection, smudging, meditation, and relaxation. There are also a number of private areas where staff and community partners can meet with tenants around the variety of supports that they require. Outside, there is a large garden with flowers and vegetables and a few sitting areas where staff and residents can sit.

Each tenant is well supported on-site through the core program and the range of community partners who visit regularly. At any given time, there are two staff on-site (24 hours a day, 7 days a week). These include the Intensive Case Manager, Housing Support Workers, and Peer Workers.

There is a team of 6 peer workers, all of whom have relatively recent histories of complex homelessness. One peer worker is on-site every day, spending informal time with the tenants through connecting, listening, and planning. They also work collaboratively with each other and the tenants to develop programming; the goal of their programming is community building, which involves finding ways for the tenants to build relationships with each other, with where they live, and with the support on-site.

The Housing Workers provide the 24/7 support, and their role is to support tenants' daily needs, provide crisis intervention, assist with case management and support plans, and support participation and community building.

The following community partners do in-reach into the housing program:

- Once per week, a community mental health program comes for an afternoon. First, they run a trauma-informed wellness group and follows that up with 1 to 1 counselling sessions for the women who want it.
- Twice a month, there are nurses and midwifery on-site for a clinic - they have access to an on-call doctor as needed.
- Twice a month, a community arts organization comes to the space to provide community-based arts programming.
- Twice a month, there is a harm-reduction focused group for gender-based substance use.
- The housing program has an on-call Elder who can come to offer support to Indigenous tenants as needed.
- A local grassroots peer harm reduction program comes on-site once per week to check in around supplies and find out how tenants are doing and if they need to be connected to any additional supports

The Intensive Case Manager coordinates staffing, manages community partners coming on site, and provides meaningful case management to all of the tenants.

The tenants are engaged in a series of groups and committees in the housing program to build relationships and feel a sense of ownership in the space. Each tenant is invited to join a tenant advisory when they move in. This tenant advisory meets weekly to talk about issues and solutions within the house and to discuss their ideas. Once a year, staff engage the tenant advisory in a review of key tenant-focused policies. Tenants talk about how the policies work, don't work, and what needs to be changed.

All the organizational policies, practices, and protocols are designed intentionally to support people who are actively using substances. An advisory board of tenants who use substances meet monthly. The role of the advisory is to ensure organizational policy, practices, and on-site support are aligned with the needs of tenants who use drugs and broader commitments to harm reduction philosophy.

The low-barrier housing program has an exemption under 56.1 of the CDSA and operates a safer use space on-site through peer witnessing. Peer workers have lived experience of substance use and work directly with tenants to develop substance use safety plans, which include access to safer supply, Indigenous-specific addiction support, and detox or recovery-based supports, if requested. Tenants who use drugs know that the people who work there understand that and care about them.

Very few tenants are evicted. Evictions only happen for very serious issues where tenant or staff safety is compromised. When an eviction does need to occur, staff engage in a planning process to ensure that the tenant does not return to homelessness.



**This kind of housing is possible. The model we are proposing here exists in other parts of Canada and it is a critical missing component in our local housing continuum in Hamilton.**

**To realize this kind of low-barrier, gender-based permanent supportive housing, we need bold leadership, genuine collaboration and substantial investment from all levels of government. We also need meaningful policy changes across a range of sectors and domains that impact housing - things like drug policy, income supports, health care, the labour market and education. Local communities alone cannot make substantial shifts in these complex issues. Finally, we need to centre the voices of people who live the experience of homelessness and the voices of front-line staff - the answers truly come from this expertise.**



# GLOSSARY OF TERMS

This is in no way meant to be an exhaustive list of definitions related to our communities or our work, but it was pulled together to offer some definitions to the terminology we have used throughout our report and within our project.

To compile the Glossary of Terms for this report, we drew on existing glossary of terms made available through Canadian Human Rights Commission, the 519 Space for Change and Homeless Hub, the National Harm Reduction Network, the National Housing Strategy and Coming Together to End Homelessness Report (Hamilton, ON). Other terms were defined during the project itself, in collaboration with our diverse range of stakeholders.

**Accessibility:** The term is used in multiple ways throughout this report, as a way to refer to the ability to both, access and benefit from services, systems, spaces and programs.

**Acuity:** An assessment of the level of complexity of a person's experience. Acuity is used to determine the appropriate level, intensity, duration, and frequency of supports to sustainably end a person's experience of homelessness.

**Affordable Housing:** Any type of housing including rental, home ownership, permanent, temporary, for profit and non-profit that costs less than 30% of a household's pre-taxable income.

**Best Practice:** An intervention, method or technique that has consistently been proven effective through research and evidence – a best practice has been replicated across several cases or examples.

**By-Name Priority List:** A subset of the Coordinated Access List that identifies those with the highest priority for matching to an available housing resource.

**Case Management:** A collaborative and client-centered approach to service provision for persons experiencing homelessness. In this approach, a case worker assesses the needs of the client and when appropriate, arranges, coordinates and advocates for delivery and access to a range of programs and services to address the individual's needs

**Care Home:** A care home is a form of rental accommodation that provides 'care services' including at least one of the following elements: nursing care; supervision and administration of prescription drugs; an emergency response system and plan and help with transportation and assistance with daily activities – like meals, housekeeping and recreational services.

Care Home tenants are protected under Residential Tenancies Act – Section IX (RTA) and have many of the same legal rights to their space as any other tenant.



**Chronic Homelessness:**

According to Reaching Home: Canada’s Homelessness Strategy Directives, chronic homelessness refers to individuals who are currently experiencing homelessness AND who meet at least 1 of the following criteria:

- they have a total of at least 6 months (180 days) of homelessness over the past year
- they have recurrent experiences of homelessness over the past 3 years, with a cumulative duration of at least 18 months (546 days)

Current definitions of chronic homelessness fail to consider the gendered, hidden and nuanced ways in which women and gender-diverse people experience homelessness. For example, it does not include situations where individuals live in transitional housing or in public institutions, or remain in unsafe or unsuitable housing to avoid entering into homelessness.

**Complex Homelessness:**

The term complex homelessness is used throughout this report to describe the chaotic and cyclical experience of gender-based homelessness. This term describes the experience of cycling between shelters, streets, encampments, temporary accommodations and other ad-hoc spaces and being impacted by other co-occurring issues.

**Coordinated Access:**

A standardized process for intake, assessment, and referral to housing and other services across service providers in Hamilton (and other municipalities). The intention is that housing and homeless service organizations work together to support those experiencing or approaching homelessness to help them find and maintain appropriate housing and supports.

**Disability:**

Defining disability is a complex, evolving matter. A disability may be the result of combinations of impairments and environmental barriers, such as attitudinal barriers, inaccessible information, an inaccessible built environment or other barriers that affect people’s full participation in society. The term “disability” covers a broad range and degree of conditions. A disability may have been present at birth, caused by an accident, or developed over time. “Disability” should be interpreted in broad terms. It includes both present and past conditions, as well as a subjective component, namely, one based on perception of disability.

**Eviction Prevention:**

Refers to any strategy or program, usually geared at renters that is designed to keep individuals and families in their home and that helps them avoid homelessness.

**Equity Seeking/Equity Deserving:**

Equity-seeking groups are those that identify barriers to equal access, opportunities and resources due to disadvantage and discrimination and actively seek social justice and reparation.

**Gender Based Analysis Plus (GBA+):**

GBA+ is an analytical tool used to assess the potential impacts of policies, programs, services, and other initiatives on diverse groups of women, men and people with other gender identities.

The “plus” highlights that this type of analysis goes beyond gender, and includes the examination of a range of other intersecting identity factors (such as age, sexual orientation, disability, education, language, geography, culture and income).

<b>Gender Diverse:</b>	This term refers to anyone who does not identify as 'woman' but who receives housing and support services within the women-serving sector, including non-binary individuals and trans men.
<b>Gender Specific:</b>	Gender specific refers to services, programs and approaches designed with gender in mind. For the purposes of this report, gender-specific is used to describe housing intentionally built for women (inclusive of cis, trans and 2-spirited) and non-binary people.
<b>Harm Reduction:</b>	Harm reduction is a set of practical strategies, policies and approaches aimed at reducing negative consequences associated with drug use. Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.
<b>Hidden Homelessness:</b>	This term refers specifically to persons who are living in temporary housing situations, where their homelessness is not visible, but who live without the guarantee of continued residency or immediate prospects for accessing permanent housing.
<b>Housing Policy:</b>	Refers to the actions and inactions of all levels of government, including legislation and program delivery, which have a direct or indirect impact on housing supply and availability, housing standards and urban planning.
<b>Inclusion:</b>	An approach that aims to reach out to and include all people, honouring the diversity and uniqueness, talent, beliefs, backgrounds, capabilities and ways of knowing and living of individuals and groups.
<b>Indigenous Homelessness:</b>	A definition of homelessness that takes into account the genocide, marginalization and displacement of Indigenous Peoples, created through settler colonialism. It requires an understanding of the Indigenous philosophy "All My Relations" as Indigenous homelessness and the Indigenous concept of "home" goes beyond one's physical structure of habitation.
<b>Intersectionality:</b>	Intersectionality is a term coined in 1989 by professor Kimberlé Crenshaw to describe how a persons' political and social identities including race, class, gender, and other characteristics "intersect" with one another to create different modes of discrimination and privilege.
<b>Low Barrier:</b>	Refers to services (housing) that is committed to ensuring the service is intentionally designed to support those who face the most persistent barriers to access. Low barrier housing has limited eligibility requirements, minimal rules and regulations for program participants and is grounded in a harm reduction and trauma informed approach.
<b>Non-Binary:</b>	An umbrella term for gender identities that fall outside of the male and female binary.
<b>Permanent Supportive Housing:</b>	A housing option designed to house chronically homeless individuals with high acuity. As an approach, it combines rental or housing assistance with individualized flexible and voluntary support services for people with high needs related to physical or mental health, development disabilities and substance use.
<b>Peer Support Workers:</b>	A peer worker provides emotional and social support to others with whom they share a common experience. They focus on building a mutual relationship that fosters hope and optimism. Peer Support Workers play an integral role of staffing teams and are compensated for their work.

<b>Placed Based Supports:</b>	Housing with place-based supports refers to places that combine accommodation with on-site supports such as support staff, support with activities of daily living, on-site health care delivery and opportunities for meaningful activity.
<b>Residential Tenancy Act:</b>	A written contract between a landlord and tenant in regards to the tenants' rights and occupation of the residential premises and the landlords obligations to the tenant.
<b>Sector Planning:</b>	Refers to working together as a sector, with many different agencies, resulting in a system of care that is thoughtfully planned out and able to serve everyone needing support.
<b>Service Prioritization Decision Assessment Tool (SPDAT):</b>	Assesses clients based on a variety of components ranging from health to daily living activities to prioritize them for housing assistance interventions, sequence clients to receive those services, allocate the time and resources from staff, and assist with case planning and tacking of needs.
<b>Service Manager:</b>	The service manager has overall accountability for defining the service, ensuring services meet the business need and are delivered in accordance with agreed business requirements, and managing the service lifecycle – often in conjunction with a service team. In many municipalities, the 'City' is the service manager.
<b>Tenants:</b>	This term is used throughout the report to signal tenants as 'right holders' who have legal rights to their dwelling - a person who occupies land or property rented from a landlord.
<b>Trauma Informed Approaches:</b>	<p>Trauma informed practice approaches acknowledge how common trauma is, and the wide impact it has, including the interrelationship between trauma, substance use and mental health concerns.</p> <p>This a foundational aspect of gender-specific service delivery. It recognizes a wide range of physical, psychological and emotional responses may result from trauma and view these not as 'problematic behaviours' but as responses to difficult life experiences, which may reflect coping strategies that are (or were) survival strategies.</p>
<b>Two-Spirit (2S):</b>	An umbrella term encompassing gender and sexual diversity in Indigenous communities. Two Spirit (2S) people often serve integral and important roles in their communities, such as leaders and healers. There are many understandings of the term Two Spirit – and this English term does not resonate for everyone. Two Spirit is a cultural term reserved for those who identify as Indigenous.
<b>Urgent Public Health Needs Site (UPHNS):</b>	Urgent Public Health Needs Sites were established as a community-based response to the needs of people who use drugs during the COVID-19 pandemic. The federal government has agreed to continue granting UPHNS exemptions until September 2022. This allows for shelter providers, housing providers and other spaces to allow safer consumption of a controlled substance under an exemption provided by the federal government.
<b>Woman / Women:</b>	This term refers to self-identified women and is inclusive of trans, cis and/or two spirit people.

# REFERENCES

- Agha, A. (2018). Perpetual affordability and Community Control of the Land: Community Land Trusts in Canada. Retrieved from: [https://chra-achru.ca/wp-content/uploads/2018/09/2018-09-18\\_summary\\_community-land-trusts.pdf](https://chra-achru.ca/wp-content/uploads/2018/09/2018-09-18_summary_community-land-trusts.pdf).
- Anderrsson, G. (2016). What makes supportive relationships supportive? The social climate in supported housing for persons with psychiatric disabilities. *Social Work in Mental Health*, 14, 5 509-529.
- Atira Women's Resource Society. (2021). SisterSpace: Women-only overdose prevention site: Utilization-focused evaluation. Vancouver, B.C.
- Atria's Women Resource Centre. (2021). Who we are and our mission and values. Retrieved online from <http://www.atira.bc.ca>.
- Baines, D. (2012). *Doing Anti-Oppressive Practice: Social Justice Social Work*. Blackpoint, NS: Fernwood Publishing.
- Bardwell, G., Boyd, J., Kerr, T., & McNeil R. (2018). Negotiating space and drug use in emergency shelters with peer injection programs within the context of an overdose crisis: A qualitative study. *Health and Place*, 53, 86-93.
- Big Door Brigade (2021). What is mutual aid? Retrieved online from: <https://bigdoorbrigade.com/what-is-mutual-aid/>.
- Brown, M., Cummings, C., Lyons, J., Carrion, A., and Watson, P. (2018). Reliability and validity of the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) in real-world implementation. <https://doi.org/10.1080/10530789.2018.1482991>.
- Canadian Mortgage and Housing Co-operation. (2021). Federal Lands Initiative for Affordable Housing. Retrieved from: <https://www.cmhc-schl.gc.ca/en/professionals/project-funding-and-mortgage-financing/funding-programs/all-funding-programs/federal-lands>.
- Centre for Equality Rights in Accommodation. (2009). *Sorry, it's rented: Measuring Discrimination in Toronto's Rental Housing Market*. Toronto, ON.
- Chesco Planning. (2021). *Municipal Planning Toolkit: Adaptive Reuse*. Retrieved from <https://www.chescoplanning.org/MuniCorner/Tools/AdaptiveReuse.cfm>.
- City of Hamilton. (2019). *Coming Together to End Homelessness: Hamilton's Systems Planning Framework*.
- Community Legal Education Ontario. (2020). *Care Homes*. Retrieved from <https://www.cleo.on.ca/en/publications/carehome>.
- Coplan, I, Spence, J.D., D'Cruz, D., Miller, L., Redford, M. & Pawelkiewicz, J. (2015). *Towards A New Bill of Rights: The voices of tenants in permanent supportive housing*. The Dream Team: Toronto, ON.
- Cronley, C. (2021). Invisible intersectionality in measuring vulnerability among individuals experiencing homelessness – critically appraising the VI-SPDAT. *Journal of Social Distress and Homelessness*. <https://doi.org/10.1080/10530789.2020.1852502>.
- Defund the Police (2021). *Defund the police: Criminalization*. Retrieved online from: <https://defundthepolice.org/decriminalization/>.

- Farrell, J. (2018). Trauma Informed Design. Retrieved from <https://cotsonline.org>.
- Francis, L. (2020). Conflicting Bureaucracies, Conflicted Work: Dilemmas in Case Management for Homeless People with Mental Illness. *The Journal of Sociology & Social Welfare*, 27(2).
- Government of Ontario (2017). Ontario Supportive Housing Policy Framework. Retrieved online from: <http://www.mah.gov.on.ca/AssetFactory.aspx?did=15986> Residential Tenancies Act, 2006, SO 2006, c 17, Retrieved online from: <https://canlii.ca/t/555lq>.
- Government of Ontario (2017). Supportive Housing Best Practice Guide. Retrieved online from: <http://www.mah.gov.on.ca/AssetFactory.aspx?did=15988>.
- Harm Reduction International (2020) Global State of Harm Reduction 2020. London.
- Harm Reduction International. (2021). Principles of Harm Reduction. Retrieved online: <https://www.hri.global/what-is-harm-reduction>.
- Harm Reduction International. Retrieved online: [https://www.hri.global/files/2021/03/04/Global\\_State\\_HRI\\_2020\\_BOOK\\_FA\\_Web.pdf](https://www.hri.global/files/2021/03/04/Global_State_HRI_2020_BOOK_FA_Web.pdf).
- Health & Housing Think Tank (2021) Summary Report – A Vision for Greater Victoria. Accessed online from: <https://victoriahomelessness.ca/wp-content/uploads/2021/06/Think-Tank-Executive-Summary-2020-PDF-May-18-2021.pdf>.
- Hetling, A., Dunford, A., Lin, S., & Michaelis, E. (2018). Long-Term Housing and Intimate Partner Violence: Journeys to Healing. *Affilia-Journal of Women and Social Work*, 33(4), 526–542.
- Homeless Hub (2021). Solutions - Supporting communities to prevent and end homelessness: Permanent Supportive Housing. Accessed online: <https://www.homelesshub.ca/solutions/transitional-housing/permanent-supportivesupported-housing>.
- Hovey, A., Roberts, C., Scott, S., & Chambers, L. (2020). Understanding the landscape of substance use management practices in domestic violence shelters across Ontario. *Journal of Family Violence*, 35, 191-201. <https://www.chescoplanning.org/MuniCorner/Tools/AdaptiveReuse.cfm>.
- Huffman, T. (2018). Built community: architecture, community, and participation in a permanent supportive housing project. *Journal of Social Distress and the Homeless*, 27(1), 44-52.
- Hulchanski, D., Campsie, P., Chau, S., Hwang, S., and Paradis, E. (2009). (Eds). *Finding Home: Policy Options for Addressing Homelessness in Canada*. The Homeless Hub.
- Jewkes, Y., Jordan, M., Wright, S., & Bendelow, G. (2019). Designing 'healthy' prisons for women: Incorporating trauma-informed care and practice (TICP) into prison planning and design. *International Journal of Environmental Research and Public Health*, 16, 18-36.
- Johnstone, M., Lee, E. & Connolly, J. (2017). Understanding the meta-discourse driving homeless policies and programs in Toronto, Canada: The neoliberal management of social service delivery. *International Social Work*, 60(6), 1443 - 1456.
- Kirby, C., & Mettler, K. (2010). Systems Planning for Targeted Groups: Women first: An analysis of trauma informed women-centred, harm reduction housing model for women with complex substance use and mental health issues. *Canadian Observatory on Homelessness*. Retrieved online from <https://www.homelesshub.ca/sites/default/files/attachments/2.1%20Kirby.pdf>.

- Levesque, J., Sehn, C., Babando, J., Ecker, J., & Embelton J. (August 2021). Understanding the needs of workers in the homelessness sector. Hub Solutions: Toronto, ON. Retrieved online from: <https://www.homelesshub.ca/sites/default/files/attachments/HubSolutions-Understanding-Needs-Oct2021.pdf>.
- McLane, Y., & Pable, J. (2020). Architectural design characteristics, uses, and perceptions of community spaces in permanent supportive housing. *Journal of Interior Design*, 45(1), 33-52.
- McLeod, H. & Walsh, C.A. (2014). Shelter design and service delivery for women who become homeless after age 50. *Canadian Journal of Urban Research*, 23(1), 23-39.
- Modular Building Initiative (2020). Canadian Rapid Housing Statement: Modular Building. Retrieved from: <http://www.modular.org/documents/public/images/PDFs/CN-Response/2020-Canadian-Rapid-Housing-Statement.pdf>
- Moravac, C. (2018). Reflections of homeless women and women with mental health challenges on breast and cervical cancer screening decisions: Power, trust, and communication with care providers. *Frontiers in Public Health*, 6, (30), 1-15.
- National Harm Reduction Association. (2021). Harm Reduction: Evolution of the Movement. Retrieved online: <https://harmreduction.org/movement/evolution/>
- National Inquiry into Missing and Murdered Indigenous Women and Girls (Canada). (2019). Reclaiming Power and Place: The Final Report on the National Inquiry Into Missing and Murdered Indigenous Women and Girls. Vol 1a and 1b. Privy Council Office. <https://www.mmiwg-ffada.ca/final-report/>.
- Pable, J., & Ellis, A. (2017). Trauma-informed design Definitions and strategies for architectural implementation. (PDF file). Design Resources for Homelessness. Retrieved from: [www.designresourcesforhomelessness.org](http://www.designresourcesforhomelessness.org)
- Paradis, E., Bardy, S., Cummings-Diaz, P., Athumani, A. & Pereira, I. (2011). We're not asking, we're telling: An inventory of practices promoting the dignity, autonomy, and self-determination of women and families facing homelessness. (Toronto: The Canadian Homelessness Research Network Press).
- Peer Leadership Group & Mental Health Commission of Canada. (2013). Guidelines for the Practice and Training of Peer Support. Calgary, AB: Mental Health Commission of Canada. Retrieved from: <http://www.mentalhealthcommission.ca>.
- Poole, N., Urquhart, C. and Talbot, C. (2010). Women-Centred Harm Reduction, Gendering the National Framework Series (Vol. 4). Vancouver, BC: British Columbia Centre of Excellence for Women's Health.
- Rain City Housing (2021). Safer Use: Peer Witnessing. Retrieved from <https://www.raincityhousing.org/social-impact/innovations/>
- Sagert, E. (2017). Designing Common Spaces for Women-Centered Supportive Housing. Vancouver: University of British Columbia Library. Retrieved from: <https://open.library.ubc.ca/soa/cIRcle/collections/graduateresearch/310/items/1.0362568>
- Sales, A., & Guijara, L. (2017). Homeless women: The invisibility of female housing exclusion. *Journal on Social Knowledge and Analysis*, 2-12.
- Salhus, M. (2007). Women in Co-housing Communities. *Resources for Feminist Research*, 32(3-4), 232.



- Schwan, K., Versteegh, A., Perri, M., Caplan, R., Baig, K., Dej, E., Jenkinson, J., Brais, H., Eiboff, F., & Pahlevan Chaleshtari, T. (2020). *The State of Women's Housing Need & Homelessness in Canada: A Literature Review*. Hache, A., Nelson, A., Kratochvil, E., & Malenfant, J. (Eds). Toronto, ON: Canadian Observatory on Homelessness Press.
- Singer, D. (2020, January 30). Using trauma-informed design, buildings become tools for recovery. The Colorado Trust. Retrieved from: [www.coloradotrust.org](http://www.coloradotrust.org).
- The Jean Tweed Centre. (2013). *Trauma Matters: Guidelines for Trauma-Informed Practices in Women's Substance Use Services*. The Jean Tweed Centre. Retrieved from: <http://eenet.ca/wp-content/uploads/2013/12/Trauma-Matters-FINAL.pdf>.
- TRC (Truth and Reconciliation Commission of Canada). (2015). *Honouring the truth, reconciling for the future*. Retrieved from [http://publications.gc.ca/collections/collection\\_2015/trc/IR4-7-2015-eng.pdf](http://publications.gc.ca/collections/collection_2015/trc/IR4-7-2015-eng.pdf).
- Tsemberis, D., Kent, C. & Respress, C. (2012) Housing stability and recovery among chronically homeless persons with co-occurring disorders in Washington, DC. *American Journal of Public Health*, 102(1), 13-16.
- Urgent Public Health Needs Site Community of Practice (2020). UPHNS Hub. Retrieved online from: <https://uphns-hub.ca>.
- Vaccaro, M. & Craig, J. (2020). Considerations for permanent housing: Ideas and perspectives from women and gender diverse people experiencing complex homelessness. Retrieved from <https://www.homelesshub.ca/resource/considerations-permanent-housing-ideas-and-perspectives-women-and-gender-diverse-people>.
- van Berkum, A., & Oudshoorn, A. (2015). Best practice guidelines for ending women's and girls' homelessness. Homelessness Partnering Strategy. <https://www.abeoudshoorn.com/wp-content/uploads/2015/08/Best-Practice-Guideline-for-Ending-Womens-and-Girls-Homelessness.pdf>.
- Voronka, J. (2017). Turning mad knowledge into affective labor: The case of the peer support worker. *American Quarterly*, 69, 333-338.
- Wallace, B., Barber, K., & Pauly B. (2018). Sheltering risks: Implementation of harm reduction in homeless shelters during an overdose emergency. *International Journal of Drug Policy*, 53, 83-89.