



United Way
Greater Toronto



BGM Strategy
Group

At your tables,
you can:
• Listen to speakers
• Discuss the problems
• Brainstorm solutions



United Way and
P & L Odette Charitable Foundation
Homelessness Solutions Lab

FINAL REPORT

JANUARY 2020

PREPARED FOR UNITED WAY GREATER
TORONTO BY BGM STRATEGY GROUP

TABLE OF CONTENTS

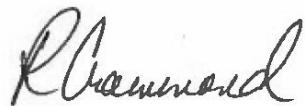
Acknowledgement.....	1
Introduction.....	2
Priority practices to prevent and end homelessness.....	9
Systems-level opportunities to shift from managing to ending homelessness.....	12
Priority practices to prevent and end Indigenous homelessness.....	18
Next Steps.....	20
Appendix I: Extended descriptions of practices	
Appendix II: <i>Understanding Migration Patterns of People Experiencing Homelessness</i>	
Preliminary Results	
Appendix III: Longlist of practices considered in the Solutions Lab	
Appendix IV: List of Solutions Lab participants	

ACKNOWLEDGEMENT

We love where we live, but poverty is hurting our community. We live in one of the greatest regions in the world – a place where people come to raise their families and build their business. But our region can't be great if it's not great for everyone. As poverty deepens and income inequality grows in the GTA, more people than ever are struggling to put a roof over their head.

A lot of work has been done to meet basic and urgent needs, support people to make the transition to housing and work to prevent homelessness. But as poverty deepens throughout our region, and the need becomes greater – we must do more and work differently. The findings of this report give us evidence for action and new ways to approach this growing challenge. We are confident that the Lab's ambition to produce actionable outputs supporting an end to homelessness has been and will continue to be realized. This is the result of the expertise, time, and spirit that Lab participants brought to this process.

United Way extends deep thanks and appreciation to the many participants who shared their expertise and provided tangible ideas about how we can move forward together. BGM Strategy helped us steer this process to engage a broad range of ideas and remarkably, to synthesize this work into a report we can use to move forward. Special thanks to the P & L Odette Charitable Foundation for recognizing that new solutions require research, convening and imagination - and for making this work possible.



Ruth Crammond

Vice President, Investment and Development, United Way Greater Toronto

INTRODUCTION

The United Way and P & L Odette Charitable Foundation Homelessness Solutions Lab was a strategic initiative to look for solutions to support a shift from managing to ending homelessness in the Greater Toronto Area (GTA). Bringing together key actors from across the homeless-serving systems in Peel, Toronto, and York, the Lab focused on developing opportunities to identify and spread evidence-based practices that will support system managers and networks, funders, and service providers to make that shift.

This report presents the Lab's final recommendations for how private funders, systems-level actors, and frontline agencies can help build up these practices in Peel, Toronto, and York. This report will serve as a knowledge resource and catalyst for interested actors across the homeless-serving system to leverage their roles in building up practices to end homelessness:

- Housing and service delivery partners and their networks can consider ways to adjust and improve their practices in light of the findings;
- Service System Managers at the local level can consider opportunities for enhanced coordination across the GTA;
- United Way Greater Toronto (United Way) can identify where private sector investment can leverage opportunities and have the best impact on preventing and ending homelessness.

Lab participants developed these recommendations during a time of both intensifying need and unique opportunity. Homelessness is a symptom of broader breakdown – including a crisis in affordable housing, unequal access to good jobs, deepening inequality, and a distinct set of factors that heighten social and economic vulnerability for specific population groups. Homelessness is also a result of systems failures, including difficult transitions from child welfare; poor discharge planning for people leaving hospitals, corrections, and mental health and addictions facilities; and a lack of coordination to identify and support people at risk of homelessness early on.

The landscape of services and resources to address these challenges is complex, offering no silver-bullet solution to prevent and end homelessness. The homeless-serving sector is stretched to meet the immediate needs of people experiencing homelessness, while striving to prevent homelessness altogether; of serving varied and complex populations; and of responding to rising need with resources that are not increasing at the same rate.

However, after decades of emergency responses to the growing issue of homelessness, research and practice have led to expertise and successful strategies to end and prevent the emergency. There is growing recognition within government and the community sector of the need to focus efforts beyond emergency services – and new efforts to do so. Now is a rare

moment, with a good deal of energy, government driven planning, and leadership and innovation from the community sector underway.

United Way and the P & L Odette Charitable Foundation convened the Lab to amplify this opportunity to move beyond the status quo, by aligning resources with evidence-based practices for preventing and ending homelessness, and by creating a platform for coordinating efforts across regions, governments, funders, and community agencies.

OUTLINE OF THIS REPORT

This report details the process and results of the United Way and P & L Odette Charitable Foundation Homelessness Solutions Lab. It is organized into five sections.

The first section provides an overview of the Lab process, to explain how participants arrived at the conclusions they did. The following section presents the 20 practices the Lab identified as being of greatest priority for preventing and ending homelessness in Peel, Toronto, and York. The subsequent section presents immediate opportunities the Lab identified for actors from across the system to advance the conditions needed to shift from managing to ending homelessness.

Next, this report presents the 7 priority practices for preventing and ending Indigenous homelessness that the Indigenous-focused segment of the Lab identified. The final section of the report discusses how these insights will be used and next steps following the conclusion of the Lab.

THE LAB PROCESS

The Lab process was designed around producing actionable and measurable outcomes that would have a strategic impact on positioning the homeless-serving system to end homelessness. Mindful of the many planning tables and conversations already underway, United Way and the P & L Odette Charitable Foundation were committed to ensuring that the Lab's outputs would help either to fill in critical gaps, or to expand the impact of innovative work being done at a limited scale. They were also committed to making the Lab process itself a catalyst for greater coordination and collaboration, giving participants the opportunity to explore shared priorities and where their roles intersect.

The first step towards these goals was a feasibility study, involving a combination of research and key informant interviews. Research was focused on understanding the current state of homelessness in the GTA, including trends, challenges, and the landscape of resources and programs to address homelessness. This research was bridged with key informant interviews with 20 individuals from leading bodies in the homeless-serving system across Toronto, York and Peel. Each conversation was designed to glean insights around the current state of need

around homelessness, the current state of the sector's response, advice for how United Way should approach the Lab, and areas with greatest potential for intervention.

"This is an opportunity to step away from the way we always do things and have a conversation about a new approach."

Respondents uniformly welcomed United Way's support from the P & L Odette Charitable Foundation to convene a Homelessness Solutions Lab as a valuable opportunity to move the needle on homelessness. Respondents suggested that United Way was well positioned to leverage its partnership with the P & L Odette Charitable Foundation to convene an initiative with the systems level, regionally coordinated approach needed to make an impact on decreasing homelessness in Peel, Toronto, and York.

Guided by these insights, United Way and the P & L Odette Charitable Foundation convened the Homelessness Solutions Lab. The Lab brought together United Way anchor agencies serving homeless populations, other leading homeless-serving agencies across Peel, Toronto, and York, the Peel and Toronto Alliances to End Homelessness, leading housing and homelessness thinkers, and the Peel, Toronto and York municipal governments.



The Lab process unfolded through a four-stage meeting structure:

1. Lab Kickoff: The Lab's kickoff meeting established shared goals and areas of focus to guide the Lab process. Participants emphasized the Lab as an opportunity to support greater awareness and implementation of evidence-based practices, to build up coordination across both the region and the homeless-serving system, and to address key gaps in services.

The Lab kickoff meeting also produced two key insights that had a significant impact on shaping the remainder of the Lab process. Participants emphasized that the distinct causes of homelessness, characteristics, and solutions for specific subpopulations must be taken into account when considering practices that will help prevent and end homelessness. An Indigenous Lab member also emphasized the need for a separate process within the Lab, and section within this report, focused on Indigenous homelessness, which received unanimous support from other Lab participants.

In response to these insights from participants, subsequent research and Lab meetings were designed to explore where the solutions needed for different segments of the homeless population overlapped, and where they diverged. Four population areas of focus were chosen based on the size of their demographic and need for targeted interventions: Youth, refugees, seniors, and the general adult population. The Lab explored these population areas through an intersectional lens, recognizing that members of racialized communities, individuals identifying as LGBTQ2S+, people with disabilities, and others also have disproportionate experiences of homelessness and require distinct solutions that account for this.

Additionally, a separate process was designed to explore practices to prevent and end Indigenous homelessness and ensure that recommendations were shaped by Indigenous leadership.

2. Principles and Criteria: The Lab's second meeting focused on establishing shared principles and criteria to guide participants in prioritizing practices to spread as outputs of the Lab. Participants agreed that the Lab's outputs should align with the following principles: responsiveness and adaptability; partnership, collaboration and coordination; the voices of people with lived experience; Indigenous leadership over addressing Indigenous homelessness; equity and empowerment; evidence-building; and sustainability. Additionally, participants suggested practices should be prioritized based on the following selection criteria: facilitating local data collection and outcomes-based measurement; scalability and replicability; feasibility; orientation towards homelessness prevention; and supporting a holistic approach to health and wellbeing.

3a. Practices and Implementation: The Lab's third meeting broadened the table to include almost 60 representatives from government, research organizations, frontline service providers and systems planners. Together, they focused on identifying a limited set of practices that need greater emphasis across the GTA, or in certain parts of the region. Participants split into groups focusing on one of the four population areas and worked through prepared materials, including a list of evidence-based practices drawn from homelessness literature, to identify the most promising and urgently needed practices for ending homelessness for their population group.¹ By the end of the meeting, participants produced a shortlist of practices that need to be prioritized in order to prevent and end homelessness in the GTA.



3b. Indigenous-Focused Discussion: The concurrent Lab process focused on Indigenous homelessness included meetings with Toronto's Indigenous Community Advisory Board (CAB) to discuss recommendations for practices that need to be built up to prevent and end Indigenous homelessness. Prior to this meeting, a literature review was done to identify a range of evidence-based practices for addressing Indigenous homelessness, based on research sent by Indigenous Lab participants and additional Indigenous-led research. This research was then bridged with key informant interviews with Indigenous individuals involved in the homeless-

¹ Practices were drawn from a review of literature shared through the Lab. The literature review was by no means exhaustive, but aimed at raising a range of ideas to advance the meeting discussion. Participants were also invited to contribute additional ideas at the meeting, and several did. The full list of practices brought into this meeting is attached as Appendix III of this report. Research briefs expanding on these practices are also available upon request.

serving system, to narrow these practices into a set of recommended practices to prioritize. This set of practices was then brought to the Indigenous CAB for discussion and endorsed unanimously. These practices are presented in this report as "Priority Practices for Preventing and Ending Indigenous Homelessness."

3c. Regional Coordination: This meeting brought together a smaller group of Lab participants representing municipal/regional governments, the *Reaching Home* and Indigenous CABs, the Toronto and Peel Alliances to End Homelessness, and United Way. The meeting focused on helping these system level actors identify how they can advance the conditions that Lab participants identified as foundational to helping the sector shift from managing to ending homelessness. Participants also explored opportunities for regional coordination and collaboration to improve planning and seamlessness in services across the region.

"United Way can move forward on regional approaches in a way that service managers can't."

To support the Lab's goal of building up coordination across the region and filling in critical gaps in services, the Lab commissioned a research project to better understand migration of people experiencing homelessness throughout the region. *Understanding Migration Patterns of People Experiencing Homelessness*, led by Stephen Gaetz through the Canadian Observatory on Homelessness, focused on identifying how people experiencing homelessness are migrating throughout the region, and how access to services and other factors motivate them to move from their community. Preliminary results of this research are shared as Appendix II in this report. Full analysis of research results is forthcoming.

4. Determining Recommendations: The Lab's final meeting reconvened participants to review and provide feedback on the priority practices that had emerged through the Lab, and to identify systems-level recommendations and opportunities for how all relevant actors can advance the conditions to shift from managing to ending homelessness. The priority practices have been refined based on input from this meeting and are presented in this report as "Priority Practices to Prevent and End Homelessness." The systems-level recommendations from this meeting have been synthesized with insights from the Regional Coordination meeting and are presented together in this report as "Systems-Level Opportunities to Shift from Managing to Ending Homelessness."

Before the Lab's final meeting, the set of practices that participants identified as needing to be prioritized in order to prevent and end homelessness was bridged with input from people with lived experience. 49 individuals with current or former experience of homelessness and identifying with the Lab's focus population groups were engaged through a combination of focus groups and individual surveys. This input was brought into the final Lab meeting to support further evaluation of the priority practices, and will be considered in next steps following the Lab.

OUTLINE OF THE LAB PROCESS



A note about scope: Given the Lab's goal of producing actionable outcomes, the scope of the Lab was limited to practices that could be supported and built up throughout Peel, Toronto, and York by United Way and other members of the Lab. Practices directly targeted to increasing affordable housing supply were consequently outside the jurisdiction of the Lab. The GTA's urgent need for more deeply affordable housing remained a part of the Lab's conversations, particularly in consideration of the conditions needed to shift from managing to ending homelessness.

PRIORITY PRACTICES TO PREVENT AND END HOMELESSNESS

As participants worked through the long list of practices to prioritize the most promising and urgently needed practices for ending homelessness, they were also asked to consider how widely these were being practiced in Toronto, York and Peel. The majority of priority practices (64%) were considered rarely practiced, while 25% were considered widely practiced and 11% were considered neither rarely nor widely practiced.

Analysis of this evaluation, and of participants' input on what it would take to help these practices be carried out more widely and effectively, revealed three categories of practices:

1. **Practices to start:** Promising or shown to be effective, but not being implemented in Peel, Toronto, or York.
2. **Practices to spread:** Promising or shown to be effective, but need to be implemented more widely or consistently.
3. **Practices to improve:** Being implemented widely, but need to be carried out differently to ensure they effectively support an end to homelessness.

PRACTICES TO START

1. **Convening a cross-regional youth homelessness planning table:** Convene a planning table focused on youth homelessness that works collaboratively to facilitate improved client flow, data sharing, referrals, and planning. Include on the table sector services, mainstream services, and "unusual suspects" such as police or landlords. This could also be a mechanism to help scale best practices that are currently being done at a limited scale in the region.
2. **Integrating refugee settlement workers in shelters:** Placing settlement workers in shelters to better connect refugees and refugee claimants with the services that can help them find

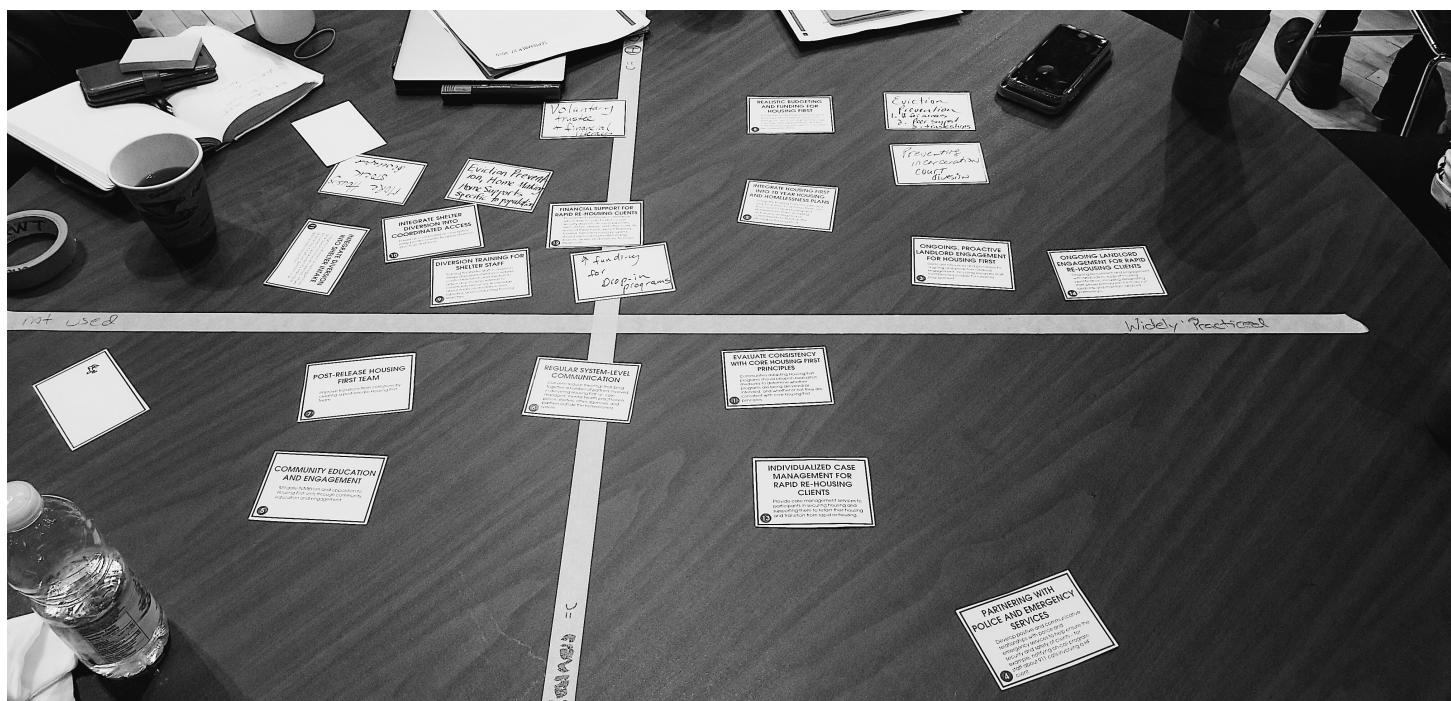
housing and address other needs, and that reflect what they can access depending on their refugee status.

3. Ensure Coordinated Access System leaders are driving consistent application of best practices: The management body for Coordinated Access Systems should assert effective oversight, guidance, monitoring, evaluation, and development of the Coordinated Access System policies and procedures. This body should ensure best practices within the Coordinated Access System, including ensuring fidelity to Housing First and other elements agreed upon by the community.

4. Integrating population-specific assessment tools into Coordinated Access and other intake processes: Ensure all shelters, drop-ins, and Coordinated Access points use intake assessment tools aimed at identifying population-specific needs and connecting them to appropriate services.

5. Housing and healthcare providers develop deeper partnerships for to deliver at-home supports for re-housed clients: Housing providers delivering Housing First and local health authorities/providers should develop deeper partnerships designed to ensure vulnerable clients who have been re-housed are able to access the full range of supports that meet their needs.

6. Post-release Housing First team: Making sure people leaving corrections and hospital psychiatric and acute care units are provided with housing and supports to avoid discharge into homelessness through a team dedicated solely to serving individuals in these situations.



PRACTICES TO SPREAD

- 1. Host Home programs that support diversion:** Expand programs that connect youth at risk of homelessness with volunteer hosts who can provide safe, short-term housing in the community, while an agency supports youth to establish housing stability (e.g. Nightstop program).
- 2. Integrating diversion into shelters and Coordinated Access:** Ensure all shelters and Coordinated Access points consistently apply diversion practices and tools.
- 3. Increasing access to financial support to prevent eviction:** Increase options for flexible and responsive housing allowances and other subsidies and loans for households at risk of eviction - including the creation of a Rent Bank type fund that can be used to address any barrier to maintaining housing, such as repairs to minor damage in client's units.
- 4. Housing providers adopt flexible solutions for late rent payments:** Housing providers work with tenants to develop solutions for consistently late rent payments (e.g. Shelter Pay Direct for OW/ODSP recipients, flexible payment options like bi-weekly rent payments for employed tenants, setting repayment plans based on tenant's income and expenses).
- 5. Expand school-based Reconnect programs for youth:** Replicate and scale Reconnect programs to identify youth at risk of homelessness through partnerships with schools, and connect them to the supports they need to establish housing stability, stay in school, and remain connected to their communities.
- 6. Community-based mental health services for youth:** Expand low-barrier, community-based health and mental health services that youth can access before they experience homelessness, and in different kinds of places (e.g. outside of clinical or drop-in environment)
- 7. Programs to strengthen family and natural supports for youth:** Provide programs to strengthen family and natural supports for youth experiencing, at risk of, or exiting homelessness. Programs should allow youth to define their family; link youth and their families to case managers with expertise; and build program awareness to facilitate referrals.
- 8. Housing First for Youth:** Expand Housing First programs designed to meet the distinct needs of youth – including separate Housing First prioritization streams for youth, and providing a broader range of supports for youth than what is typically associated with Housing First targeting adults.
- 9. Housing for refugees with culturally appropriate, trauma-informed supports - especially for refugee claimants:** Increase housing programs and services that incorporate culturally appropriate, trauma-informed supports for refugees, and prioritize refugee claimants who have more limited access to these kinds of supports.

PRACTICES TO IMPROVE

- 1. Landlord engagement:** Support agencies to increase the effectiveness of their landlord engagement activities and ensure this engagement is proactive and ongoing. This applies to eviction prevention programs, rapid re-housing programs, Housing First programs, and efforts to prevent exploitation and discrimination on the part of landlords.
- 2. Ensure funding facilitates person-centered case management:** Funding should prioritize case managers' ability to connect clients with appropriate, holistic supports, which means manageable case loads that allow for individualized planning.
- 3. Frontline training:** Provide frontline staff with ongoing opportunities for professional development, as well as more rigorous and ongoing training in cultural competency, anti-oppressive practice, using a strengths-based approach, and diversion. This includes training for peer support workers.
- 4. Information sharing between service providers:** Increasing avenues for and consistency of communication among service providers and system-level actors, to support information sharing around addressing shared challenges and replicating effective solutions.
- 5. Multi-disciplinary case management teams:** Case management should involve more team-based intervention that brings together case managers, mental health practitioners, housing workers, health services, community service providers, employment training groups, justice and diversion specialists, and others – based on individual client needs.

SYSTEMS-LEVEL OPPORTUNITIES TO SHIFT FROM MANAGING TO ENDING HOMELESSNESS

When Lab participants were asked what it would take to help the 20 priority practices be done more widely and effectively, several themes emerged in terms of things that are hindering or would help spread these practices. These have been synthesized into seven “conditions for success” - strategic areas for action that would support wider implementation of practices for ending homelessness.

Participants were then asked to identify the areas of greatest immediate opportunity to advance these conditions for success. Below are the conditions for success and the opportunities participants identified.

“These conditions for success are exactly right. We have to do things differently, and we have to create the environment for that to happen.”



1.

ADEQUATE RESOURCES FOR STAFF TRAINING AND CAPACITY

Agencies need to be able to provide more thorough, ongoing training for staff, and to be able to dedicate staff for specific, time-consuming roles.

Opportunities identified by the Lab to advance this condition for success include:

- **United Way supporting training and technical assistance for agencies to implement effective practices for ending homelessness:** This could involve supporting A) Teams of experts who provide training and technical assistance for consistent implementation of best practices, or B) Teams of practice focused on particular promising areas (e.g. diversion, Coordinated Access, eviction prevention). This could also be part of a more comprehensive knowledge mobilization strategy that establishes ongoing opportunities for training, capacity building and collaboration.
- **Developing a standard curriculum for frontline staff training:** Identifying shared priorities for areas frontline staff should be competent in, and establishing a standard curriculum that is used for staff training consistently across the system and/or region.

2.

COMMITMENT TO CHANGE AND ADAPT

Building up effective practices requires a commitment from multiple parts of the system to embrace new ways of working. Some of these practices could be enabled within the current resources of the system funded through the public and private sectors.

Opportunities identified by the Lab to advance this condition for success include:

- **Agency leadership supporting a culture of innovation:** Boards actively supporting senior staff, and senior staff supportive other staff, to provide input and introduce and pursue new ideas.
- **Leveraging funding streams for innovation:** Agencies seizing the funding opportunities created through the *National Housing Strategy* to test and scale innovative solutions to homelessness.
- **Meaningful involvement of people with lived experience:** Agencies and other relevant actors prioritizing involvement of people with lived experience on boards and advocacy groups, and in the development of strategic plans. This must be supported by funding to compensate people with lived experience for their time and expertise.
- **Growing partnerships between agencies and academic/research institutions:** Agencies and academic/research institutions partnering to evaluate the effectiveness of existing programs and adapt in response, or to test, evaluate, and build an evidence base around innovative new programs.

3.

FRONT-END INTEGRATION FROM THE CLIENT PERSPECTIVE

In many cases, the effectiveness of a practice for the client rests on pairing it with other services and supports, and improving seamlessness for people trying to navigate the system.

Opportunities identified by the Lab to advance this condition for success include:

- **Establishing shared protocols to support people migrating throughout the Greater Toronto region:** Mapping barriers and challenges faced by people migrating throughout the region to access services, and establishing shared protocols in Toronto, York and Peel to support people to stay connected to their communities, and improve seamlessness in services for people who do leave their community.

4.

BACK-END INTEGRATION AND COORDINATION

Many practices for ending homelessness cannot be implemented with only one part of the system. While there is broad commitment to improving integration and coordination, there are specific areas within this goal that need greater commitment or targeted action.

Opportunities identified by the Lab to advance this condition for success include:

- **United Way supporting Toronto, York and Peel in coordinated advocacy with the provincial government:** Toronto, York and Peel governments identifying shared agenda items requiring provincial government action, with United Way supporting clear, cohesive advocacy around these items. Possible agenda items include making rent supplements portable across the region and improving access to services in rural areas for people experiencing or at risk of homelessness.

"Without Coordinated Access, it almost comes down to luck. You've got to know somebody who knows somebody to find that service you need."

- **Building a common approach for Coordinated Access in Toronto, York and Peel:** Establishing shared standards and protocols for how Coordinated Access will be implemented in Toronto, York and Peel, and realizing opportunities for Coordinated Access systems to be interconnected - such as sharing data and By Name lists between systems.

- **Establishing shared best practices and protocols for shelter diversion in Toronto, York and Peel:** Identifying clear goals and outcomes for shelter diversion and evidence-based practices and protocols to achieve them, and implementing these consistently across shelters in Toronto, York and Peel.
- **Establishing common language and common standards around programs and services:** Service providers, municipal governments, and other system-level actors using the same terms to refer to the same program or service where it exists in different places. Using consistent language would make it easier for people to navigate the landscape of supports available to them, while establishing shared definitions and standards for these programs and services would support consistency in application.

5.

WELL-COMMUNICATED EVIDENCE BASE THAT DEMONSTRATES WHAT WORKS

Spreading effective practices for ending homelessness requires more widely shared knowledge about what works and how to implement it.

Opportunities identified by the Lab to advance this condition for success include:

- **Funders facilitating fidelity assessments for agencies to deliver evidence-based programming:** Funders working with homelessness research bodies to develop fidelity

assessments to help agencies evaluate how well a program or service they deliver aligns with its evidence-based model, and supporting agencies to implement the model with more consistency and fidelity.

- **Private funders and homelessness research bodies helping agencies pilot and evaluate innovative solutions:** Private funders - who may be able to help test innovative solutions with greater speed and flexibility than government - dedicating funding to help agencies pilot promising initiatives. Homelessness research bodies could help accompany these pilot initiatives with measurable, outcomes-focused evaluations and knowledge resources for replicating effective solutions.

6.

FUNDERS THAT INCENTIVIZE PREVENTION

Agencies can better implement practices that support a shift from managing to ending homelessness when funders both incentivize and remove funding barriers around prevention-oriented practices.

Opportunities identified by the Lab to advance this condition for success include:

- **Funders supporting drop-ins to deliver family and natural supports programming:** Funders helping drop-ins play a deeper role in prevention by delivering programs to help clients strengthen family and natural supports.
- **Building political will to shift funding to Rapid Re-Housing, housing allowances, and landlord engagement:** With agreement on priorities across Toronto, York and Peel, United Way could support advocacy around shifting funding from areas of the system that are not currently effective (i.e. Housing Help services in the current housing market) and into Rapid Re-Housing programs, housing allowances, and landlord engagement.

"If we're talking about affecting real change, we have to rethink the role of shelters and drop-ins as being oriented towards ending homelessness."

7.

ACCESS TO AFFORDABLE HOUSING THAT MEETS THE NEEDS OF SUB-POPULATIONS

While ending homelessness requires a range of interventions that go beyond housing, these have limited impact if unaccompanied by measures to help people find and maintain housing that matches their needs.

Opportunities identified by the Lab to advance this condition for success include:

- **Increasing collaboration between housing and health providers and helping the supportive housing sector think about its assets collectively:** Bridging the health and housing sectors to engage in more coordinated planning and advocacy, and exploring innovative partnerships that could leverage existing supportive housing assets for greater impact.
- **Helping the sector improve the effectiveness of landlord engagement:** This could involve A) Creating a centralized entity dedicated to landlord engagement, or B) Funding an agency or group of individuals with expertise to provide training to the sector on best practices for effective landlord engagement.
- **Deepening support for people who have been re-housed:** Funders, planners, and agencies delivering housing programs taking the following steps to improve support for people who have been re-housed: 1) Greater emphasis on wellbeing - as opposed to only housing retention - as a key performance indicator; 2) Monitoring and providing follow up support for longer than three months; 3) Fostering connections with community to combat social isolation and NIMBY attitudes; and 4) Funding case managers to provide aftercare for clients outside of Housing First/LHIN-funded case management programs.

ADDRESSING INDIGENOUS HOMELESSNESS

At the Lab's kickoff meeting, an Indigenous Lab member emphasized the need for a separate process within the Lab, and section within this report, focused on Indigenous homelessness. This idea received unanimous support from other Lab participants. Consequently, a separate process was designed to explore practices to prevent and end Indigenous homelessness and ensure that recommendations were shaped by Indigenous leadership.

This process began with a literature review to identify a range of evidence-based practices for addressing Indigenous homelessness, based on research sent by Indigenous Lab participants and additional Indigenous-led research. This research was then bridged with key informant interviews with Indigenous individuals involved in the homeless-serving system, to narrow these practices into a set of recommended practices to prioritize. This set of practices was then brought to the Indigenous CAB for discussion and endorsed unanimously.

While some of the needs and causes of homelessness for the Indigenous homeless population overlap with those of the non-Indigenous homeless population, others are distinct and arise from the impacts of colonization, residential schooling, intergenerational trauma, the Sixties Scoop, and ongoing discrimination and racism. Because this disproportionate experience of homelessness is rooted in these realities, addressing Indigenous homelessness requires anticolonial, Indigenous-led solutions.

PRIORITY PRACTICES TO PREVENT AND END INDIGENOUS HOMELESSNESS

PRACTICES TO START

1. **Indigenizing Housing first in York and Peel:** Housing First programs in Peel and York should be adapted to serve Indigenous individuals, as there are no programs or services specifically for Indigenous individuals in Peel or York. Housing First programs serving Indigenous clients should include flexibility around harm reduction vs. abstinence-based approaches; an Indigenous staff member who can provide cultural supports alongside mainstream Housing first supports; and opportunities for life skills development, cultural workshops, and healing circles.

2. Cultural competency training for faith-based shelters and other frontline agencies: Funders of faith-based shelters and other frontline agencies should require these agencies to undergo meaningful and ongoing cultural competency training to ensure their spaces and services are inclusive and helpful, not harmful, for Indigenous individuals.

PRACTICES TO SPREAD

- 1. Programming that provides clients with access to Elders and/or traditional people:** Funders should designate funding for Indigenous agencies to employ Elders and/or traditional people who can provide connection to culture, traditions, and a framework for meaning and growth.
- 2. Programming that includes land-based activities:** Funders should designate funding for Indigenous agencies to expand programming that includes outings and cultural activities that facilitate connections to land and nature.
- 3. Address Indigenous overrepresentation in the homeless population by supporting Indigenous agencies to deliver solutions:** Funders should designate a portion of homelessness funding specifically for Indigenous agencies commensurate to the portion of Indigenous homelessness in their community.

PRACTICES TO IMPROVE

- 1. Ensure funding and program evaluations meaningfully integrate Indigenous input and approaches:** Funders should revise their funding and program evaluation processes to give space for narrative and to include at least one - ideally two - Indigenous individuals on evaluation committees.
- 2. Build strong relationships between funders and non-Indigenous agencies and the Indigenous community in their region:** Funders and non-Indigenous agencies should dedicate time, energy and resources into building strong relationships with the Indigenous community in their region in order to be effective partners in ending Indigenous homelessness.

UNITED WAY AND P & L ODETTE CHARITABLE FOUNDATION HOMELESSNESS SOLUTIONS LAB

NEXT STEPS

DISSEMINATION OF FINDINGS

United Way will share this report with Lab participants and with other key stakeholders in government and in the sector, to encourage them to consider relevant ways to adjust and improve their practices in light of the Lab's findings. United Way will also share the full findings from the Lab's research project, *Understanding Migration Patterns of People Experiencing Homelessness*, with Service Managers and Community Entities as they develop Coordinated Access plans under *Reaching Home*, and with others interested in the findings.

REGIONAL COORDINATION

The Lab has catalyzed the creation of a Regional Coordination table. At the Lab's Regional Coordination meeting, representatives from Peel, Toronto and York governments and members of the *Reaching Home* CABs expressed shared interest in continuing the conversation as part of a Regional Coordination table convened by United Way. United Way will reconvene this table in 2020 to:

- Consider the final results of the study on migration patterns;
- Develop some common questions for Point in Time Counts to deepen understanding of service needs and issues across municipal and regional boundaries; and
- Explore areas where regional coordination is needed to build up practices for ending homelessness and improve planning and seamlessness in services across the region.

UNITED WAY'S ROLE

United Way will use the recommendations presented in this report to inform a review of its priorities and its role in supporting the sector to end homelessness. This will include consideration of its research, public policy and advocacy agenda as well as its role as a convenor. United Way will examine ways to leverage its current investments, and explore opportunities for new investment to leverage federal, provincial and local investment to influence, support and scale evidence-based solutions to prevent and end homelessness.

APPENDIX I: EXTENDED DESCRIPTIONS OF PRACTICES

PRIORITY PRACTICES TO PREVENT AND END HOMELESSNESS

PRACTICES TO START

1. Convening a cross-regional youth homelessness planning table: Convene a planning table focused on youth homelessness that works collaboratively to facilitate improved client flow, data sharing, referrals, and planning. Include on the table sector services, mainstream services, and “unusual suspects” such as police or landlords. This could also be a mechanism to help scale best practices that are currently being done at a limited scale in the region.

While a youth homelessness planning table spanning across Toronto, York and Peel would be new to the region, efforts are currently underway to realize this concept locally. In York Region, 360°kids, with support from United Way, is convening a table of more than 30 individuals, service providers, and youth to develop coordinated interventions for youth homelessness prevention. In Hamilton, the Street Youth Planning Collaborative brings together the range of street youth-serving agencies to deepen collective planning and integrate service delivery. The Collaborative meets monthly and communicates regularly in between meetings to coordinate to fill gaps in the continuum of service for homeless youth. These initiatives may serve as models for developing a cross-regional youth homelessness planning table.

2. Integrating population-specific assessment tools into Coordinated Access and other intake processes: Ensure all shelters, drop-ins, and Coordinated Access points use intake assessment tools aimed at identifying population-specific needs and connecting them to appropriate services.

This would mean developing different intake assessment tools for different population groups that would be used when someone identifies as a member of that group. Based on its focus areas, the Lab has identified the following considerations that should be taken into account:

- For seniors and older adults, intake assessment tools should be developed to identify the specific health needs of seniors.
- For youth, intake assessment tools should make extra effort to leverage the knowledge of both the worker and the young person, and to identify factors that not only contribute to risk, but also to assets and resilience.
- For refugees/refugee claimants, intake assessment tools should align with an “access for all” policy and avoid requiring refugees/refugee claimants to state their status. However, they should provide an option for someone to identify whether they would like to be connected with a settlement worker and/or other refugee/refugee claimant-specific services, and work with the individual to identify what services they need.

3. Integrating refugee settlement workers in shelters: Placing settlement workers in shelters to better connect refugees and refugee claimants with the services that can help them find housing and address other needs, and that reflect what they can access depending on their refugee status.

Settlement workers typically have a better understanding of different refugee statuses and the services available depending on what someone's status is, while shelter staff and housing workers typically have a better understanding of what housing services exist. By including settlement workers in shelters, they can work together with shelter/housing staff to find the housing, settlement, and other services that can help refugees and refugee claimants based on their situation.

4. Housing and healthcare providers develop deeper partnerships for to deliver at-home supports for re-housed clients: Housing providers delivering Housing First and local health authorities/providers should develop deeper partnerships designed to ensure vulnerable clients who have been re-housed are able to access the full range of supports that meet their needs.

Supports for re-housed clients are typically not geared to addressing the specific health needs of seniors, as support staff lack the knowledge and mandate to do so. Partnerships between providers delivering Housing First programs and local health authorities/providers can not only ensure the distinct health needs of re-housed seniors are identified and met, but also promotes stability and better positions the client to pursue other goals.

5. Ensure Coordinated Access System leaders are driving consistent application of best practices: The management body for Coordinated Access Systems should assert effective oversight, guidance, monitoring, evaluation, and development of the Coordinated Access System policies and procedures. This body should ensure best practices within the Coordinated Access System, including ensuring fidelity to Housing First and other elements agreed upon by the community.

This management body is ideally a dedicated team positioned and approved by system participants for this mandate. Driving consistent application of best practices should also be done by incorporating feedback from the community, including persons with lived experience.

6. Post-release Housing First team: Making sure people leaving corrections and hospital psychiatric and acute care units are provided with housing and supports to avoid discharge into homelessness through a team dedicated solely to serving individuals in these situations.

Individuals in these situations sometimes do not qualify for "traditional" Housing First teams because they are seen as transient due to their short time in the community. A post-release Housing First team would serve people in this situation. As soon as an individual enters one of these facilities, the team would begin working with them to make a plan for when they leave, so

they can be connected with housing and supports instead of being discharged with nowhere to go.

PRACTICES TO SPREAD

1. Host Homes programs that support diversion: Expand programs that connect youth at risk of homelessness with volunteer hosts who can provide safe, short-term housing in the community, while an agency supports youth to establish housing stability.

Host Homes are designed to help youth stay in their communities, remain in school, and stay connected to their network of natural supports. In some cases, the stay may be short with light case management, if young people or their families simply need a 'time out.' In more complex situations, higher levels of support are needed and youth may be supported to move into housing in a safe and planned way. Host Homes are relatively new to Canada but have been implemented in other countries with promising results. Nightstop, an accredited Host Homes program in the UK, has been evaluated and identified as a promising model of shelter diversion for youth at risk of homelessness. 360°kids in York Region is the accredited Nightstop provider in Canada.

2. Increasing access to financial support to prevent eviction: Increase options for flexible and responsive housing allowances and other subsidies and loans for households at risk of eviction - including the creation of a Rent Bank type fund that can be used to address any barrier to maintaining housing, such as repairs to minor damage in client's units.

This may include:

- Creating a Rent Bank-type fund that can be used to address any barrier to maintaining housing, such as repairs to minor damage in client's units.
- Reviewing eligibility, loan conditions and processes for programs providing emergency financial assistance to households facing eviction to make them more accessible and responsive to a household's circumstances.

3. Housing providers adopt flexible solutions for late rent payments: Housing providers work with tenants to develop solutions for consistently late rent payments, with the goal of reducing discharges into homelessness while also recognizing financial constraints faced by housing providers.

This involves a staff member from the housing provider working with the tenant to make an individualized plan for paying rent arrears. Flexible solutions may include:

- Arranging Shelter Pay Direct for OW/ODSP recipients, where rent is automatically deducted from a tenant's monthly benefits and paid directly to the housing provider.
- Creating flexible payment options, like bi-weekly rent payments for employed tenants who find it easier to budget biweekly rather than monthly.
- Setting realistic repayment plans based on tenant's income and expenses

4. Integrating diversion into shelters and Coordinated Access: Ensure all shelters and Coordinated Access points consistently apply diversion practices and tools.

Having a system-wide coordinated entry point or ‘front door’ to the shelter system is key to a successful diversion program. In using a Coordinated Access system, individuals and families are assessed using the same assessment tools and strategic by experienced staff, and are matched with the appropriate intervention more quickly. Consistent application of diversion practices and tools is key to the success of system-wide diversion programs.

5. Expand school-based Reconnect programs for youth: Replicate and scale Reconnect programs to identify youth at risk of homelessness through partnerships with schools, and connect them to the supports they need to establish housing stability, stay in school, and remain connected to their communities.

Reconnect programs involve collaboration between schools and community-based organizations specializing in supporting youth and their families. Mechanisms are put in place in schools to identify at-risk youth. Youth are then connected to community-based case managers and offered a range of supports including information, systems navigation, referrals, and housing supports, depending on their needs.

6. Community-based mental health services for youth: Expand low-barrier, community-based health and mental health services.

This may include:

- Providing mental health services in welcoming, community spaces - for example, outside of clinical environments, or in spaces that serve people in a variety of life situations as opposed to a drop-in environment that primarily serves people experiencing homelessness.
- Encouraging youth to access mental health services any time they need them. This means not requiring youth to be a certain age or to be experiencing homelessness for a certain amount of time before they can access these services.
- Giving presentations and talks in schools, workplaces, and community groups to raise people’s awareness of the support they can access.

7. Programs to strengthen family and natural supports for youth: Provide programs to strengthen family and natural supports for youth experiencing, at risk of, or exiting homelessness.

This programming should:

- Allow youth to define who their family is and recognize that what constitutes “family” is variable, based on individual experience and cultural contexts.

- Link youth and their families to case managers who have expertise not only in working with young people, but also their families. Case managers may provide individual and family counselling, family mediation, systems navigation, referrals to other agencies and services, psychiatric assessments, psychological assessments for learning disabilities, as well as accompaniment and advocacy assistance.
- Build awareness about the program to facilitate referrals. Referrals may happen through pathways such as a school official, a community service provider, self-referral, welfare or child protection authority, help line, community or homeless-serving agency, or community hub.

8. Housing First for Youth: Expand Housing First programs designed to meet the distinct needs of youth.

Housing First programs for youth should align with the following criteria:

- Have a separate intake, assessment and prioritization stream for youth than what is used for adults.
- Provide housing with no preconditions, including separating housing and supports. This means youth are not required to accept supports or to participate in programming (e.g. attending school) as a condition of obtaining or retaining their housing. This also means that when support ends, young people do not have to leave their accommodation.
- Support youth to define their own goals and provide enough information to enable youth to make an informed decision on the appropriate options available to them to achieve these goals.
- Use a Positive Youth Development lens and provide a broader range of supports than what is typically associated with Housing First for adults. These supports should focus not only on a successful transition to independent living, but on supporting a healthy transition to adulthood.
- Provide individualized, client-driven, culturally appropriate supports with no time limits. Youth may require supports to be provided for longer than adults in Housing First.
- Promote social inclusion and community integration by helping youth build strengths, skills and relationships that will enable them to fully participate in their community, in education, and in employment.
- Provide ongoing landlord engagement and regular check-ins with landlords, whether or not there are any ongoing problems.

9. Housing for refugees with culturally appropriate, trauma-informed supports - especially for refugee claimants: Increase housing programs and services that incorporate culturally appropriate, trauma-informed supports for refugees. These supports should be aimed at addressing challenges refugees and refugee claimants may face in finding and retaining housing due to cultural, linguistic, or socio-economic barriers. Programs and services may also need to prioritize refugee claimants, who have more limited access to these kinds of supports.

PRACTICES TO IMPROVE

1. Landlord engagement: Support agencies to increase the effectiveness of their landlord engagement activities and ensure this engagement is proactive and ongoing. This applies to eviction prevention programs, rapid re-housing programs, Housing First programs, and efforts to prevent exploitation and discrimination on the part of landlords.

This may include ensuring agencies have designated staff whose primary job is to identify and recruit landlords - ideally staff with specialized experience, whose job is separate from case managers who provide day-to-day communication and mediation with landlords.

If this is not possible, case management staff should receive training and knowledge resources around recruiting landlords, understanding landlord perspectives, negotiating leases, understanding tenancy rights and lease requirements.

2. Ensure funding facilitates person-centered case management: Funding should prioritize case managers' ability to connect clients with appropriate, holistic supports, which means manageable case loads that allow for individualized planning.

Case managers' ability to connect clients with appropriate supports can be limited when funding is attached to case loads and not to "right matching or services" or levels of support based on individualized planning. Case management services should be individualized and supports should look not only at basic needs provision, but also at other personal and structural issues, such as a history of victimization, poverty, the particular needs of subpopulations, and broader aspects of health and wellbeing. Case management should also be designed to build the client's independence and empowerment.

3. Frontline training: Provide frontline staff with ongoing opportunities for professional development, as well as more rigorous and ongoing training in cultural competency, anti-oppressive practice, using a strengths-based approach, and diversion. This includes training for peer support workers.

This could take the form of developing a "standard curriculum" or training toolkit for frontline staff, based on shared priorities across the sector for areas in which staff should be competent. This would also be an opportunity to align frontline staff training with an orientation towards prevention, diversion, and ending homelessness.

4. Information sharing between service providers: Increasing avenues for and consistency of communication among service providers and system-level actors, to support information sharing around addressing shared challenges and replicating effective solutions.

This may entail establishing regular communications channels between actors from the same part of the system, or across different parts of the system. This could also entail enabling

communication between Toronto, York and Peel's Coordinated Access systems and other opportunities for data sharing.

5. Multi-disciplinary case management teams: Case management should involve more team-based intervention that brings together case managers, mental health practitioners, housing workers, health services, community service providers, employment training groups, justice and diversion specialists, and others – based on individual client needs.

Building a multi-disciplinary team around each individual client while maintaining a clearly defined case manager improves seamlessness and access to comprehensive care for the client, and can also improve coordination and help overcome barriers across systems and sectors. There should be clarity in the community on who the case manager is and how to reach them, while the case manager should have relationships with other service providers and solid knowledge of systems navigation.

PRIORITY PRACTICES TO PREVENT AND END INDIGENOUS HOMELESSNESS

PRACTICES TO START

1. Indigenizing Housing first in York and Peel: Housing First programs in York and Peel should be adapted to serve Indigenous individuals, as there are no programs or services specifically for Indigenous individuals in York or Peel. Housing First programs serving Indigenous clients should include flexibility around harm reduction vs. abstinence-based approaches; an Indigenous staff member who can provide cultural supports alongside mainstream Housing first supports; and opportunities. For life skills development, cultural workshops, and healing circles.

This could involve United Way funding a Toronto-based Indigenous Housing First provider to expand services into York or Peel Region. United Way's support could also be bridged with ALFDC-administered funding, as ALFDC's work is independent of jurisdictional boundaries between Toronto, York and Peel. There is already interest among Toronto-based Indigenous providers in bringing services to York and Peel regions, but they lack the funding to do it.

York and Peel currently have no programs or services specifically designed to serve the Indigenous community experiencing and at-risk of homelessness. In this context, Housing First is an impactful place to start. However, Housing First programs need to incorporate certain elements to actually meet the needs of Indigenous clients:

- Housing First programs should be flexible and accommodate individuals' preferences for harm reduction or abstinence-based approaches. Literature on Indigenous

homelessness emphasizes the need for harm reduction, while also recognizing that this can at time be in tension with traditional approaches to healing.

- Housing First programs should employ an Indigenous staff member who can provide cultural supports alongside mainstream Housing First supports. This role should emphasize ongoing care for those who have been re-housed and ensuring there is follow up support.
- Housing First programs should include opportunities for life skills development, cultural workshops, and healing circles. These activities not only educate people on culture and self-help, but also provide a sense of community for people who have been rehoused and are vulnerable to social isolation.

2. Cultural competency training for faith-based shelters and other frontline agencies: Funders of faith-based shelters and other frontline agencies should require these agencies to undergo meaningful and ongoing cultural competency training to ensure their spaces and services are inclusive and helpful, not harmful, for Indigenous individuals.

Funders of faith-based shelters and other frontline agencies should require these agencies to undergo meaningful and ongoing cultural competency training to ensure their spaces and services are inclusive and helpful, not harmful, for Indigenous individuals.

Faith-based shelters and other frontline agencies that are not mindful of Canada's history of forcing settler religious beliefs on Indigenous peoples often do more harm than good for Indigenous people experiencing homelessness. In communities where there is a small number of shelters and frontline agencies, Indigenous people may have no other option than to go to a faith-based agency.

Faith-based agencies in York and Peel have an especially poor track record when it comes to cultural competency and serving Indigenous clients. Some faith-based agencies - including in Toronto - still require individuals to participate in religious practices in order to access a program or service. In addition to it being problematic to require Indigenous individuals to participate in settler religious practices, this can be especially re-traumatizing for people who have survived residential schools or experienced abuse in religious contexts.

PRACTICES TO SPREAD

1. Programming that provides clients with access to Elders and/or traditional people: Funders should designate funding for Indigenous agencies to employ Elders and/or traditional people who can provide connection to culture, traditions, and a framework for meaning and growth.

Elder outreach provides clients, community members, and staff with a connection to traditions, ways of life, and an overall perspective for meaning and growth through the use of ceremony, spirituality, and traditional and cultural knowledge. Working with elders not only benefits

individuals dealing with homelessness, but also provides support to outreach workers and other frontline staff, many of whom are overextended and vulnerable to burn out.

Toronto-based studies have found that most Indigenous individuals accessing homelessness services do not have enough access to Elders, though many express a desire for it. At the same time, this is not necessarily easy to scale. There is a “limited supply” of Elders and while there is no single standard for what constitutes an Elder, it can be hard to find Elders that meet a community or agency’s standard for what an Elder is.

If agencies are unable to hire an Elder, then it is also beneficial to have traditional people on staff who can bring this cultural component. Having someone on staff to do this can help address multiple needs as opposed to just focusing on one area of cultural connection.

Indigenous staffing is already a top priority for Indigenous agencies. But it can be challenging to find enough Indigenous staff.

Nevertheless, funders can play a role to improve Indigenous homeless individuals’ access to Elders and traditional people. Some funders have difficulty wrapping their minds around providing a budget line for honoraria for Elders or traditional people.

2. Programming that includes land-based activities: Funders should designate funding for Indigenous agencies to expand programming that includes outings and cultural activities that facilitate connections to land and nature.

Land-based activities can be very impactful for Indigenous people facing life challenges, and an important part of a holistic response to Indigenous homelessness. For Indigenous peoples, “homelessness” is not only about a lack of housing, but also often includes a sense of loss and displacement from communities and traditional lands, and can be an experience of isolation from relationships to land, water, place, family, animals, cultures, languages and identities.

Programming that includes outings and cultural activities that facilitate connections to land and nature can be deeply beneficial for Indigenous individuals. “It strengthens their spirit, clears their head a little bit, and they’re able to focus on whatever goals they may have.” However, funders sometimes have a hard time wrapping their mind around funding land-based activities.

3. Address Indigenous overrepresentation in the homeless population by supporting Indigenous agencies to deliver solutions: Funders should designate a portion of homelessness funding specifically for Indigenous agencies commensurate to the portion of Indigenous homelessness in their community.

This is something the City of Toronto has done with *Reaching Home* funding. This is a way of tangibly addressing this disproportionate experience of homelessness by targeting funds to match this reality.

PRACTICES TO IMPROVE

1. Ensure funding and program evaluations meaningfully integrate Indigenous input and approaches: Funders should revise their funding and program evaluation processes to give space for narrative and to include at least one - ideally two - Indigenous individuals on evaluation committees.

Funders should make sure reporting requirements for Indigenous agencies don't only ask for quantifiable outcomes, but also give space for narrative, to be able to provide more information on a person's story and journey rather than only looking at metrics like number of people housed.

Whether evaluating programs for new funding or reviewing existing funding, funders should ensure there is at least one - ideally two - Indigenous individuals on the evaluation committee or providing meaningful input into the process - both to give space for more than one Indigenous perspective to arise and also to ensure those perspectives are given weight in the conversation.

2. Build strong relationships between funders and non-Indigenous agencies and the Indigenous community in their region: Funders and non-Indigenous agencies should dedicate time, energy and resources into building strong relationships with the Indigenous community in their region in order to be effective partners in ending Indigenous homelessness.

The Meeting in the Middle Strategy with the City of Toronto is working really well. Other funders as well as non-Indigenous agencies should put time and energy into creating that sort of relationship - where there is trust and goodwill; where, for example, a non-Indigenous funder who has questions about Indigenous cultural interventions would be comfortable to reach out and ask why it is beneficial instead of making assumptions.

This helps build the kinds of strong relationships between funders, non-Indigenous agencies, and the Indigenous community to be effective partners in ending Indigenous homelessness.

The process of developing an approach or framework for working together is itself an important part of relationship building. Efforts to build stronger relationships between non-Indigenous funders or agencies and Indigenous agencies or entities will likely find a lot of commonality in terms of what needs to be part of their approach or framework for working together, but should follow an authentic, bespoke process as this is important for relationship building.

APPENDIX II: REGIONAL MIGRATION RESEARCH

The following presents preliminary findings from *Understanding Migration Patterns of People Experiencing Homelessness* - research that was undertaken by Stephen Gaetz as part of the Lab. Full analysis of this research is forthcoming.

Migration and Homelessness in the Greater Toronto Area

What have we learned from Point-in-Time (PiT) Counts?

- The 2018 Toronto Street Needs Assessment found that approximately 20% of respondents had migrated to Toronto from another community in Ontario or another province/territory.
- The 2018 York Region “I Count” report found that 70% of respondents had migrated to York Region (25% had always lived in York Region and 5% did not know or declined to answer).
- The 2018 Region of Peel’s “Everyone Counts” report found that 65% of respondents had migrated to Peel Region (26% had always lived in Peel Region and 9% declined to answer, did not know, or did not respond).

Purpose of the Current Study

- To examine migration rates within the Greater Toronto Area among single adults, families, and young people accessing emergency shelters.
- Surveys and qualitative interviews.
- Main research questions:
 1. What factors contribute to intra-GTA migration among individuals and families experiencing homelessness?
 2. Do individuals and families who migrate within the GTA remain in contact with natural supports (including family) and service providers from their previous region or municipality?
 3. How often do individuals and families migrate within the GTA in the short-term? In their lifetime?
 4. What are the push and pull factors to one’s original place of residence within the GTA?

Preliminary Results

- Surveys distributed to 10 agencies across Toronto, the Region of Peel, and York Region.
 - o 20-30 surveys per agency
- Preliminary results based upon 69 surveys from three agencies
 - o City of Toronto (n = 1) and York Region (n = 2)

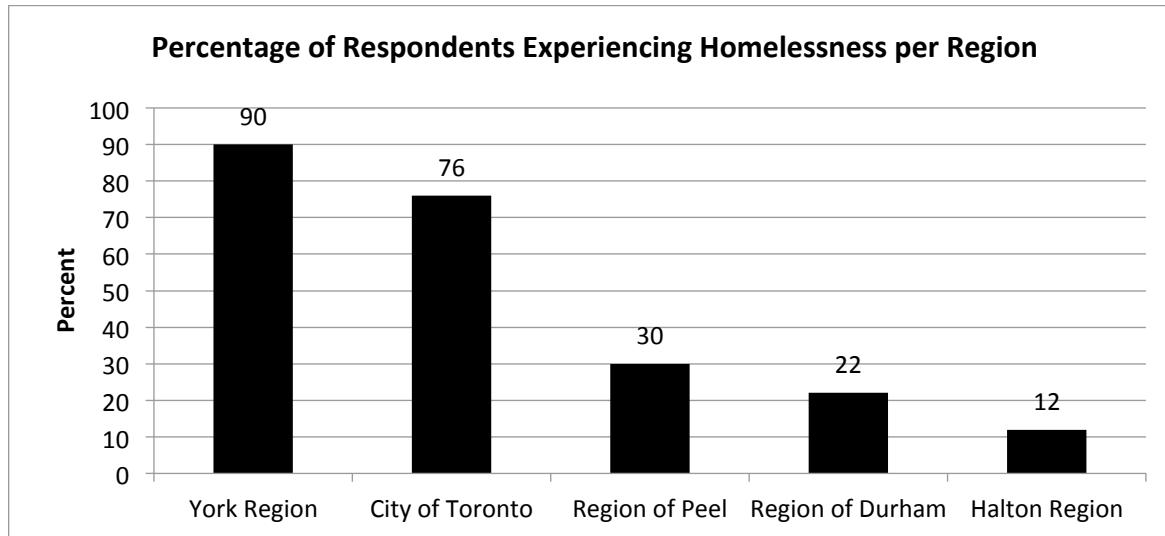
Participant Demographics

	Average or Number
Age	36.95 (Range of 16 to 70)
Gender	69% (n = 44) identified as cisgender male 31% (n = 21) identified as cisgender female
Indigenous Identity	23% (n=15) respondents identified as Indigenous
Racial/Ethnic Identity	54% (n = 35) respondents identified as White 17% (n = 11) respondents identified as Black 5% (n=3) respondents identified as Filipino
Sexual Orientation	89% (n = 58) respondents identified as straight/heterosexual
Children	42% (n = 27) respondents had children; Average number of children = 2.77
Migration to Canada	26% (n = 17) respondents were not born in Canada
Age of First Homeless	Average age of first experience of homelessness was 25.33

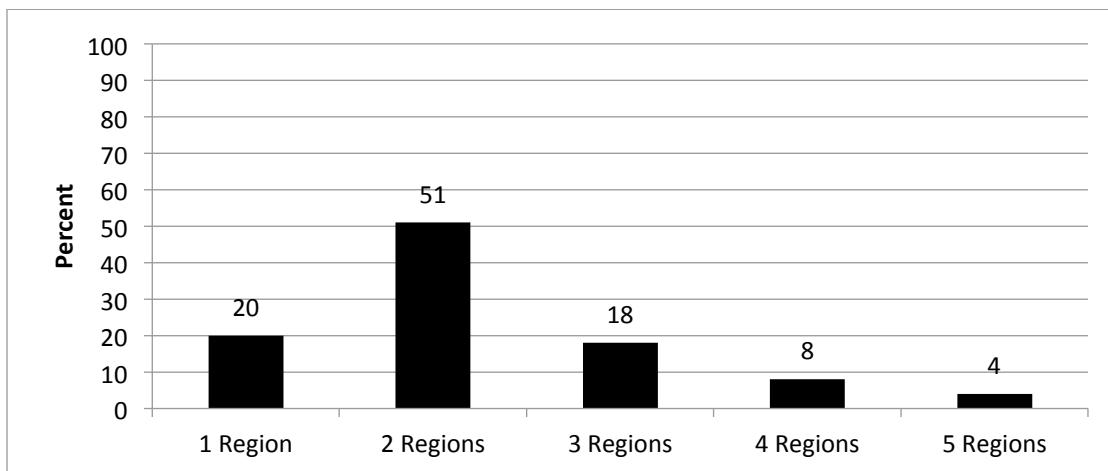
Migration Patterns

1 - Have you experienced homelessness in more than one region in the GTA in the past five years?

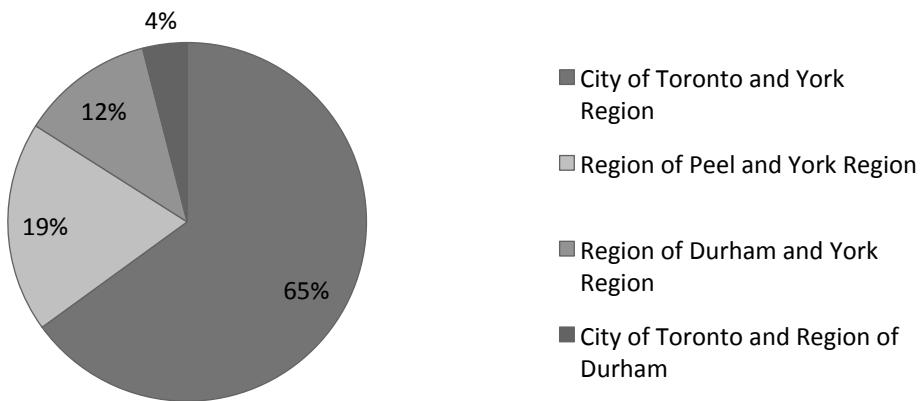
- **76% (n=51)** of respondents have experienced homelessness in more than one region in the GTA



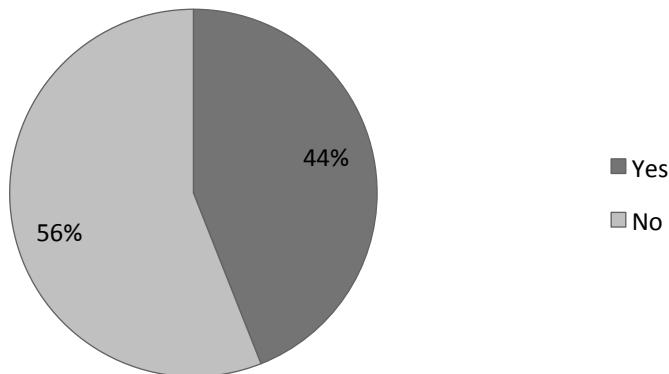
2 - How many regions have respondents experienced homelessness in?



2 a) - For respondents who experienced homelessness in two regions:



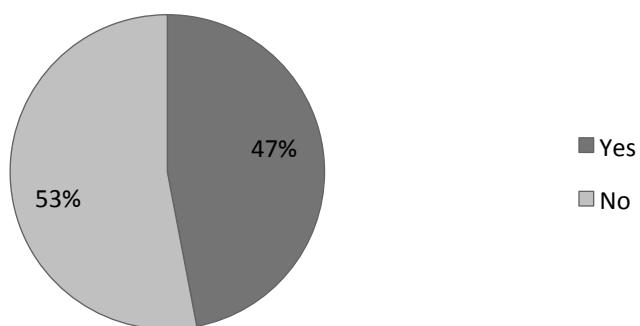
3 - In the past 5 years, have you ever directly moved from a homeless shelter in one region in the GTA to a homeless shelter in another region in the GTA?



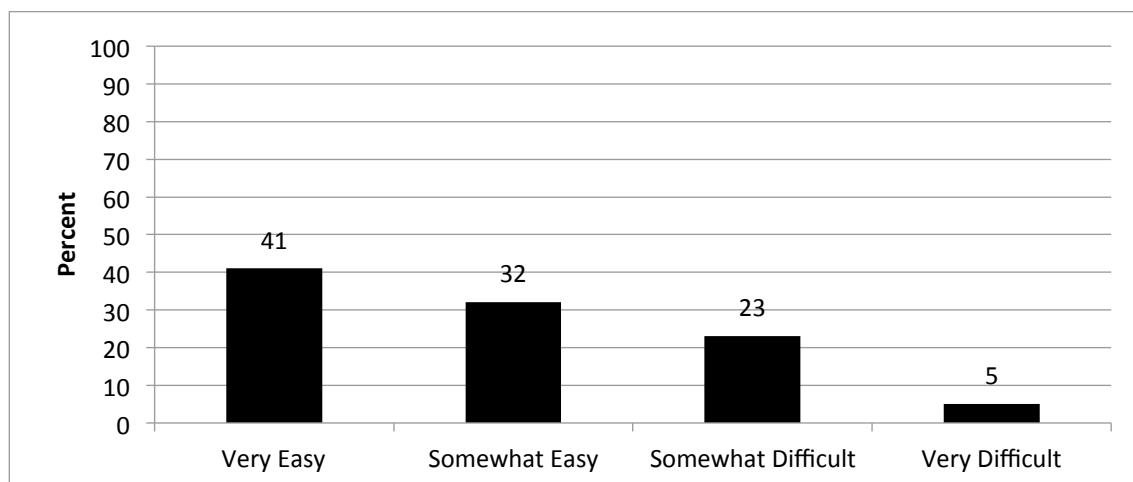
4 - What are some of the reasons you moved across regions? (Multiple selections possible)

1. *"To have a better life."* (76%, n=38)
2. *"I needed to get away from people who were making my life difficult."* (60%, n=30)
3. *"To be closer to family/partner."* (54%, n=27)
4. *"More affordable housing available."* (50%, n=25)
5. *"I couldn't get affordable housing."* (50%, n=25)
6. *"Better supports for finding an affordable place to live."* (48%, n=24)
7. *"Better social supports available."* (46%, n=23)
8. *"Better access to health services and supports."* (42%, n=21)
9. *"Better access to substance use supports."* (40%, n=20)

5 - Have respondents maintained contact with service providers from the different regions they've lived in?



5 a) - How easy was it to maintain this contact?



APPENDIX III: LONGLIST OF PRACTICES CONSIDERED IN THE SOLUTIONS LAB

SENIORS

EVICTION PREVENTION

Anecdotal evidence from senior tenants and service providers indicates that the eviction of seniors from private rental housing is getting worse in the GTA.

1

LANDLORD ENGAGEMENT

Municipal governments work with service providers to: build relationships with landlords; educate / engage landlords on aging tenants' needs, eviction prevention strategies and tenant rights; and develop opportunities / incentives for landlords to commit to eviction prevention practices.

2

EVICTION PREVENTION PROGRAMS

Eviction prevention programs that provide individualized services to clients throughout various stages of the eviction process, including representing tenants in eviction hearings and providing ongoing supports and referrals.

3

EMERGENCY GRANTS TO PREVENT EVICTION

Collaboration between municipal governments and other levels of government to create flexible emergency grants, not loans, for low-income seniors facing eviction.

4

EVICTION PREVENTION EDUCATION

Provide eviction prevention and tenant rights education initiatives for seniors.

SUPPORTING HEALTH AND WELLBEING

Seniors who are experiencing homelessness and have mental health problems face overlapping barriers to navigating and accessing services, as well as overlapping forms of stigma and discrimination.

5

PSYCHOGERIATRIC CASE MANAGEMENT

Integrate psychogeriatric case management into the care model for seniors experiencing, at risk of, or exiting homelessness with mental health challenges, to provide client-centered assessments, treatment, rehabilitation, and support services.

6

SUPPORT HOLISTIC HEALTH AND WELLBEING

Support holistic aspects of health and wellbeing beyond clinical mental and physical health supports, including the development of life skills such as resilience, self-esteem, coping, and financial skills.

7

LOWER AGE CRITERIA FOR ACCESSING SUPPORTS

Lower age criteria for accessing supports to age 50, to account for the fact that older adults experiencing homelessness often physically age faster than their chronological age.

8

GENDER-SPECIFIC COUNSELLING SERVICES

Provide gender-specific counselling services for homeless seniors to account for gendered experiences of trauma, given that family breakdown and abusive relationships are common pathways into homelessness for older women.

9

MENTAL HEALTH EDUCATION

Provide seniors with more education opportunities about mental illness to increase awareness of available services and resources.

IMPROVING CONTINUITY OF CARE

There is a need to continue to support the health and wellbeing of homeless older adults across the housing spectrum - from the shelter through to transitional housing, senior-specific housing, and affordable housing.

10

LONG-TERM COMMUNICATION AND CONTACT

Ensure that long-term supports include establishing a recourse for the individual should problems resurface - such as a regular follow-up contact or a caseworker acting as a common point of re-entry to services.

11

ESTABLISH ONE SERVICE PROVIDER TO COORDINATE SUPPORTS

Have one service provider to coordinate all service needs for a senior client in a "continuity of care" model.

HOUSING FIRST AND RAPID RE-HOUSING

Housing programs that do not give attention to the distinct needs of seniors can limit seniors' housing retention.

12

HOUSING WITH STRONG COMMUNITY LINKS

Ensure seniors have housing options with strong links to the neighbourhood and community.

13

24/7 SUPPORTS IN HOUSING FIRST PROGRAMS

Ensure the availability of on-site, 24/7 supports in housing for seniors - possibly to a greater extent than for other Housing First clients.

14

SENIOR-SPECIFIC STAFF TRAINING

Ensure all staff working with seniors are trained in and apply senior-specific, anti-ageist strategies to respect choice and self-determination.

IMPROVING INTEGRATION BETWEEN HOMELESSNESS AND HEALTH SERVICES

Homeless seniors often cycle between the hospital and emergency shelter settings.

SHELTERS AND HEALTH CARE PROVIDERS DEVELOP INTAKE TOOLS

Shelters and health care providers partner to develop tools, checklists, and additional resources (including screening and assessment tools) that shelter workers (with training) can administer to better connect clients with appropriate health services.

HOUSING AND HEALTH CARE PROVIDERS PARTNER FOR AT-HOME SUPPORTS

Housing providers partner with local health authorities and/or providers to ensure vulnerable seniors are able to access the full range of supports that meet their needs from their home.

REFUGEES

SHELTER ENVIRONMENTS AND PROCESSES

For many refugees accessing shelter and drop-in services, the shock of arriving in a new country after fleeing one's home is compounded by finding oneself homeless.

1

SPECIFIC SHELTER SPACE FOR REFUGEES

Dedicate shelter space specifically for refugees and providing culturally appropriate services in these spaces.

2

REFUGEE-SPECIFIC NEEDS ASSESSMENT AT SHELTER INTAKE

Ensure all shelters and drop-ins serving refugees undertake a comprehensive, refugee-specific needs assessment at the intake stage to better identify refugee needs and connect them to appropriate services.

3

MULTI-LINGUAL STAFF

Employ staff proficient in different languages and ensuring that all municipally funded agencies and services have consistent access to funding for interpreter services.

4

CONNECTIONS TO MENTAL HEALTH SERVICES

Connect refugees to available culturally appropriate, trauma-informed mental health services at shelters.

5

ACCOMMODATE DIETARY REQUIREMENTS

Shelters and drop-ins strive to understand and accommodate refugees' dietary requirements, as these are often linked to religious beliefs and being unable to meet these requirements.

6

PRACTICAL SKILL DEVELOPMENT

Provide or facilitate linkages to practical skill development, which can provide new refugees with an opportunity to develop employment skills and establish social connections.

HOUSING FIRST AND RAPID RE-HOUSING

These interventions are highly relevant for refugees experiencing homelessness in the Toronto region depending on the length of time they have been homeless and their support needs.

7

HOUSING WITH CULTURALLY-APPROPRIATE, TRAUMA-INFORMED SUPPORTS

Provide housing programs and services that incorporate culturally appropriate, trauma-informed supports.

8

LANDLORD MEDIATION

Provide culturally appropriate mediatory services for newly housed refugees and their landlords.

SERVICE COORDINATION

Improving front-end service integration so that refugees can easily navigate and access services is a critical part of building clear pathways to secure housing.

9

INFORMATION-SHARING BETWEEN SERVICE PROVIDERS

Establishing regular communication channels and information-sharing practices between service providers.

10

CONVENIENTLY-LOCATED SERVICES

Host programming close to refugee housing, and where possible, provide refugees with housing options with close physical proximity to important services.

11

MORE ACCESSIBLE INFORMATION ABOUT SERVICES

Provide information about services in different languages in materials, outlets, and physical spaces refugees are likely to interact with.

12

TAILORED INFORMATION ABOUT SERVICES

Deliver services and associated materials in multiple formats to accommodate varying levels of education, literacy and language proficiency.

13

IMPROVE UNDERSTANDING OF SERVICE BARRIERS

Undertake a review of service barriers refugees may be encountering in shelters, drop-ins, and other agencies serving refugees and implement measures to address these barriers.

REFUGEE YOUTH

Research on youth homelessness and refugee homelessness demonstrates the need for focused interventions to address homelessness among refugee youth.

14

YOUTH FOCUS: PEER SUPPORT OPPORTUNITIES

Provide peer support for refugee youth as an opportunity to develop relationships with other young people who share a similar cultural background or newcomer experience.

15

YOUTH FOCUS: HIRE DIVERSE STAFF

Hire agency staff with diverse cultural backgrounds and lived experience of homelessness and/or as a newcomer to Canada.

16

YOUTH FOCUS: INTENSIVE CASE MANAGEMENT

Provide youth- and refugee-specific intensive case management and follow up when youth first arrive to Canada.

17

YOUTH FOCUS: PATH TO EDUCATION AND EMPLOYMENT ACCESS FACILITATORS

Provide refugee youth with education and employment access facilitators to support them on a tangible career path, develop employment skills, and prevent school drop-outs..

18

YOUTH FOCUS: NEEDS ALLOWANCES

Provide basic needs allowances at shelters for youth who do not qualify for Ontario Works due to their lack of status in Canada.

19

YOUTH FOCUS: INTERGENERATIONAL COUNSELLING

Provide intergenerational family counselling services for both refugee youth and parents with experiences of trauma.

DISCRIMINATION

Refugees face additional barriers to accessing housing and homelessness services due to discriminatory practices by some landlords and shelter and drop-in staff

20

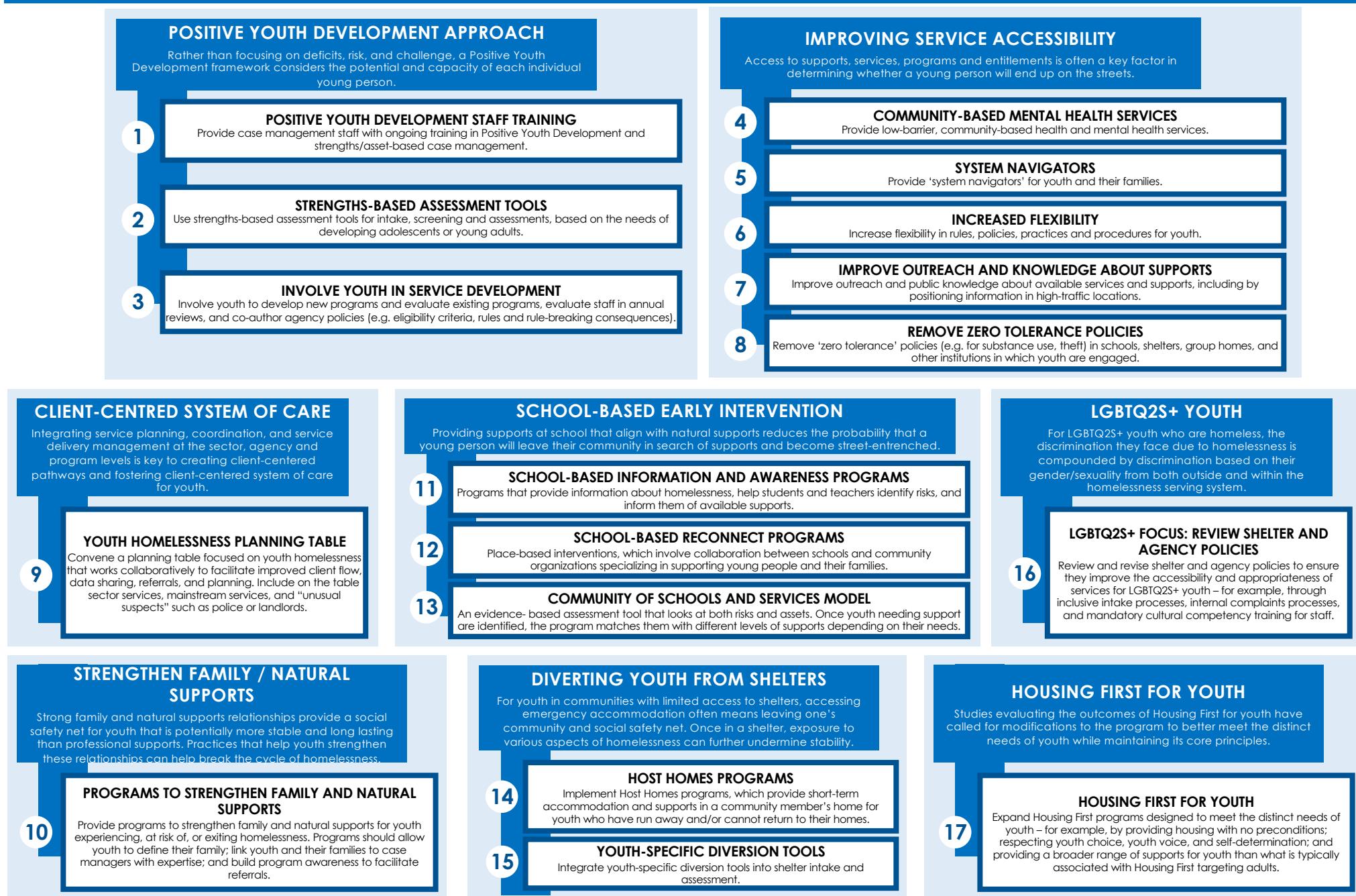
EDUCATION OPPORTUNITIES ON TENANT RIGHTS

Programs that build refugees' knowledge about tenant rights and their housing provider's obligations under the Ontario Human Rights Code, including what counts as discrimination.

21

STAFF TRAINING ON CULTURAL SENSITIVITY

Training for shelter, drop-in, and settlement agency staff in cultural sensitivity and anti-racism/anti-oppressive practice.



INDIGENOUS

HOLOSTIC MENTAL HEALTH SERVICES

Mental health services for Indigenous people should be grounded in an approach that respects Indigenous knowledge and also emphasizes physical, emotional and spiritual health as illustrated by the medicine wheel.

1

CULTURALLY CONNECTED COUNSELLING

Provide counselling that adopts and integrates the importance of ceremony, Elders, and traditional medicines, healing methods and teachings, in non-institutional settings.

2

PROTOCOLS FOR CULTURALLY APPROPRIATE SUPPORTS

Ensure that individuals are not treated with only medication or coerced into accepting treatment, but are instead offered culturally appropriate supports.

3

EXPANDING HYBRID TREATMENT INTERVENTIONS

Expanding mental health services that integrate mainstream and Indigenous paradigms and practices of healing and ensure the client's spiritual and cultural needs are valued and explored.

ACCESS TO ELDERS

Elders can provide clients, community members, and staff with connection to traditions, ways of life, and an overall perspective for meaning and growth through the use of ceremony and spirituality.

8

ELDER INVOLVEMENT IN MENTAL HEALTH SERVICES

Increase collaboration between mental health practitioners and Elders.

9

STREET OUTREACH

Expanding the role of Elders in street outreach

10

AGENCY PROGRAMMING AND STAFFING

Expanding the role of Elders in the programming of Indigenous homelessness agencies.

FACILITATING MEANINGFUL RELATIONSHIPS

Strong, trusting relationships with case workers and other staff play an important role in helping clients exit homelessness and progress towards their goals.

14

ADEQUATE RESOURCES FOR RELATIONSHIP BUILDING

Resource Indigenous agencies to ensure providers such as case workers have the time, space and mandates to establish long-term, trusting relationships with clients.

HARM REDUCTION

Literature on Indigenous homelessness emphasizes the need for harm reduction, while also recognizing that a harm reduction approach can at times be in tension with traditional approaches to healing.

4

ACCESSIBLE MENTAL HEALTH INTAKE PROCESSES AND SERVICES

Ensure intake processes and services are appropriate for and accessible to people experiencing concurrent disorders (e.g. not requiring abstinence for treatment or assessment)

5

FLEXIBILITY AND RESPECT FOR THE INDIVIDUAL'S JOURNEY

Indigenous Elders and healers working with clients where they are at with respect to substance use and their healing journey, as engaging with culture is often the mechanism for healing and recovery.

6

PEER LEADERSHIP AND SUPPORT

Building up peer support in harm reduction practice and ensuring this is accompanied by adequate compensation, training, and support.

7

IMPLEMENTING THE TORONTO INDIGENOUS OVERDOSE STRATEGY

Including its recommendations for addiction services developed for Indigenous peoples, addiction services outside of an abstinence-based model, increased access to safe injection sites, and harm reduction frameworks accompanied by robust supports.

IMPROVING UNDERSTANDING OF INDIGENOUS CULTURE AND PRACTICES THROUGHOUT THE HOMELESS-SERVING SYSTEM

Ensuring non-Indigenous parts of the system understand and respect Indigenous worldviews and practices to improve the effectiveness of services and address the racism and discrimination Indigenous clients often face while accessing non-Indigenous services.

11

CULTURAL COMPETENCY IN STREET OUTREACH

Adopting changes within existing outreach programs to integrate, observe or educate regarding Indigenous culture and traditional practices, to facilitate better client engagement and connection.

12

ALIGNING PROGRAM EVALUATIONS WITH INDIGENOUS KNOWLEDGE

Ensure evaluation frameworks for Indigenous culturally based services are based in Indigenous knowledge.

13

CULTURAL COMPETENCY TRAINING FOR FRONTLINE AGENCIES

This training should be reflective of local needs and perspectives and led by Indigenous community members or organizations.

INDIGENOUS (ctd.)

CULTURALLY SUPPORTIVE HOUSING

Housing for Indigenous people exiting homelessness can have limited effectiveness if it includes barriers to an individual's ability to meet cultural needs. Indigenous individuals exiting homelessness also frequently face racism from landlords.

15

PROVIDERS AND LANDLORDS ACCOMMODATING CULTURAL PRACTICES

Housing providers and private landlords accommodating cultural practices in their units (e.g. freedom to smudge).

16

FLEXIBLE HARM REDUCTION AND ABSTINENCE-BASED APPROACHES

Ensure individuals have access to a mix of abstinence-based and harm reduction options.

17

HOUSING ACCOMPANIED BY HOLISTIC SUPPORTS

Providing access to multiple, holistic social services as part of the housing process, including mental health and addictions counsellors, health professionals, social service staff, and cultural services.

18

LANDLORD ENGAGEMENT AND ADVOCACY

Expand advocacy and landlord engagement activities to combat the racism and discrimination Indigenous people face from landlords..

STRENGTHEN CONNECTIONS TO FAMILY, COMMUNITY AND NATURE

Literature on Indigenous homelessness emphasizes the need for harm reduction, while also recognizing that a harm reduction approach can at times be in tension with traditional approaches to healing.

19

LAND-BASED AND OTHER ACTIVITIES IN PROGRAMMING

Expand programming that includes outing and cultural activities that facilitate connections to land and nature.

20

SUPPORTING STRONG FAMILY RELATIONSHIPS

Expand anti-colonial initiatives focused on keeping families together using a strengths-based approach.

21

RESOURCING GRASSROOTS COMMUNITY-BASED WORK

Supporting prevention and community-based care work that community members are already taking on. For example, a community-based network that coordinates to offer support and resources where needed (e.g. accompanying people to court, advocacy, linking people to organizations).

22

LINKING CLIENTS WITH COMMUNITY SUPPORTS

Increase the focus in programming on linking clients with community supports to create a stronger network of care.

INDIGENIZING HOUSING FIRST

Not all components of the Housing First model align with Indigenous needs and perspectives. Housing First programs serving Indigenous people should be undertaken from an Indigenous perspective and be designed based on local community needs and population characteristics, without assuming a generalized or pan-Indigenous approach.

23

INDIGENOUS STAFFING IN HOUSING FIRST PROGRAMS

Ensure Housing First programs include Indigenous staff who can provide a cultural lens and trauma-informed perspective.

24

CARE FOR HOUSING FIRST STAFF

Provide support and self care opportunities for Housing First staff, such as holding sharing circles of opportunities to go on sweats, to help strengthen the wellbeing of staff and their effectiveness in supporting clients.

25

INDIGENOUS ADVISORY GROUP

For non-Indigenous organizations supporting Indigenous people in Housing First programs, ensure the program has an established Indigenous advisory group.

26

FLEXIBLE, CULTURALLY SENSITIVE ASSESSMENT TOOLS

Ensure mandates and funding criteria for Housing First programs allow for flexibility to adapt assessment tools for Indigenous perspectives (e.g. more person-centered, avoiding re-traumatization, attention to historical trauma).

GENERAL POPULATION: GROUP ONE

HOUSING FIRST

Housing First has been extensively evaluated and demonstrated to be a highly effective practice in supporting people to exit homelessness - including the chronically homeless and those with complex mental health and addictions challenges. A strength of Housing First is its ability to be successfully adapted for specific subpopulations and for different contexts.

1

EVALUATE CONSISTENCY WITH CORE HOUSING FIRST PRINCIPLES

Communities adapting Housing First programs should establish evaluation measures to determine whether the program is being delivered as intended, and whether or not it is consistent with key Housing First principles.

2

INTEGRATE HOUSING FIRST INTO 10 YEAR HOUSING AND HOMELESSNESS PLANS

Integrate Housing First principles and practical steps to achieve them, into municipal 10 Year Housing and Homelessness Plans, including actionable strategies and commitments to build up the affordable housing stock.

3

ONGOING, PROACTIVE LANDLORD ENGAGEMENT FOR HOUSING FIRST

Dedicate resources and processes for ongoing and proactive landlord engagement, including separate staff members responsible for landlord engagement.

4

PARTNERING WITH POLICE AND EMERGENCY SERVICES

Develop positive and communicative relationships with police and emergency services to help ensure the security and safety of clients – for example, notifying on-call program staff about 911 calls involving a Housing First client.

5

COMMUNITY EDUCATION AND ENGAGEMENT

Mitigate NIMBYism and opposition to Housing First units through community education and engagement.

6

REGULAR SYSTEM-LEVEL COMMUNICATION

Convene regular meetings that bring together a number of partners involved in delivering Housing First i.e. case managers, mental health practitioners, police, shelters, other agencies, and partners outside the homelessness system.

7

POST-RELEASE HOUSING FIRST TEAM

Improve transitions from institutions by creating a post-release Housing First Team.

8

REALISTIC BUDGETING AND FUNDING FOR HOUSING FIRST

Ensure the budgeting and funding for Housing First includes program staff, taking into account appropriate case load size; rent supplements; and the cost of repairing units, which can often be underestimated.

9

DIVERSION TRAINING FOR HOUSING FIRST

Training for shelter staff in diversion intake and assessment procedures, conflict resolution / mediation, advocacy, making referrals to community resources, knowledge about financial assistance / subsidies, and searching for housing.

SHELTER DIVERSION

Shelter diversion prevents homelessness for people seeking shelter by helping them identify immediate alternate housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to permanent housing.

10

INTEGRATE SHELTER DIVERSION INTO COORDINATED ACCESS

Ensure all coordinated access system entry points consistently apply diversion practices and tools.

11

INTEGRATE DIVERSION INTO SHELTER INTAKE

Integrate a diversion screening process and assessment tool into shelters' intake processes to quickly identify individuals and families for whom diversion is an appropriate intervention.

RAPID RE-HOUSING

Rapid re-housing is an intervention designed to help people exit homelessness as quickly as possible by moving individuals or homeless families into permanent housing through the provision of short-term help with housing expenses (e.g., rent arrears, ongoing rent assistance, moving costs) and case management focused on housing stability.

FINANCIAL SUPPORT FOR RAPID RE-HOUSING CLIENTS

Provide rent and move-in assistance, which may include funds to cover security deposits, move-in expenses, rent, utilities, arrears, and other costs. As some of these funds are not federally funded, rapid re-housing programs should use local or private funding sources, as well as donations, to cover these costs.

INDIVIDUALIZED CASE MANAGEMENT FOR RAPID RE-HOUSING CLIENTS

Provide case management services to participants in securing housing and supporting them to retain their housing and transition from rapid re-housing.

ONGOING LANDLORD ENGAGEMENT FOR RAPID RE-HOUSING CLIENTS

Ongoing recruitment and engagement with landlords to support housing identification, including designating staff whose primary job it is to recruit landlords and maintain landlord partnerships.

GENERAL POPULATION: GROUP TWO

EVICTION PREVENTION

Eviction disrupts the lives of tenants and imposes costs on both tenants and landlords. While eviction does not always cause homelessness, it is often the first step and creates reliance on emergency shelters and other social services.

1

EVICTION PREVENTION EDUCATION OPPORTUNITIES

Provide accessible and multi-lingual support and education to tenants and landlords around tenant rights and responsibilities, what constitutes discrimination, and the eviction process.

2

ALLOWANCES TO PREVENT EVICTION

Increase options for flexible and responsive housing allowances and other subsidies and loans for households at risk of eviction - including the creation of a Rent Bank type fund that can be used to address any barrier to maintaining housing, such as repairs to minor damage in client's units.

3

HOUSING PROVIDERS ADOPT FLEXIBLE SOLUTIONS FOR LATE RENT PAYMENTS

Housing providers work with tenants to develop solutions for consistently late rent payments (e.g. Shelter Pay Direct for OW/ODSP recipients, flexible payment options like bi-weekly rent payments for employed tenants, setting repayment plans based on tenant's income and expenses).

4

EVICTION PREVENTION TRAINING FOR STAFF

Train housing provider staff in eviction prevention strategies, including early identification of tenants who may need help.

5

COMMUNICATION BETWEEN HOUSING PROVIDERS AROUND EVICTION PREVENTION

Increase communication between housing providers to share effective methods and protocols for eviction prevention.

6

COLLABORATION BETWEEN LEGAL CLINICS TO SUPPORT HOUSEHOLDS AT RISK OF EVICTION

Increase partnerships and collaboration between housing and homelessness agencies and Legal Aid Clinics to identify and support households at risk of eviction.

COORDINATED ACCESS

Coordinated access is an essential element of any effort to prevent and end homelessness, and key to an integrated systems approach to homelessness prevention and Housing First.

7

ENSURE COORDINATED ACCESS SYSTEMS HAVE A STRONG SYSTEM LEADER

This leader is ideally a dedicated team positioned and approved by system participants to provide oversight, guidance, monitoring and evaluation – and develop the coordinated access system policies and procedures.

8

DATA MANAGEMENT

Ensure coordinated access systems incorporate real time data and a system for data management.

9

CUSTOMIZE COORDINATED ENTRY FOR SUBPOPULATIONS

Customize assessment processes and tools for identified sub-populations to remove population-specific barriers to accessing the coordinated entry process.

10

INTEGRATED FRONTLINE SERVICE DELIVERY

Provide a centralized physical "storefront" location as well as establishing a "no wrong door" approach.

11

MATCHING OF INDIVIDUALS TO SERVICES BY MULTI-DISCIPLINARY GROUP

Conduct regular placement committee meetings for coordinated access system staff, housing program staff, and staff from relevant system-level bodies to meet and collectively match clients to programs.

CASE MANAGEMENT

Case management is a critical aspect to successfully ending a person or family's homelessness and helping individuals navigate the system to access the range of supports they need to maintain housing stability and improve health and wellbeing.

12

PEER SUPPORT

Integrate peer support as a core component of case management.

13

MULTI-DISCIPLINARY CASE MANAGEMENT TEAMS

Build multi-disciplinary teams around each individual client while maintaining a clearly defined case manager.

14

ENSURE FUNDING FACILITATES PERSON-CENTRED CASE MANAGEMENT

Case manager's ability to connect clients with appropriate supports can be limited when funding is attached to case loads and not to "right matching of services" or levels of support based on individualized planning.

15

ONGOING TRAINING AND SUPPORT FOR CASE MANAGERS

Provide continued professional and sector development for case managers to help reduce staff burnout, increase consistency in application of promising practices, and improve the likelihood of success for clients.

APPENDIX IV: LIST OF LAB PARTICIPANTS

CORE LAB PARTICIPANTS

Bill Sinclair	St. Stephen's Community House
Christine Hill	United Way Greater Toronto
Christy Upshall	Our Place Peel
Clovis Grant	360 Kids
Cory O'Handley	Services and Housing in the Province
David Reycraft	Dixon Hall
Grace Caron	Peel Region
Greg Suttor	Wellesley Institute
Ian Hanney	PAEH
Janice Hayes	Youthlink
Kira Heineck	TAEH
Louise Smith	Eva's
Lou Odette	Odette Foundation
Mark Aston	TAEH
Mary-Anne Bédard	City of Toronto
Melanie Redman	A Way Home
Michael Braithwaite	Blue Door Shelters
Michelle Bilek	PAEH
Michelle Smith	United Way Greater Toronto
Mwarigha	Woodgreen
Nancy Lennox	York Region
Randy Pitt	Aboriginal Labour Force Development Circle
Ruth Crammond	United Way Greater Toronto
Sandy Trillo	United Way Greater Toronto
Stephen Gaetz	Canadian Observatory on Homelessness
Steve Teekens	Na-Me-Res
Tasleem Thawar	United Way Greater Toronto
Victor Willis	Parkdale Activity-Recreation Centre

PRACTICES & IMPLEMENTATION MEETING PARTICIPANTS

(Excluding core Lab participants present at meeting)

Alex Cheng	Blue Door Shelters
Amber Kellen	John Howard Society Toronto
Ann Watson	Inn From the Cold
Ashley Brown	YWCA Toronto
Ben Omoregie	Youth Without Shelter
Catharine Butler	Women's Habitat of Etobicoke
Dani Mills	Our Place Peel
Haydar Shouly	Dixon Hall
Jamie Facciolo	Homes First
Joan Stonehocker	York Region Food Network
Justin Sage-Passant	Covenant House
Kapri Rabin	Street Health
Kate Bird	Ecuhome
Kim Lewis	CMHA York Region
Lambrina Nikolaow	West Neighbourhood House
Laural Raine	City of Toronto
Lauro Monteiro	Haven Toronto
Lee Soda	Agincourt Community Services
Lorie Steer	St. Stephen's Community House
Lynn Daly	Christie Ossington Neighbourhood Centre
Marco Vilia	LOFT
Mardi Daley	TAEH/LOFT
Michael Tross	Youthlink
Mike Clare	Markham Inter-Church Committee for Affordable Housing
Molly Barnes	Children's Aid Society of Toronto
Neil Hetherington	Daily Bread
Rod Hiscock	Salvation Army - York Housing and Support Services
Silvia Samsa	Women's Habitat
Stacey Murie	Horizons for Youth
Steve Doherty	Youth Without Shelter
Suzette Dockery	Christie Ossington Neighbourhood Centre
Sylvia Braithwaite	Fred Victor
Terry Pariseau	TAEH
Theresa DeRose	York Region
Theresa McLeod-Treadwell	Salvation Army - Belinda's Place
Tracy Murdoch	Woodgreen