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# Understanding the Needs of Workers in the Homelessness Support Sector



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# EXECUTIVE SUMMARY

## Background



In 2019, Reaching Home: Canada's Homelessness Strategy was launched as a community-based program that aims to prevent and reduce homelessness in communities across Canada. This program distributes funding to urban, Indigenous, rural, and remote communities in Canada to facilitate strategies to address their local homelessness needs. Reaching Home helps to further the goals of the National Housing Strategy, specifically the goal to support the most vulnerable Canadians by maintaining safe, stable, and affordable housing and to reduce chronic homelessness nationally by 50% by the fiscal year 2027 to 2028.

Reaching Home has partnered with Hub Solutions, a social enterprise of the Canadian Observatory on Homelessness (COH) to conduct the needs of frontline staff in the homelessness support sector and identify opportunities and avenues to improve employment and workplace conditions in the sector.

### *Four research questions guided this work:*

1. What are the key skills (e.g., technical, interpersonal, educational, lived experience, empathy, etc.) that are required to work in the homelessness support sector?
2. What is the magnitude of precarious employment, employee retention and turnover, and discrimination experienced by frontline staff in the homelessness support sector. How do these issues vary for people with lived experience of homelessness and individuals of different gender, Indigenous, and racial identities?
3. What existing resources and supports are in place and offered to workers in the homelessness support sector in Canada? Do existing resources and supports provided to employees vary across different groups or categories of employees in the sector?
4. What policies and regulations, sector standards, resources and supports exist in the sector or are needed to protect workers, improve employment and workplace conditions, and meet the complex needs of frontline staff in the homelessness support sector in Canada?

# Methods



A mixed-methods research approach was taken to collect and analyze both qualitative and quantitative data. The methods used in this research included a rapid literature review which focused on employment standards, working conditions, and challenges experienced by frontline staff in the sector; a review of job advertisements for positions in the sector; a cross-sectional national survey of frontline staff, and; interviews with Executive Directors of homeless serving organizations.

# Key Findings



**Key skills, training, and education required for work in the sector.** Frontline staff in the homelessness support sector are commonly expected to have completed First Aid and CPR, Non-violent Crisis Intervention (NVCI), Applied Suicide Intervention Skills (ASIST), and harm reduction training. They are also expected to have completed some level of post-secondary education in a relevant field such as social work, child and youth studies, or nursing. Knowledge of homelessness and previous experience working with vulnerable populations are considered assets for work in the sector.

**Work and workers in the homelessness support sector are undervalued.** The majority (66.7%) of Executive Directors reported that frontline workers in this sector and their work is undervalued in comparison to other frontline staff who are doing similar work with vulnerable populations who are not experiencing homelessness (e.g., seniors, people with disabilities, and people with mental illnesses). This was evident when frontline staff in certain regions were excluded from the list of ‘essential workers’ who received pay increases during the pandemic.

**Burnout, inadequate wages, and availability of material resources and benefits were dominant factors influencing precarious employment, and employee retention and turnover in the sector.** Participants from both the survey and interviews reported inadequate wages; mental/emotional exhaustion from the work; limited access to adequate benefits including health insurance, paid sick days, and mental health counselling, and; lack of necessary material resources to effectively do their jobs. These were the dominant factors that contributed to workers’ decisions to stay in their positions long-term or leave their positions within 12 to 18 months of employment.

**Adequate training is critical for frontline staff to succeed in their roles.** There was near-unanimous support (95.0%) from survey participants for sector-wide training. Adequate training is critical as it equips staff with the knowledge and skills needed to ensure a safe work environment. Offering frequent training for frontline staff also provides them with opportunities for professional development which positively impacts employee retention and turnover.

**Discrimination based on race, gender, sexual orientation, and lived experience of homelessness exists in the sector.** Seven (46.7%) Executive Directors described examples of racist and discriminatory experiences brought to them by their frontline staff. This included issues with racial comments/slurs used towards staff who identify as Black, Indigenous, and other people of colour; female staff not being hired for certain positions; past pay inequities between male and female staff; and stigma projected towards staff with lived experience of homelessness.

**COVID-19 impacts in the sector.** Frontline staff faced safety challenges prior to the pandemic, but safety concerns became heightened during the pandemic. Staff were worried about contracting COVID-19 and passing it on to vulnerable family members. The safety concerns described by Executive Directors were supported by a lack of COVID-19 training and adequate Personal Protective Equipment (PPE) available to frontline workers in the sector. Only 46.4% of staff had received COVID-19 training and 31.8% did not report that PPE was readily available to them. Additionally, 51.4% of staff reported that their hours of work increased due to the pandemic while only 49.7% received temporary pay increases. The Executive Directors emphasized that continuing to perform complex work with a high-risk population during the pandemic has been mentally exhausting for many of their staff.

# Future Research and Exploration



The following are opportunities for future research and exploration based on findings from the survey, interviews, and job advertisement review. This includes opportunities for homelessness serving organizations to improve the working conditions of their frontline staff and areas for future research investigating the experiences of frontline staff in the homelessness support sector.

1. **Explore opportunities to offer appropriate training for all staff in the homelessness support sector.** Homelessness serving organizations and organizations that provide education and training resources to frontline workers in this sector should endeavour to offer the following seven core trainings: First Aid and CPR; Non-violent Crisis Intervention; principles, and practices for harm reduction with prioritization of Naloxone training; suicide prevention; knowledge of homelessness; managing and addressing aggressive behaviour and sexual harassment, and diversity, equity, and inclusion (DEI) training.
2. **Identify strategies to provide equitable supports to staff with lived experience of homelessness and recognize the value in their knowledge.** Given that 23.0% of survey participants reported lived experience of homelessness and Executive Directors described re-traumatization as a challenge for staff with lived experience, targeted supports and resources are needed to ensure these staff are not coping with stress and triggers from work on their own. Future research can explore specific supports desired within a sample of frontline workers with lived experience of homelessness and explore how homeless serving organizations can foster inclusive workplaces where all forms of knowledge are valued could facilitate this process.
3. **Identify resources needed to implement wage enhancements.** From both the survey and interviews the perception among frontline workers and Executive Directors is that frontline staff in the sector are not paid adequately for the work that they do. Future research can explore how sustainable wage enhancements can be implemented for frontline staff in the sector to address issues including precarious employment, employee retention, and turnover.
4. **Ensure comprehensive supports and benefits are offered to frontline workers.** Organizations in the sector should seek to support the physical, mental, and social well-being of their frontline staff by ensuring that an adequate number of necessary supports and benefits including health insurance; mental health counselling; paid sick days, paid vacation days; daycare and peer support networks are readily available to all workers.

- 5. Conduct an assessment of the adequacy and availability of training, physical resources, financial resources, and human resources related to COVID-19.** Safety was a particular concern for frontline staff during the COVID-19 pandemic. These concerns translated into higher rates of turnover during the pandemic. Organizations should assess whether COVID-19 training and additional physical, financial, or human resources are needed by their staff. The resources needed to protect staff and prevent the spread of COVID-19 are also applicable for other airborne/respiratory illnesses (e.g., influenza) that are common among people experiencing homelessness. Therefore, obtaining additional resources in the event of future outbreaks should be incorporated into an organization's standard pandemic response plan.
- 6. Conduct additional research about experiences of discrimination in the sector.** To further understand experiences of discrimination among frontline staff, further research is required. Any additional research on discrimination should specifically involve staff who identify as Black, Indigenous, and People of Colour (BIPOC), LGBTQ2S+, female, and staff with lived experience of homelessness.
- 7. Conduct additional research with part-time and temporary frontline workers about precarious employment and employee retention and turnover.** The interviews and job advertisement review demonstrated that issues with employee retention and turnover and precarious employment were most significant among part-time and casual/relief staff. Additional research is needed to explore precarious employment and employee retention or turnover from the perspective of part-time, temporary, and casual staff.

## BACKGROUND

In 2019, Reaching Home: Canada's Homelessness Strategy was launched as a community-based program that aims to prevent and reduce homelessness in communities across Canada. This program distributes funding to urban, Indigenous, rural, and remote communities in Canada to facilitate strategies to address their local homelessness needs. Reaching Home helps to further the goals of the National Housing Strategy, specifically the goal to support the most vulnerable Canadians by maintaining safe, stable, and affordable housing and to reduce chronic homelessness nationally by 50.0% by the fiscal year 2027 to 2028.

Consultations informed the key components of Reaching Home in 2017 with individuals with lived experience of homelessness, experts, communities, and Indigenous organizations. These key components are as follows:

- *Moving to an outcomes-based approach: Reaching Home is working with communities to design and implement community plans with clear outcomes.*
- *Introducing a Coordinated Access System: Communities are given three years to introduce a Coordinated Access System that prioritizes those most in need of assistance and matches individuals to appropriate housing and services.*
- *Addressing Indigenous homelessness: Reaching Home provides additional funding to address Indigenous homelessness. Recipients of this funding can determine their own initiatives, local priorities, and strategies for collaboration with Indigenous partners through a community-based approach.*
- *Addressing homelessness in the territories: Reaching Home includes a Territorial Homelessness stream. A community-based approach in this stream also provides communities with more flexibility to determine how funding can be used to address homelessness in the three territories.*
- *Addressing homelessness in rural and remote areas: In 2016, Reaching Home doubled funding to address homelessness in rural and remote areas, with funding sustained each year.*
- *Expanding the program's reach: Reaching Home expanded to six new Designated communities.*

## DESCRIPTION OF THE ISSUE

### Homelessness Support Sector

It is estimated that more than 235,000 Canadians experience homelessness each year and among those 25,000 to 35,000 people may be experiencing homelessness on any given night (Gaetz et al., 2016; Strobel et al., 2021). Homelessness refers to a variety of different housing and/or shelter circumstances including unsheltered/absolute homelessness where people are living on the streets or in places not meant for human habitation; emergency sheltered homelessness where individuals stay overnight in shelters, and provisional accommodations where people access temporary accommodations that lack security of tenure (Gaetz et al., 2016).

Given the existence of widespread homelessness in Canada, there exists a group of workers supporting this population referred to as the homelessness support sector (Toor, 2019). A significant proportion of the workforce in the homelessness support sector identifies as Black, Indigenous, or other people of colour, women, and are people with lived experience of homelessness (Rodríguez-Rey et al., 2020). Toor (2019) reports that over three quarters (76.5%) of this workforce in Canada identify as female, 19.6% identify as a visible minority, and 10.6% identify as Indigenous (Toor, 2019). The 2016 Census results did not, however, identify the proportion of frontline staff who have lived experience of homelessness or the details of their racial/ethnic background. Individuals identifying as Indigenous, those who are visible minorities, and women, often encounter substantial social, economic, and health inequities as a result of structural and individual discrimination (Krieger, 2014). It is likely these groups of workers in the homelessness support sector have differential working experiences and encounter different challenges and working conditions compared to Caucasian workers in the homelessness support sector.

Staff in the housing and homelessness support sector encounter numerous challenges as a result of complex and intersecting issues spanning the systems-, sector-, organizational- and individual-level. It is well documented that workers in the housing and homelessness support sector in Europe and North America experience substantial mental health challenges (Lemieux-Cumberlege & Taylor, 2019; Wirth, Mette, Prill, et al., 2019), burnout, and work-related stress (Lenzi et al., 2020; Waegemakers-Schiff & Lane, 2018), safety issues (Fisk et al., 1999), and may experience structural, workplace, and individual-level discrimination, as well as harassment and violence (Fisk et al., 1999; Robelski et al., 2020). One in ten workers in the sector across Canada were categorized as low-income earners in 2016 (Toor, 2019). Previous research demonstrates that workers in this sector lack adequate paid sick leave and in some cases, sector workers may lack adequate training, resources (e.g., compensation, materials, and other assets), and supports (e.g., health benefits, counseling, peer support, professional development, etc.) to safely and effectively do their jobs (Lenzi et al., 2020; Mette, 2020; Olivet et al., 2010; Spinney, 2013; Valoroso & Stedmon, 2020; Wirth, Mette, Prill, et al., 2019).

The sector is also characterized by high rates of employee turnover and low employee retention (Poskitt, 2019; Rios, 2018). Toor (2019) also reported that there is limited opportunity for full-time and permanent employment for staff in this sector. Existing literature also demonstrates that this sector is often impacted by significant resource and funding constraints, and limitations due to policies, regulations, and rules, within the national, provincial/territorial, and regional political and economic contexts (Francis, 2000; van den Berk-Clark, 2016). The COVID-19 pandemic has only exasperated many of these issues for frontline staff over the past 12 months.

These and other challenges experienced by frontline staff across the systems-, sector-, organizational- and individual-level are not clearly characterized nationally and provincially/territorially in the Canadian context. More specifically, there is a need to better understand the magnitude of precarious employment and issues of discrimination and harassment that frontline staff experience across the sector in Canada, and how and if frontline staff from racialized groups, those who identify as Indigenous, women-identifying, and those with lived experience of homelessness are differentially impacted by these issues.

To protect workers and respond to the complex challenges experienced by frontline staff, evidence-based policies and regulations, sector standards, and adequate resources and supports need to be in place at the systems-, sector-, organizational-, and individual levels. Currently, it is unclear what existing policies and regulations, sector standards, resources, and supports are in place, if they are adequately protecting workers and responding to their complex needs, and if they are equally available and accessible to different groups of employees. Therefore, this research will provide answers to these significant gaps in knowledge, identify avenues to improve employment and workplace conditions, and protect frontline staff and respond to their complex needs in the context of the homelessness support sector in Canada.

## RESEARCH OBJECTIVE

The overall objective of this research was to identify opportunities and avenues to improve employment and workplace conditions, protect workers, and met the needs of frontline staff in the homelessness support sector in Canada.

### *To do so, this study will ask the following research questions:*

1. What are the key skills (e.g., technical, interpersonal, educational, lived experience, empathy, etc.) that are required to work in the homelessness and housing sector?
2. What is the magnitude of precarious employment, employee retention and turnover, and discrimination, experienced by frontline staff in the homelessness support sector, and how do these issues vary for people with lived experience of homelessness and individuals of different gender, Indigenous, and racial identities?

3. What existing resources, and supports are in place and offered to workers in the homelessness support sector in Canada? Do existing resources and supports provided to employees vary across different groups or categories of employees in the sector?
4. What policies and regulations, sector standards, resources, and supports exist in the sector or are needed to protect workers, improve employment and workplace conditions, and meet the complex needs of frontline staff in the homelessness support sector in Canada?

## METHODS

To answer the four questions, this research used a mixed-methods approach to facilitate the collection and analysis of both qualitative and quantitative data. The methods are described below.

**Literature review:** The Hub Solutions team began by conducting a rapid literature review focused on workers within the homelessness support sector. Empirical and grey literature were included in the review.

**Review of Job Advertisements:** A review of job advertisements in the homelessness support sector posted between January and February 2021 was conducted.

**Survey:** A cross-sectional national survey was distributed to frontline staff in the homelessness support sector in April 2021.

**Interviews with Executive Directors (EDs):** Virtual interviews were held with 15 EDs from homeless serving organizations across Canada throughout April 2021.

# LITERATURE REVIEW

## Overview



We conducted a rapid review of the literature focused on employment and working conditions and challenges experienced by frontline staff in the homelessness support sector. Frontline staff were defined as employees who cannot work from home, whose work requires them to be in close physical contact with clients and may expose them to hazardous conditions (Kane, 2020). For this literature review, the homelessness support sector was defined in accordance with the activities that are eligible for funding from Reaching Home (Employment and Social Development Canada, 2020). Therefore, the homelessness support sector in Canada consists of the following services:

- *Housing services (e.g., transitional housing, permanent supportive housing, Indigenous housing options, housing placements, and emergency housing)*
- *Prevention and shelter diversion activities (e.g., discharge planning, landlord liaison, emergency assistance to avert eviction, etc.)*
- *Health and medical services (e.g., providing general health and medical services and hiring of health care professionals)*
- *Client support services (e.g., basic needs services, clinical and treatment services, economic integration services, and social and community integration services)*
- *Capital investments (e.g., renovation of emergency shelters and purchase of transitional housing)*
- *Coordination of resources and data collection (e.g., mapping of the housing and homeless-serving system and conducting point-in-time counts)*

## | Search strategy

We consulted the following databases for peer-reviewed literature from January 2021 to April 2021: MEDLINE, PsycINFO, JSTOR, Social Sciences Abstracts, Social Work Abstracts, and Google Scholar. The references of relevant peer-reviewed literature were scanned to identify additional articles that could be included in the review. Key organizations and government websites such as the Government of Canada, FEANTSA, and the World Health Organization were used to identify relevant grey literature. Reaching Home also provided literature for review. The following search terms and phrases were used to identify relevant literature:

### | Table 1: Key search terms

|   |  |
|---|--|
| <p><b>POPULATION</b></p> <p>Homeless service workers, homeless sector workers, homeless serving staff, frontline workers, homeless agency employees, peer support workers, workers with lived experience, and social workers.</p> | <p><b>SECTOR</b></p> <p>Homeless services, homelessness services, homeless sector, homelessness and housing sector, hostel staff, work with the homeless, and homeless aid.</p>  |
| <p><b>CHALLENGES</b></p> <p>Burnout, vicarious trauma, secondary traumatic stress disorder, mental health, staff turnover and retention, wages, discrimination, violence, unsafe work, and working conditions.</p>                | <p><b>SUPPORTS</b></p> <p>Coping strategies, self-coping strategies, resources for frontline workers, organizational support, strategies to support frontline workers, policies to guide work in the homelessness support sector, homelessness support sector standards/regulations.</p> |

This literature review covered the following topics: socio-demographics of workers in the sector, employment in the sector, challenges encountered by frontline staff and organizations in the sector, supports offered to frontline staff and self-coping strategies, and policies, regulations, and standards. As well, this review explored challenges experienced by frontline staff and organizations due to the COVID-19 pandemic. The review concludes by summarizing key gaps in the literature.

# Findings



## Socio-demographics and Education of Workers in the Sector

A report from Toor (2019) provides an overview of workers in the homelessness support sector based on data from the 2016 Canadian Census. This report reveals that in Canada, over half of all employees in the homelessness support sector work in Ontario (34.5%) and British Columbia (22.0%), with the vast majority (64.7%) of staff working in large urban centers. As previously discussed, one report by Statistics Canada using census data, found that three quarters (76.5%) of workers in the sector identify as female, 19.6% identify as a visible minority, and 10.6% identify as Indigenous (Toor, 2019). Just under one-third (28.0%) of the workers in the homelessness support sector were between age 25 and 34, followed by 20.8% who were between the ages of 45-54, and 20.4% who were between ages 35 to 44 (Toor, 2019). A majority of workers in the sector have completed some form of post-secondary education. This includes trade-school, college or non-university certificates/diplomas, bachelor's degree, and graduate degree or certificate above the bachelor's level (Spinney, 2013; Toor, 2019; University of East London, 2015; van den Berk-Clark, 2016; Waegemakers-Schiff & Lane, 2018). While there is no one specific field of study that is needed to work in the homelessness support sector, a degree in social work is very common. This reflects the two main occupations that are often found in the sector: 1) social workers and 2) social and community service workers (Toor, 2019). Other common educational backgrounds in the field include nursing, business, public administration, education, counselling, youth work, and psychology (Mette, 2020; J. C. Petrovich & Navarro, 2020; Robelski et al., 2020; Spinney, 2013; Toor, 2019; Wirth, Mette, Nienhaus, et al., 2019).

## Employment in the Sector

The following section provides an overview of employment in the sector. Information about the length of time staff are employed in the sector as well as the types of skills needed to work in the sector are discussed.

## Length of Time Working in the Sector

Workers in this sector tend to have less than five years of experience (Mette, 2020; Robelski et al., 2020; Spinney, 2013; Waegemakers-Schiff & Lane, 2018; Wirth, Mette, Nienhaus, et al., 2019). In Canada, Waegemakers-Schiff and Lane (2018) found that 75.0% of staff in the homelessness support sector had less than 5 years of experience, while a study in Germany determined that 88.0% of social workers in the sector had less than 3 years of experience. The short number of years spent working in the sector could be a result of low employee retention and high staff turnover reported by workers in the homelessness support sector, or sampling biases in the reviewed studies (Lenzi et al., 2020; Olivet et al., 2010; Rios, 2018; Waegemakers-Schiff & Lane, 2018).

## Key Skills

***This review identified a wide range of skills that workers in the homelessness support sector have including:***

- *Interpersonal skills: empathy, teamwork, communication, negotiation, leadership, and problem-solving (Housing First England, 2020b; Olivet et al., 2010; University of East London, 2015).*
- *Character traits: creativity, enthusiasm, openness, a sense of humour, and resilience (Housing First England, 2020b, 2020a; Olivet et al., 2010; University of East London, 2015).*
- *Technical skills: organizational, computer, information, and technology skills, and being able to resolve conflicts and engage stakeholders (Housing First England, 2020a; University of East London, 2015).*

The types of experience that staff are expected to have changes depending on the specific job. Typically, knowledge of the housing sector, community resources, welfare services, the principles of Housing First, and risk factors for homelessness are essential for working in this sector. Experience working with vulnerable populations and people with mental health and substance abuse challenges are other common skills required in many different types of positions in the homelessness support sector (Packard, 2001; van den Berk-Clark, 2016).

## | Staff with Lived Experience

Positions for people with lived experience in the sector are typically peer support roles. These types of employment opportunities in the sector have increased, partly due to the effectiveness of peer support initiatives demonstrated in the mental health and addiction field (FEANTSA, 2015). However, relatively little research has been conducted on workers with lived experience of homelessness. Lived experience is often considered an asset for workers in the sector. However, it is unclear whether workers with lived experience face additional challenges while working in this sector (Barker & Maguire, 2017).

## | Challenges Encountered

Staff in the homelessness support sector encounter challenges at individual, organizational, and system levels. It is important to note that the challenges at each of these levels often intersect. For this reason, addressing system-level challenges can help individual-level work experiences.

### *Individual-level*

The first set of common challenges described by staff are largely related to mental health. These include compassion fatigue, emotional exhaustion, depression, and disillusionment (Lemieux-Cumberlege & Taylor, 2019; Lenzi et al., 2020; Olivet et al., 2010; Tanjuaquio, 2018; Waegemakers-Schiff & Lane, 2018; Wirth, Mette, Nienhaus, et al., 2019). Compassion fatigue is characterized by both burnout and secondary traumatic stress (STS). Staff experiencing burnout on its own or as part of compassion fatigue may feel frustration, anger, depression, exhaustion, depersonalization with clients, and low self-efficacy (Poskitt, 2019; Reeve et al., 2021; Waegemakers-Schiff & Lane, 2018). STS is similar to post-traumatic stress disorder (PTSD) and can make workers feel anxious, fearful, experience intrusive reminders of traumatic events, have difficulty sleeping, and feelings of avoidance (Lemieux-Cumberlege & Taylor, 2019; J. Petrovich et al., 2020; Waegemakers-Schiff & Lane, 2018). Similarly, workers experiencing disillusionment might feel disappointed with their jobs because the expectations of their job do not match the reality of their work (Lenzi et al., 2020). It is not surprising that disillusionment is a common challenge experienced by workers in the homeless sector given that progress and improvement for clients occurs more slowly than is often anticipated by workers (Olivet et al., 2010).

The various mental health challenges described by workers in this sector are often explained as vicarious trauma due to the constant exposure to traumatic events and client distress (Ferris et al., 2016; Lemieux-Cumberlege & Taylor, 2019; Waegemakers-Schiff & Lane, 2018). Clients that staff work with may be dealing with complex issues, such as untreated mental illnesses, substance use issues, or may find staff untrustworthy. This makes it hard for workers to meet the expectations of their roles because clients are unwilling to accept help from workers in the sector (Tanjuaquio, 2018). Frontline workers also report feeling stressed when enforcing social housing policies. It is often challenging to balance enforcing living agreements dictated by housing corporations with the tenants' autonomy regarding lifestyle choices (Tiderington, 2018).

Large caseloads, working under camera surveillance, intrusive sexual or aggressive behaviour from clients, and language barriers were other individual-level challenges that were described by workers in this sector (Fisk et al., 1999; Lemieux-Cumberlege & Taylor, 2019; Lenzi et al., 2020; Robelski et al., 2020; van den Berk-Clark, 2016; Wirth, Mette, Nienhaus, et al., 2019). Hostel workers in Europe have explained that they felt unprepared and significantly traumatized when their clients pass away (Lakeman, 2011; Valoros & Stedmon, 2020). As homelessness increases the risk of mortality, workers in the sector may have greater exposure to death than workers in other social service sectors, and have described the need for adequate resources to cope with these traumatic events (Lakeman, 2011; Valoroso & Stedmon, 2020).

Challenges and conflicts also arise when workers are faced with ethical dilemmas on the job. For example, staff may have to decide whether to admit their clients involuntarily for psychiatric help, report illegal/criminal behaviour of clients, and discharge youth back onto the street for minor transgressions that break organization policies (Fisk et al., 1999; Wirth, Mette, Prill, et al., 2019). Outreach workers have expressed challenges with maintaining the privacy of their clients as they often find themselves discussing personal issues in public spaces because their clients are living in these public spaces (Fisk et al., 1999). Workers in this sector must also navigate around coercive outreach strategies to ensure that clients are receiving the help they need but that the help is not forced upon them without their consent (Fisk et al., 1999).

Safety is also a major issue that impacts frontline workers in the homelessness support sector (Fisk et al., 1999; Robelski et al., 2020; Tanjuaquio, 2018; Wirth, Mette, Nienhaus, et al., 2019). Outreach workers describe instances where they have found themselves in dangerous/unsafe situations given that they meet or approach clients out in the community as opposed to in an office or clinic environment (Fisk et al., 1999). For example, outreach workers may encounter clients carrying weapons (e.g., guns, knives) to survive on the streets, posing a severe safety risk to workers (Fisk et al., 1999). Sector workers may witness or be victims of violence, given that some clients face undiagnosed mental

health illnesses or are aggravated when outreach workers invade their personal space (Proffitt, 2011; Tanjuaquio, 2018). Safety is not an issue that is solely experienced by outreach workers in the sector. Clinicians who serve people experiencing homelessness may also face verbal abuse and physical threats. This situation arises if patients feel the clinician has not met their needs or that questions are intrusive and triggering (Health Care for Homeless Clinician's Network, 1996). Ultimately, workers in this sector face various unsafe working conditions because of the challenges and living conditions that their clients (i.e., people experiencing homelessness) are confronted with daily.

## *Organization level*

Challenges coming from the organization level include precarious employment in the sector, unclear job expectations, difficulty meeting organizational goals, lack of supervision, lack of training, high rates of staff turnover, limited availability of full-time positions, and a lack of health resources offered to staff (Lemieux-Cumberlege & Taylor, 2019; Lenzi et al., 2020; Mette, 2020; Olivet et al., 2010; van den Berk-Clark, 2016; Waegemakers-Schiff & Lane, 2018).

Precarious employment in this sector is a significant source of stress experienced by frontline workers. Precarious employment is defined as work that is unstable with uncertain remuneration, low-income/low wages, limited or no benefits and statutory entitlements, and non-standard employment (e.g., temporary, contract, casual, part-time) (Mitchell & Murray, 2017; Hennessy & Tranjan, 2018). A survey conducted by the Canadian Centre for Policy Alternatives found 22.0% of skilled professionals with full-time positions across dozens of industries felt that their employment was precarious. While this survey was not specific to the homelessness and housing sector it included workers in social and community services which were identified as the two main occupations in the sector (Hennessy & Tranjan, 2018; Toor, 2019). Nearly 10% of workers in social and community service occupations in Canada felt that they held precarious jobs. Further, across all occupations in Canada, post-secondary education does not guarantee workers stable employment (Hennessy & Tranjan, 2018). One in four workers that reported precarious employment held full-time positions, but still reported experiencing economic insecurity (Hennessy & Tranjan, 2018).

High rates of staff turnover in organizations and staff shortages are also major causes of stress for staff in the sector. Employees in the sector, despite reporting being deeply committed to their work, still tend to leave their jobs after only two years (Rios, 2018). A lack of communication, trust, leadership, and opportunities for career development are cited as issues that impact employees' ability to continue to work in the homelessness and housing support sector (Rios, 2018).

Workers in this sector may also encounter challenges due to resource limitations and conflicting rules dictated by governments and funding agencies (Francis, 2000; Renedo, 2014). For example, in a study conducted with case managers that serve people experiencing homelessness with complex mental health issues, case managers described instances where they were unable to request certain supports for clients because their clients did not meet the eligibility criteria set in place by the funders (Francis, 2000). Case managers responded by trying to find loopholes for clients or bending the rules so that clients could receive much-needed supports (Francis, 2000). Policies and protocols that do not reflect clients' needs place unnecessary stress on staff (Francis, 2000). In this same study, the organization employing the case workers was funded by a federal grant, but operated in accordance with rules/regulations/policies that were set by the County (Francis, 2000). These separate bureaucracies created challenges for the workers who felt that they were unable to meet the needs of their clients and unable to meet the expectations of their work due to conflicting and contradictory guidelines given by two entities (Francis, 2000).

## *System-level*

Factors at the systems level, beyond the control of an organization, play a major role in creating challenges for frontline staff in the sector. Funding is a significant factor that contributes to challenges that impact employment and staff in the sector. As a result of funding issues, there is limited availability of full-time permanent positions and inadequate remuneration for frontline staff, and organizations are restricted in their ability to provide extensive support services and ongoing comprehensive training (Lemieux-Cumberlege & Taylor, 2019; van den Berk-Clark, 2016). In Canada, 10% of workers in the homelessness and housing support sector are considered low-income and nearly one-third (27.8%) are working in part-time positions (Toor, 2019).

There is some evidence that the stress that workers feel when navigating precarious employment and insufficient resources can be reduced through greater government involvement with organizations that serve homeless populations (Baptista et al., 2020). For example, when governments in high-income European countries that have set a strategy to address homelessness take responsibility for financing homelessness services, more resources become available and this availability becomes more predictable (Baptista et al., 2020). This in turn reduces the stress felt by staff and creates more favourable working conditions for staff who serve people experiencing homelessness (Baptista et al., 2020). If adequate and long-term funding was given to organizations, more full-time positions, liveable income, and enhanced job security for workers in this sector could occur (St Vincent de Paul Society, 2016). With longer-term funding commitments, staff and organizations could also give clients long-term programs/supports to help address the issues that make it hard to permanently transition out of homelessness (Brown, 2012; St Vincent de Paul Society, 2016).

## | Policies, Regulations, and Standards

Currently, there are no policies, regulations, or standards specific to the housing and homelessness support sector that are universally implemented by homeless serving organizations and staff in the sector. Standard federal regulations apply to homeless-serving organizations, such as the Canada Occupational Health and Safety Regulations (COHSR) and Employment Equity Regulations (Employment and Social Development Canada, 2015). Similarly, for the homeless serving organizations in Canada that are not-for-profit, the Not-for-profit Corporations Act was created to guide their operations (Legislative Services Branch, 2018). While these federal policies and regulations impact workers in the homelessness and housing sector, they are not specific to employment and workplace conditions in the homelessness support sector.

A few provincial and municipal policy documents have been created to inform work in the homelessness support sector. In 2016, the Ministry of Municipal Affairs and Housing in Ontario released a policy statement for the 47 Service Managers across the province that provides guidance for them to create housing and homelessness plans. Additionally, certain municipalities and organizations across Canada have developed standards for practices in the homelessness and housing sector. The Calgary Homeless Foundation released the guide *Standards of Practice: Case Management for Ending Homelessness* in 2011 and the City of Toronto created a document for shelter standards to be followed by all City-administered shelters (Shelter, Support, and Housing Administration, 2017; Calgary Homeless Foundation, 2011).

## | Supports Offered and Self-coping Strategies

### *Therapeutic supports*

There are a variety of supports that may be offered to staff in the homelessness support sector, including reflective practice groups, case review groups, peer support, and group supervision. In a reflective practice group (RPG), workers come together and share their experiences with colleagues to help them process these experiences and discuss alternative ways to approach similar situations in the future (Lemieux-Cumberlege & Taylor, 2019). Group supervision is similar to an RPG; however, RPGs do not need to involve colleagues in supervisory/senior positions whereas group supervision always includes colleagues in supervisory positions (Lemieux-Cumberlege & Taylor, 2019). Case review groups occur in the same format as RPGs and group supervision, but case reviews will typically involve an external clinical consultant who can create a structured approach to help workers respond to client behaviours that are observed by staff (Lemieux-Cumberlege & Taylor, 2019). RPGs and case review groups were both identified as helpful

types of supports by staff in the sector (Lemieux-Cumberlege & Taylor, 2019; Valoroso & Stedmon, 2020; Wirth, Mette, Nienhaus, et al., 2019). Group supervision has been provided to workers but not all staff felt that group supervision improved their working conditions (Olivet et al., 2010; Wirth, Mette, Nienhaus, et al., 2019; Wirth, Mette, Prill, et al., 2019). Peer support among frontline staff to manage grief and stress, particularly during the COVID-19 pandemic, has been an encouraged practice in the sector (Inner City Health Associates, 2020). Acceptance and Commitment Therapy (ACT) is another therapeutic support offered to frontline workers in the sector (Reeve et al., 2021). ACT is a behavioural intervention model that aims to increase a person's ability to continue doing personally meaningful work (e.g., serving people experiencing homelessness) even though a by-product of this work is enduring difficult emotional experiences (Reeve et al., 2021). However, a recent study suggests that burnout and work engagement improved among staff who were given ACT (Reeve et al., 2021).

## *Self-coping Strategies*

Workers in this sector have identified that they use their own coping mechanisms to deal with the demands of their work. To manage sexual behaviour from clients, staff will set professional boundaries in the employee-client relationship (Mette, 2020; Wengraf, 2004; Wirth, Mette, Prill, et al., 2019). Staff also set boundaries with clients to help clients become more independent and take on more responsibility in their lives (Wengraf, 2004). Some workers set boundaries to distance themselves emotionally and personally from their clients which lessens the emotional and mental impacts if their clients pass away (Ferris et al., 2016; Valoroso & Stedmon, 2020; Wengraf, 2004).

Developing a good work-life balance by sticking to a set work schedule and limiting job hours (e.g., day shift, no weekend work, etc.), not bringing work home, and taking up hobbies and activities outside of work are other strategies used to deal with stress at work (Mette, 2020; Olivet et al., 2010; Wirth, Mette, Prill, et al., 2019). Additionally, finding meaning in work and believing that their work makes a difference are strong motivators for staff in this sector (Ferris et al., 2016; Robelski et al., 2020; Wirth, Mette, Nienhaus, et al., 2019; Wirth, Mette, Prill, et al., 2019). Staff reported that having a sense of humour is beneficial for relieving stress (Wirth, Mette, Prill, et al., 2019). Also, since client progress can be slow, staff feel that it is important to celebrate small successes with clients when they happen (Mette, 2020; Wirth, Mette, Nienhaus, et al., 2019; Wirth, Mette, Prill, et al., 2019). Finally, workers in this sector find it beneficial to have an active social life and supportive family and friends that they can reach out to when needed (Valoroso & Stedmon, 2020; Wirth, Mette, Prill, et al., 2019).

## Other Supports

Other supports staff identify as helpful in the sector include educational resources and training opportunities (Spinney, 2013), strong, value-driven leadership that helps create collaborative work environments (Olivet et al., 2010; Wirth, Mette, Prill, et al., 2019), peer mentoring, team meetings, and staff retreats (Olivet et al., 2010; Ramalho, 2014; Wirth, Mette, Prill, et al., 2019).

# COVID-19 IMPACTS



## | Challenges

Frontline staff in the homelessness support sector have encountered new challenges in the past 12 months due to the COVID-19 pandemic. People experiencing homelessness are at a higher risk of contracting COVID-19 and developing severe complications from the virus due to structural and social determinants of health, including barriers to accessing health care services (Public Health Agency of Canada, 2020; The World Health Organization, 2020). Therefore, frontline staff working with this population have an increased risk of contracting COVID-19 (Jackson, 2020). The challenges reported by the homelessness support workforce during the pandemic included a decline in mental health, increase in substance use, financial problems, difficulty and/or inability to shift to online service delivery, and difficulties connecting clients to supportive resources. A lack of financial, physical (e.g., PPE, COVID-19 tests, and vaccinations) and human resources have created additional challenges for frontline staff in the sector.

## | Health Impacts

Several studies have demonstrated that COVID-19 outbreaks in homeless shelters impact both clients and staff within these facilities (Imbert et al., 2020; Mohsenpour et al., 2021). Testing in one shelter revealed that 17% of staff and 67% of residents that were tested had contracted COVID-19 (Imbert et al., (2020). In Canada, one study revealed that 1.1% of direct service providers in the homelessness support sector had tested positive for COVID-19, however, 9.8% believed that they had contracted the virus, but were not tested to confirm a diagnosis (Kerman et al., 2021). From this study, 79.5% of service providers reported that their mental health had declined during the pandemic and 39.1% reportedly increased their use of substances, alcohol, and cannabis (Kerman et al., 2021).

Just over half (51.4%) of frontline staff had experienced financial problems ranging from slight (22.4%), moderate (19.4%), and extreme (9.6%) while 14.8% reportedly received the Canada Emergency Response Benefit (CERB) (Kerman et al., 2021).

## | Service Delivery

In 2020, Canadian organizations serving youth at risk of or experiencing homelessness were surveyed. This survey revealed that while 48 (80%) organizations were able to continue their outreach services during the pandemic, 12 (20%) organizations reported that their outreach services were no longer available due to loss of funding and/or staff and safety concerns related to the inability to equip staff and youth with PPE and implement pandemic protocols (Buchnea et al., 2020). Alternatively, some health and counselling services have switched to virtual platforms to ensure that youth can continue to access supports (e.g., counselling, physical health care, and education) during the pandemic (Buchnea et al., 2020). However, staff that responded to this survey explained that they found it challenging to stay in contact with youth in this sector through virtual services because many youths do not have access to phones and other technology (Buchnea et al., 2020). Youth-serving organizations have also been unable to help youth exit unsafe living arrangements during the pandemic because many of the supports available to youth in crisis have closed or have limited capacity to accept new clients (Buchnea et al., 2020).

Physical distancing protocols also inhibited staff's ability to provide youth with transportation which facilitates access to essential health care services and other supports (Buchnea et al., 2020). Access to PPE and the lack of social isolation spaces were also among the top 10 challenges identified by workers serving at-risk or homeless youth during the pandemic (Buchnea et al., 2020).

## | Resource Constraints

Homeless serving organizations also experienced staff shortages for several reasons. Frontline staff have taken leaves of absence to protect themselves from contracting COVID-19 or voluntarily chosen to self-isolate (Moses et al., 2020). Second, workers testing positive or experiencing symptoms of COVID-19 are required to quarantine for two weeks, diminishing the number of staff available to work particularly during outbreaks of COVID-19 (Jackson, 2020). Shortages of PPE have also increased safety concerns among frontline staff, but particularly for outreach workers (Jackson, 2020). Staff shortages are on the rise because homeless serving agencies are taking on more work inside and outside of their organizations to prevent the spread of COVID-19 (Moses et al., 2020).

While outreach is an important strategy used to connect homeless individuals with housing and support services, these activities have declined during the pandemic because of safety concerns, stay-at-home orders, and temporary closures of some agencies (Jackson, 2020). For clients who are COVID positive, shelters and other homeless agencies have provided alternative spaces for clients to quarantine and self-isolate. (Jackson, 2020; Public Health Agency of Canada, 2020). Agencies in the homelessness support sector have faced challenges finding adequate space and beds for isolation spaces. Moreover, when spaces are available there are not enough staff to cover these additional locations (Jackson, 2020). Screening and testing clients for COVID-19 has also become standard practice in many homeless serving organizations. However, availability shortages for COVID-19 tests have made this difficult (Moses et al., 2020). Meanwhile, some shelters have had to limit their capacity and hours of operation, leaving some homeless individuals without much-needed support during the pandemic (Moses et al., 2020).

## | Vaccinations

Initially, the Government of Canada's plan to roll out COVID-19 vaccines prioritized residents living in congregate living settings for seniors and staff working in healthcare settings (Public Health Agency of Canada, 2021). This plan overlooked the increased risk of COVID-19 among congregate living settings for people experiencing homelessness and staff working in these settings. Vaccinations for frontline workers in the homelessness support sector and residents in other congregate living settings were designated for Stage 2 of the government's vaccine roll out. This meant that frontline workers would not receive their vaccine until the second or third quarter of 2021, despite the continued spread of COVID-19 throughout the sector (Public Health Agency of Canada, 2021). Some cities across Canada, like Montreal and Toronto, recognized the need to vaccinate people experiencing homelessness and frontline staff in the shelter system, and began their own pilot programs to offer vaccinations at shelters around the city (Ranger, 2021).

## | Funding

Homeless-serving organizations have encountered several challenges with funding during the COVID-19 pandemic and have had to find alternative avenues to cover the costs associated with the shift in their operations due to COVID-19. Organizations that previously used fundraising events (e.g., galas) and depended on community donations have struggled to raise funding through alternative strategies (Buchnea et al., 2020). Falvo (2020) reported that organizations in the homelessness support sector saw a decrease in fundraising during the pandemic as a result of decreased giving from private individuals. The inability to host fundraising events that bring together large crowds was a significant

factor in diminished fundraising efforts (Falvo, 2020). While organizations have adapted to these restrictions and hosted virtual events, these efforts were not always as lucrative as traditional fundraising efforts (e.g., galas, auction, and golf tournaments). Not all homeless serving organizations experienced the same drop in fundraising during the pandemic. In fact, some organizations saw a significant increase (10%-50%) in fundraising revenue (Falvo, 2020). The Government of Canada recognized the pandemic's toll on the homelessness support sector and people experiencing homelessness. As a result, in January 2021, the federal government invested an additional \$40 million in the homeless-serving sector following the \$236 million provided under Reaching Home in September 2020 (Employment and Social Development Canada, 2021). However, these funds are only available to organizations that were already receiving federal funding. This left many organizations without funding to continue or adapt their services during the pandemic (Buchnea et al., 2020).

## | Supports

Kenney (2021) highlights how organizations in the homelessness and housing sector are supporting their staff during the pandemic. This includes offering paid time off, temporary wage increases, and covering the cost of hotel rooms for frontline staff to prevent the spread of COVID-19 to their family members (Kenney, 2021). Creating opportunities for in-person and virtual check-ins with staff and reviewing organization policies to support staff efforts are other examples of new supports brought in during the pandemic (Kenney, 2021).

The Center for Disease Control (CDC) and the Public Health Agency of Canada have created education and training toolkits to support service providers in the homelessness and housing sector (CDC, 2021; Public Health Agency of Canada, 2020). These tools provide guidance on how organizations can change the layout and ventilation of their facilities as well as information on how to train staff in proper infection, prevention, and control procedures (CDC, 2021). The Canadian Alliance to End Homelessness, among others, have made checklists for self-care and pandemic preparedness for staff to use during the pandemic (The Canadian Network for the Health and Housing of People Experiencing Homelessness, 2021).

A survey of workers in the homeless sector felt that overall, the government is providing good guidance on how to handle the pandemic ("COVID 19 Workforce Survey," 2020). However, 25% of staff that responded to this survey felt they could use more guidance specific to their work in the homeless and housing support sector ("COVID 19 Workforce Survey", 2020).

# GAPS IN THE LITERATURE



Despite a growing number of studies that focus on and analyze workers in the homelessness support sector, significant gaps in the literature remain. For instance, although Toor (2019) provides a profile of several socio-economic characteristics of workers in this sector, additional research that examines the root causes of these characteristics is needed. Similarly, research that explores the skills and training needed to succeed in various roles within the homelessness support sector is also needed. This type of research would provide a better understanding of the training and education supports required for workers in the sector. Research that can inform the development of effective training materials for staff in this sector (e.g., yearly training sessions, modules, review manuals) would be helpful. Participants in previous studies noted that their organizations provided training on topics relevant to working with homeless populations, but these training programs were not evaluated to assess their effectiveness (Fisk et al., 1999; Olivet et al., 2010). Engaging frontline staff in research and program development activities may provide valuable insights for organizations to create useful and cost-effective training materials.

Research on the benefits and challenges of having lived experience and working in the sector is lacking. Identifying the types of roles that are created for people with lived experience in the homelessness support sector and how having staff with lived experience benefits clients would be valuable. This research would also provide a better understanding of how lived experience and previous trauma create difficult circumstances for staff in the sector. Barker and Maguire (2017) also note that workers with lived experience are viewed differently than other staff in the sector. It would be beneficial to determine whether staff with lived experience are treated differently by other workers in the sector and if they are inequitably compensated. More information on the social and emotional impacts of the COVID-19 pandemic on frontline staff in the homelessness support sector is needed. Several studies have looked at the effects of the COVID-19 pandemic on frontline health care providers (e.g., nurses, doctors, personal support workers) (Boluarte Carbajal et al., 2020). However, there is a lack of research specific to frontline homelessness and housing workers even though they face similar challenges that frontline health care workers are facing, such as staff and equipment shortages, and increased work responsibilities.

# REVIEW OF JOB ADVERTISEMENTS

## OVERVIEW



This summary is based on an online review of 100 job advertisements related to the homelessness and housing support sector. The review was conducted between January 18th, 2021, to February 26th, 2021. The review examined the job descriptions, job requirements, salaries, terms of employment, and other topics to gain an understanding of current and forthcoming employment opportunities in this sector and the key skills required to work in the sector.

## KEY FINDINGS



1. Workers in this sector should have knowledge of homelessness (e.g., causes, risk factors, interventions, etc.). Workers should also understand the principles of Housing First, mental health and addiction issues/treatments, and best practices for needs assessments, harm-reduction, and trauma-informed practices.
2. Employers in this sector seek workers with a minimum of six months 'relevant experience' which is consistently defined across the sector as having worked with people experiencing homelessness and other marginalized and vulnerable populations (e.g., 2SLGBTQ+, Indigenous individuals, women, and children). Based on the descriptions of the job postings, relevant experience can be attained in different ways including education, training, and lived experience.
3. Post-secondary education is needed to attain employment in the majority of jobs available in this sector. Common fields of study for workers in this sector include social work, nursing, education, and child and youth studies.
4. One in three positions in this sector were front-line positions, meaning workers in this sector cannot work from home, work in close contact with clients, and are exposed to hazardous conditions regularly (Kane, 2020).
5. Based on the 100 advertisements included in this review, very few employers offer health insurance and pension packages to full-time workers in the sector and none of the part-time positions included these benefits.

## | Search Strategy

Twelve job search engines were used to identify employment opportunities in the sector, these included: Indeed.com, Workopolis, the Job Bank of Canada, Eluta.ca, LinkedIn, the Newfoundland, and Labrador Homelessness Network, NBjobs.com, HireeJobs.ca, YuWin.ca, Monster.ca, the NWT Family Violence Shelter Network, and Carrefour Nunavut. Five province-specific job boards were used (NBjobs.com, NWT Family Violence Shelter Network, Carrefour Nunavut, YuWin.ca, and Newfoundland and Labrador Homelessness Network) when a limited number of postings for those provinces were found with the Canada-wide search engines.

The following keywords were used for the search: 'housing worker', 'outreach worker', 'shelter worker' and 'social worker' and general terms including 'homelessness services', 'housing support', 'outreach' and 'social services housing'.

# RESULTS



## | Geographic dispersion

The majority (30%) of the advertisements were posted for positions in Ontario, 8% in Alberta, British Columbia, and Quebec, 7% in Manitoba, 6% in Nova Scotia and the Northwest Territories, 5% in New Brunswick, Saskatchewan, Nunavut, Newfoundland, and Labrador, 4% in Yukon and, 3% in Prince Edward Island. The dispersion of these job postings is similar to the distribution of workers in this sector included a 2019 Statistics Canada report (Toor, 2019). This report explained that 35.0% of homeless support sector workers were in Ontario followed by 22% in British Columbia, 17% in Quebec, 12% in Alberta, 5% in the Atlantic provinces, and 1% in the territories (Toor, 2019).

## | Type of employment

The type of employment (full-time, part-time, casual, etc.) was listed in 93 postings and missing from seven. More than half (56) of the jobs were full-time positions, 16 were part-time, 11 were casual/relief and ten positions could be full-time or part-time depending on the applicants' availability. Just over half (55) of the postings listed the terms of employment, with 33 as permanent positions, and 22 as temporary or contract positions.

## | Salary

Annual salary information was provided in 19 of the postings and 43 listed hourly wage. The average annual salary was \$53,311 (Standard Deviation \$17,043), the minimum annual salary was \$28,000 and maximum annual salary was \$108,000. The average hourly wage was \$22.75 (Standard Deviation \$7.14), the minimum hourly wage was \$12.50, and the maximum hourly wage was \$50.00.

## | Employment Categories

Table 2 presents the job advertisements organized by employment category. We identified seven different job categories. Most advertisements were categorized as “front-line” positions which are defined as employees who cannot work from home, whose work requires them to be in close physical contact with clients and exposes them to hazardous conditions (Kane, 2020).

1. **Maintenance/kitchen.** The main aspects of these jobs involve food preparation, cleaning, and performing repairs at the facilities.
2. **Front-line.** A range of jobs are included under the front-line employment category, but all positions classified as front-line deal directly with people who are at risk of or are currently experiencing homelessness.
3. **Clinical/primary care.** These jobs also deal directly with clients, but specifically provide medical care and address the health concerns of clients.
4. **Management.** These positions are responsible for overseeing other staff and the operations specific to organizations.
5. **Financial.** This employment category refers to jobs that handle the financial aspects of organizational operations (e.g., accounting).
6. **Administrative.** Positions focused on specific tasks, such as preparing documents, maintaining filing systems, and other clerical duties.
7. **Coordinator.** Jobs included within the coordinator category are responsible for scheduling, training, and recruiting staff, and facilitating collaboration across departments within one organization and between organizations in the community.

## Table 2: Employment Categories

| Categories                | N = 100     | Examples   | Job Type (Full-time, Part-time, Casual)               | Mean (annual or hourly)            |
|---------------------------|-------------|--|---|------------------------------------|
| Maintenance/<br>kitchen   | 5 (5%)      | <ul style="list-style-type: none"> <li>• Cook</li> <li>• Facilities Assistant</li> </ul>                                     | FTE (1)<br>~~~~~<br>PTE (3)<br>~~~~~<br>Casual (1)    | \$20.50/hour                       |
| General<br>Front-line     | 67<br>(67%) | <ul style="list-style-type: none"> <li>• Peer Support Worker</li> <li>• Community Mental Health Worker</li> </ul>            | FTE (35)<br>~~~~~<br>PTE (12)<br>~~~~~<br>Casual (10) | \$48,226/year<br>\$20.90/hour      |
| Clinical/<br>primary care | 5 (5%)      | <ul style="list-style-type: none"> <li>• Clinical Facilitator</li> <li>• RPN - Consumption and Treatment Services</li> </ul> | FTE (3)<br>~~~~~<br>PTE (0)<br>~~~~~<br>Casual (2)    | \$102,346/<br>year<br>\$43.10/hour |
| Management                | 8 (8%)      | <ul style="list-style-type: none"> <li>• Site Manager</li> <li>• Director of Shelters</li> </ul>                             | FTE (7)<br>~~~~~<br>PTE (1)<br>~~~~~<br>Casual (0)    | \$57,100/year                      |
| Financial                 | 2 (2%)      | <ul style="list-style-type: none"> <li>• Accounting Coordinator</li> <li>• Tenant Relations - Program Assistant</li> </ul>   | FTE (2)<br>~~~~~<br>PTE (0)<br>~~~~~<br>Casual (0)    | \$28.34/hour                       |
| Administrative            | 4 (4%)      | <ul style="list-style-type: none"> <li>• Administrative Assistant</li> <li>• Staff Support</li> </ul>                        | FTE (4)<br>~~~~~<br>PTE (0)<br>~~~~~<br>Casual (0)    | \$24.00/hour                       |
| Coordinator               | 9 (9%)      | <ul style="list-style-type: none"> <li>• Co-op Housing Assistant Coordinator</li> </ul>                                      | FTE (8)<br>~~~~~<br>PTE (0)<br>~~~~~<br>Casual (0)    | \$47,295/year<br>\$21.33/hour      |

## | Educational Requirements

The majority (80%) of advertisements included some form of completed education to be considered for the positions. Educational requirements for various positions are summarized below.

### *No educational requirements*

The two postings (maintenance/kitchen) did not list any educational requirements. However, to apply for these jobs, applicants must have their Food Handler's Certificate.

### *High school*

Three advertisements for frontline positions (peer support worker, crisis intervention worker, and direct care worker) listed Grade 12 as the minimum education required. These advertisements required additional experience and training in addition to the completion of Grade 12 such as previous experience working with women and children fleeing domestic abuse or completion of a peer support training course.

### *Post-secondary*

Eighty advertisements required the completion of post-secondary education specifically, either a college, CEGEP/other non-university certificates/diploma, or a university degree. Typically, positions that required a university degree specified a Bachelor's degree. Only one posting required a Master's level degree. Postings required degrees or diplomas from various fields, including social work, education, nursing, business administration, police foundations, Indigenous Canadian relations, Indigenous community advocacy, and accounting. Specialized training is required for certain roles, including child and youth studies, health promotion, crisis intervention, and suicide prevention. Less common areas of study for jobs in this sector include addictions counselling and community mental health.

## Certifications and Training

The following are the most common examples of certificates and training that appear under job requirements:

- *First Aid;*
- *CPR;*
- *Medication Administration;*
- *Non-violent Crisis Intervention (NVCI);*
- *Applied Suicide Intervention Skills Training (ASIST);*
- *Mental Health First Aid (MHFA);*
- *Crisis Prevention and Intervention (CPI);*
- *Understanding and Managing Aggressive Behaviour training;*
- *Workplace Hazardous Material Information System (WHMIS);*
- *Naloxone training;*
- *Equity, Diversity and Inclusion (EDI) training; and*
- *Homeless Individuals and Families Information System (HIFIS4)*

## Key Skills

Based upon the review of the job postings, workers in this sector are expected to have a range of different interpersonal skills. These skills include excellent verbal and written communication, problem-solving, conflict management, negotiation/mediation, empathy, and relationship building. The ability to work independently and as part of a team was listed in most postings. Project management and leadership skills were also needed for management positions.

Technical skills, including computer literacy and proficiency with the Microsoft Office Suite, were listed in almost every job posting. It is also worth noting that many of the job postings were seeking workers that could lift between 20 to 50 pounds and stand/walk for long periods of time which may exclude applicants with physical limitations or disabilities from these positions.

## Previous Experience

Employers commonly expect applicants to have one to two years of relevant work experience. Some employers requested three to four years of experience and only a handful of five or more years of experience.

What employers consider “relevant experience” is consistent across the 100 job postings reviewed. For most employers, relevant experience is defined as having worked with marginalized and vulnerable populations and having worked in a community, residential, or shelter setting. Depending on the position, relevant experience also includes working with a specific population like youths, women, people identifying as Indigenous, people identifying as 2SLGBTQ+, and people with mental health and addiction challenges.

## | Knowledge

Knowledge of the risk factors and causes of chronic, episodic, and transient homelessness were requirements in all employment categories from custodial/kitchen to management positions. Understanding mental health and addictions issues, symptoms, and treatments were more common for frontline and clinical positions. Frontline workers also need to know about the principles of Housing First; the criminal justice system and best practices for needs assessments, harm-reduction, and trauma-informed practice.

Knowledge of specific practices and policies was a common requirement for many positions in the sector. This included knowing the Landlord and Tenant Act, eligibility, and application processes for financial supports (e.g., Ontario Works, Old Age Security), and Canada Revenue Agency processes. Advanced knowledge of the local private rental market, local housing corporations, and the Residential Tenancy Act were required for positions that exclusively dealt with finding housing for people experiencing homelessness (e.g., Landlord Engagement Specialist).

Lived experience of homelessness was rarely a mandatory requirement for employment but was often listed as an asset for work in this sector. One posting for a Peer Support Worker did list lived experience as a requirement. The candidates applying for this position must believe recovery is possible for all who experience psychiatric, traumatic, and/or substance use challenges which is acquired from lived experience.

Some jobs may have staff working directly with one population like women, members of the 2SLGBTQ+ community, people of colour, and Indigenous individuals. These jobs expect applicants to be aware of historical and systemic issues that contribute to their experiences of homelessness.

## | Additional Assets

While education and experience are the two main components of the job postings, a few other skills are considered assets in this sector. Since many jobs involve travel in and outside of cities, a valid driver's license and clean driving record may be required. Based on these 100 postings, it seems rare that employers offer the use of company cars. Having a car with the proper insurance is essential for many positions in this sector. Another asset is knowledge/fluency in languages other than English. Knowledge of different Indigenous languages is also another common asset in this sector. Some employers even give priority to applicants who identify as First Nations, Inuit, or Métis.

## | Responsibilities

This next section gives an overview of the responsibilities of homelessness and housing sector employees.

- *The responsibilities of an outreach worker include planning and running programs and activities (e.g., recreational, social, skill-building) for clients. Outreach workers also help clients identify and meet their needs whether that is maintaining housing, negotiating leases, or helping them to access counselling. Collaboration and communication with other community organizations is also important. Such jobs can also involve program evaluation, data entry, and food preparation.*
- *Mental health and addictions workers carry out similar responsibilities related to programming and supporting clients to access different resources. This type of work may also involve collaborating with mobile crisis teams, hospitals, doctors, and providers of substance abuse programs.*
- *Case management or caseworker responsibilities overlap with the outreach and mental health worker roles. Case managers also provide wrap-around supports, intake assessments, go to case conferences with clients and community partners, provide counselling, and complete applications for financial support (e.g., Ontario Works).*
- *Administrator positions work in less direct contact with clients. Workers in these positions can work remotely to draft policies and procedures, troubleshoot IT issues, write reports, and assist with scheduling outside contractors.*
- *While all the job advertisements were posted during the COVID-19 pandemic, only five advertisements explicitly described responsibilities related to the pandemic.*

## | Pension, Benefits, and Bonuses

15 advertisements that included information about benefits and pension packages were all for full-time positions. The benefits packages included dental care, extended health care, and vision care, among other health services. Eight of the job advertisements also noted that the positions were unionized and full-time. The posting for a Psychiatric Nurse in Nunavut was part of the Nunavut Employee's Union and was provided with a northern allowance between \$15,016 and \$30,424 as well as recruitment bonuses between \$5,000 and \$10,000. This position also offered subsidized staff housing. While advertisements requested bilingualism (Shelter Coordinator in Quebec, Program Assistant in Ontario) none provided a bonus for speaking multiple languages. One employer in Ontario offered tuition reimbursement.

## | Provincial and Territorial Comparisons

It is difficult to make comparisons about jobs in different provinces within the homelessness and housing sector given that a small number of postings came from territories and provinces like Nunavut and Prince Edward Island. However, one major difference among jobs available in different provinces is the annual and hourly salaries. The minimum wage in all maritime provinces is less than \$13.00 per hour. Therefore, it is not that surprising that entry-level positions advertised in New Brunswick and Nova Scotia had some of the lowest hourly wages at \$12.50 to \$16.00. The six positions in Nunavut were amongst the highest hourly and salary wages from all 100 advertisements with salaries of \$108,000, \$77,000, and \$81,000 offered for these positions. Nunavut does have the highest minimum wage across Canada at \$16.00 per hour. The salaries for positions in Ontario consistently offered around \$50,000 a year and the hourly wages ranged from \$17.00 to \$30.00/hr. The positions for RN and RPN in Ontario had the highest hourly wages at \$50.00 and \$40.00 an hour.

## RESULTS: SURVEY & INTERVIEWS

### OVERVIEW



An online national survey was distributed to frontline staff in the homelessness support sector from April 1st to April 25th, 2021. During this time, a total of 286 responses were recorded - which was reduced to 236 survey responses after data cleaning. These 236 responses were included in the quantitative data analysis. SPSS version 23.0 was used to generate the descriptive statistics from the quantitative data. Qualitative interviews with the Executive Directors (EDs) of homeless serving organizations were conducted concurrently with the survey. A total of 15 semi-structured interviews with EDs from across Canada were recorded, transcribed, and coded using NVivo.

Participant socio-demographics from both the survey and interviews are presented first, followed by four sections containing major themes and trends identified within the quantitative and qualitative data.

dominated by females with 86% and 90% of staff in the child welfare and long-term care sectors respectively identifying as female (Ministry of Long-term Care, 2020; Lwin et al., 2008). In contrast, the Canadian population is evenly split with 50.9% identifying as female and 49.1% as male.

In terms of sexual orientation, 225 provided responses, and among those 80% identified as heterosexual and 20% identifying as LGBTQ2S+. Nearly one in four (23%) workers in the sector have lived experience with homelessness.

Educational achievements varied slightly from that of EDs with 46.4% of frontline workers having completed a bachelor's degree, 32.6% a college diploma, and 13.3% a graduate degree. Workers in the long-term care sector have similar educational requirements/achievements with 58% being PSWs which requires a diploma from an accredited institution and 25% being registered nurses requiring a bachelor's degree in nursing (Ministry of Long-term Care, 2020) . Likewise, 79% of child welfare workers had a completed a bachelor's degree (57% with a BSW) and 12% with a masters degree (10% an MSW) (Lwin et al, 2008).

Frontline workers reported lower annual household incomes compared to EDs. The majority (42.6%) reported an annual household income of \$40,000 to \$79,999/year while 40.2% were making over \$80,000/year and 17.2% were making less than \$40,000/year. Income data was not available for the long-term care or child welfare sectors. The average household income for Canadians in 2015 was \$92,764, indicating that nearly 60% of workers in the homelessness support sector earn a lower household income than the average Canadian household (Statistics Canada, 2017).

The socio-demographic characteristics from our sample of EDs and frontline workers reflected the socio-demographic characteristics among workers in the homelessness support that were reported by Toor (2019). Specifically, the majority of participants in this study were located in Ontario and British Columbia, in urban regions, identified as Caucasian and female, and had completed some form of post-secondary education. These findings reflect the characteristics in the sample of 6,305 workers from the homelessness support sector examined by Toor (2019).

# PARTICIPANT SOCIO-DEMOGRAPHICS

*The following is a summary of socio-demographic information collected from EDs and frontline staff.*

## | Interview Participants: Executive Directors

Table 3 presents the socio-demographic characteristics of EDs and is organized by gender. Eleven (73%) of the EDs identified as women and four (27%) identified as men. The median age among the EDs was age 54. Six (40%) EDs represented organizations in Central Canada, six (40%) in Western Canada, two (13.3%) in Eastern Canada and one (6.7%) in Northern Canada. EDs were predominantly located in urban regions (80%), followed by rural or remote regions (19.7%) and suburban regions (6.7%). Urban, suburban, rural, and remote regions refer to cities that have been defined as such. For example, an ED working in a suburban region would be located on the outskirts or in the outer ring of urban centres/cities (e.g., Burlington).

Twelve EDs provided information on sexual orientation, and among these nine (75%) EDs identified as heterosexual and three (25%) identified as LGBTQ2S+. Among the 13 EDs who reported racial/ethnic identities the majority (84.6%) identified as White/Caucasian and two (15.4%) identified as multi-racial. In terms of education, nine (64.3%) EDs possess a university degree with four (28.6%) reporting a bachelor's degree and five (35.7%) reporting a master's degree. Thirteen (86.7%) EDs that reported income information reported an annual household income of \$60,000 or more with six (46.2%) reporting an income of \$100,000 to \$149,999 followed by three (23.1%) with an income over \$200,000.

The median age of frontline workers was 40.5, slightly lower than that of EDs. This is comparable to the Canadian population with a median age of 40.9 in 2020 (Statistics Canada, 2020) and the long-term care sector with 50% of frontline workers being between age 35 and 54 (Ministry of Long-term Care, 2020). Whereas, the majority (44%) of workers in the child welfare sector are between the ages of 24 and 34 followed by 29% between the ages of 35 and 44.

Among frontline workers, 191 (81.6%) respondents identified as cisgender women, 35 (14.9%) identified as cisgender male, six (2.6%) identified as non-binary, and two as transgender men (0.8%). Other sectors serving vulnerable populations are also

### Table 3: Socio-demographics of Executive Directors

| TABLE 3:<br>Part 1/2                      | Women<br>Total N=11 (73%) | Men<br>Total N=4 (27%) | All ED Total<br>N=15 |
|---|---------------------------|------------------------|----------------------|
| Age, median (IQR)                         | 54 (46-56)                | 59 (49-65)             | 54 (46-63)           |
| <b>Province/Territory</b>                 |                           |                        |                      |
| Central Canada                            | 4 (36.4)                  | 2 (50)                 | 6 (40)               |
| Western Canada                            | 4 (36.4)                  | 2 (25)                 | 6 (40)               |
| Eastern Canada                            | 2 (18.2)                  | 0 (0)                  | 2 (13.3)             |
| Northern Canada                           | 1 (9.1)                   | 0 (0)                  | 1 (6.7)              |
| <b>Geographical Location</b>              |                           |                        |                      |
| Urban                                     | 9 (81.8)                  | 3 (75)                 | 12 (80)              |
| Suburban                                  | 0 (0)                     | 1 (25)                 | 1 (6.7)              |
| Rural or remote                           | 2 (18.2)                  | 0                      | 2 (13.3)             |
| <b>Sexual Orientation*</b>                |                           |                        |                      |
| LGBTQ2S+                                  | 3 (37.5)                  | 0 (0)                  | 3 (25.0)             |
| Straight/Heterosexual                     | 5 (62.5)                  | 4 (100)                | 9 (75.0)             |
| <b>Racial/Ethnic/Cultural Background*</b> |                           |                        |                      |
| Caucasian                                 | 8 (88.9)                  | 3 (75.0)               | 11 (84.6)            |
| Multi-racial                              | 1 (11.1)                  | 1 (25.0)               | 2 (15.4)             |
| <b>Education*</b>                         |                           |                        |                      |
| High school graduate                      | 0 (0)                     | 1 (25)                 | 1 (7.1)              |
| College Diploma                           | 4 (40)                    | 0 (0)                  | 4 (28.6)             |
| Bachelor's Degree                         | 2 (20)                    | 2 (50)                 | 4 (28.6)             |
| Master's Degree                           | 4 (40)                    | 1 (25)                 | 5 (35.7)             |

\*Missing data is excluded, this includes "Don't know", "Decline to Answer", and "Unanswered" responses.

| <b>TABLE 3:<br/>Part 2/2</b>    | <b>Women<br/>Total N=11 (73%)</b> | <b>Men<br/>Total N=4 (27%)</b> | <b>All ED Total<br/>N=15</b> |
|---------------------------------|-----------------------------------|--------------------------------|------------------------------|
| <b>Annual Household Income*</b> |                                   |                                |                              |
| 60,000-79,999                   | 1 (10)                            | 0 (0)                          | 1 (7.7)                      |
| 80,000-99,999                   | 2 (20)                            | 0 (0)                          | 2 (15.4)                     |
| 100,000-149,999                 | 4 (40)                            | 2 (66.7)                       | 6 (46.2)                     |
| 150,000-199,999                 | 1 (10)                            | 0 (0)                          | 1 (7.7)                      |
| >200,000                        | 2 (20)                            | 1 (33.3)                       | 3 (23.1)                     |

\*Missing data is excluded, this includes “Don’t know”, “Decline to Answer”, and “Unanswered” responses.

## Survey Participants: Frontline Workers

Table 4 presents the socio-demographic characteristics of frontline workers and is organized by racial/ethnic identity. Among frontline workers who provided information on racial/ethnic identity, 188 (79.7%) identified as White/Caucasian and 48 (20.3%) identified as a visible minority which included categories such as Black (Caribbean, North America, and African regions), Latin American, Middle Eastern, and multi-racial . A small portion of our sample (5.2%) identified as Indigenous (First Nation, Métis, and Inuit) which are included in the BIPOC category (Table 4).

When considering the demographic characteristics of this sample of workers in the homelessness support sector in comparison to the general Canadian population and workers in other sectors working with vulnerable populations (e.g., child welfare and long-term care), there are both notable similarities and differences. In Canada, approximately 4.9% of the population identifies as Aboriginal and 5.2% in our sample identified as Indigenous (Statistics Canada, 2017). Meanwhile twice as many workers in the child welfare sector identify as Aboriginal (10%) (Lwin et al., 2008) . Among this sample of workers 15.3% identified as a visible minority (excludes Indigenous Peoples) which is similar to that of the child welfare sector (14%), but slightly lower than 22.3% of the Canadian population who identify as a visible minority (Statistics Canada, 2017). The long-term care sector is represented by significantly more workers who identify as a visible minority (41%) (Ministry of Long-term Care, 2020).

## Table 4: Socio-demographics of Frontline Workers

| TABLE 4:<br>Part 1/2          | BIPOC<br>Total N=48* (%) | Caucasian<br>Total N=188* (%) | All Staff Total<br>N=236* (%) |
|-------------------------------|--------------------------|-------------------------------|-------------------------------|
| Age in years, median<br>(IQR) | 38.5 (27-47)             | 41.0 (31-54)                  | 40.5 (30-54)                  |
| <b>Province/Territory*</b>    | <b>N=48</b>              | <b>N=185</b>                  | <b>N=233</b>                  |
| Alberta                       | 5 (10.4)                 | 17 (9.2)                      | 22 (9.3)                      |
| British Columbia              | 10 (20.8)                | 29 (15.4)                     | 39 (16.5)                     |
| Saskatchewan                  | 1 (2.1)                  | 2 (1.1)                       | 3 (1.3)                       |
| Manitoba                      | 4 (8.3)                  | 8 (4.3)                       | 12 (5.1)                      |
| Ontario                       | 23 (47.9)                | 96 (51.1)                     | 119 (50.4)                    |
| Quebec                        | 0 (0)                    | 1 (0.5)                       | 1 (0.4)                       |
| New Brunswick                 | 0 (0)                    | 1 (0.5)                       | 1 (0.4)                       |
| Prince Edward Island          | 0 (0)                    | 11 (5.9)                      | 11 (4.7)                      |
| Nova Scotia                   | 2 (4.2)                  | 9 (4.8)                       | 11 (4.7)                      |
| NFLD                          | 0 (0)                    | 7 (3.7)                       | 7 (2.9)                       |
| Northwest Territories         | 2 (4.2)                  | 1 (0.5)                       | 3 (1.3)                       |
| Yukon                         | 1 (2.1)                  | 3 (1.6)                       | 4 (1.7)                       |
| <b>Geographic Location*</b>   | <b>N=46</b>              | <b>N=174</b>                  | <b>N=220</b>                  |
| Urban                         | 29 (63.0)                | 116 (66.7)                    | 145 (65.9)                    |
| Suburban                      | 7 (15.2)                 | 21 (12.0)                     | 28 (12.7)                     |
| Rural or remote               | 10 (21.7)                | 37 (21.3)                     | 47 (21.4)                     |
| <b>Gender*</b>                | <b>N=48</b>              | <b>N=186</b>                  | <b>N=234</b>                  |
| Female identifying            | 34 (70.8)                | 158 (84.9)                    | 191 (81.6)                    |
| Male Identifying              | 12 (25.0)                | 25 (13.4)                     | 37 (15.8)                     |
| Non-binary                    | 2 (4.2)                  | 3 (1.6)                       | 6 (2.6)                       |

\*Missing data is excluded, this includes "Don't know", "Decline to Answer", and "Unanswered" responses.

| <b>TABLE 4:<br/>Part 2/2</b>                 | <b>BIPOC<br/>Total N=48* (%)</b> | <b>Caucasian<br/>Total N=188* (%)</b> | <b>All Staff Total<br/>N=236* (%)</b> |
|--|----------------------------------|---------------------------------------|---------------------------------------|
| <b>Sexual Orientation*</b>                   | <b>N=44</b>                      | <b>N=181</b>                          | <b>N=225</b>                          |
| LGBTQ2S+                                     | 8 (18.2)                         | 37 (20.4)                             | 45 (20.0)                             |
| Heterosexual                                 | 36 (81.8)                        | 144 (79.6)                            | 180 (80.0)                            |
| <b>Lived Experience of<br/>Homelessness*</b> | <b>N=38</b>                      | <b>N=175</b>                          | <b>N=213</b>                          |
| Yes  | 16 (42.1)                        | 33 (18.9)                             | 49 (23.0)                             |
| No   | 22 (57.9)                        | 142 (81.1)                            | 164 (77.0)                            |
| <b>Education*</b>                            | <b>N=46</b>                      | <b>N=187</b>                          | <b>N=233</b>                          |
| < = Highschool                               | 5 (10.9)                         | 13 (7.0)                              | 18 (7.7)                              |
| College Diploma                              | 12 (26.1)                        | 64 (34.2)                             | 76 (32.6)                             |
| Bachelor's Degree                            | 24 (52.2)                        | 84 (44.9)                             | 108 (46.4)                            |
| Graduate Degree                              | 5 (10.8)                         | 26 (13.9)                             | 31 (13.3)                             |
| <b>Marital Status*</b>                       | <b>N=42</b>                      | <b>N=182</b>                          | <b>N=224</b>                          |
| Married or common-law                        | 16 (38.1)                        | 89 (48.9)                             | 105 (46.9)                            |
| Divorced/Widowed/<br>Separated               | 6 (14.3)                         | 32 (17.6)                             | 38 (17.0)                             |
| Partnered/in a<br>relationship               | 10 (23.8)                        | 19 (10.4)                             | 29 (12.9)                             |
| Single                                       | 10 (23.8)                        | 42 (23.1)                             | 52 (23.2)                             |
| <b>Mean # of Dependent<br/>Children (SD)</b> | <b>0 (0-2)</b>                   | <b>0 (0-0.5)</b>                      | <b>0 (0-1)</b>                        |
| <b>Annual Household<br/>Income*</b>          | <b>N=42</b>                      | <b>N=167</b>                          | <b>N=209</b>                          |
| 0-39,999                                     | 10 (23.8)                        | 26 (15.6)                             | 36 (17.2)                             |
| 40,000-79,999                                | 17 (40.5)                        | 72 (43.1)                             | 89 (42.6)                             |
| >80,000                                      | 15 (35.7)                        | 69 (41.3)                             | 84 (40.2)                             |

\*Missing data is excluded, this includes "Don't know", "Decline to Answer", and "Unanswered" responses.

# MAJOR TRENDS AND THEMES



Major trends identified within the quantitative data and themes within the qualitative data are presented at the system, sector, and organization levels. A separate theme was created for all data related to the impacts of COVID-19 in the sector.

## SYSTEM-LEVEL THEMES



The system-level themes discussed in this section were derived solely from the data provided in the interviews.

### | Political-Economic Context

The Government of Canada has recognized that homelessness is a significant societal issue and that both individuals and communities require supports to identify and implement effective and long-term solutions (Employment and Social Development Canada, 2019). This is reflected in the development of Canada's first National Housing Strategy that was announced in 2017 as well as continued funding for Reaching Home: Canada's Homelessness Strategy which supports the goals of the National Housing Strategy (Employment and Social Development Canada, 2020; Government of Canada, 2020). In the current study, EDs described challenges faced by frontline workers that relate to the perception of homelessness within the broader political-economic context.

#### *Value of work*

Ten (66.7%) EDs discussed how the homelessness support sector and the work that frontline workers do in the sector is undervalued in comparison to staff who are doing similar work with other vulnerable populations who are not experiencing homelessness (e.g., seniors, people with disabilities, and people with mental illnesses). Seven (46.7%) of the EDs spoke to the ways in which the stigma and harmful societal beliefs surrounding homelessness and people experiencing homelessness affect the working experiences of staff in this sector. For example, EDs attributed the high rates of staff turnover, burnout, and safety concerns observed in the sector to the lack of resources given to frontline staff who work with clients with complex needs that contribute to homelessness. While many public-serving organizations deal with the scarcity of resources (van den Berk-

Clark, 2020) nine (60%) EDs emphasized that the lack of resources in their sector is linked to the population that they serve and the negative perception of this population in society. This is demonstrated by the comment from one ED:

*Our frontline staff are serving as first responders without the training, the pay or the supports that first responders receive. The government [needs to] recognize the specialized skill set that's required to meet the needs of some of the sickest people in our city [who] are coming to us for services and they require and deserve [a] specialized level of care. – Executive Director, Western Canada*

During the interviews, over half of the EDs shared the perspective that the pandemic has highlighted the fact that the sector and its staff are underappreciated and undervalued. Certain provincial government decisions during the pandemic provided a clear example of how frontline workers in the homelessness support sector are undervalued and discounted compared to frontline workers in other sectors. One ED described how their workers were excluded from the list of 'essential workers' who received pay increases, and yet staff were expected to continue to work in high-risk environments. Two EDs commented:

*Externally [there] is a feeling that they're [homelessness support sector staff] not seen as professionals. I mean that was demonstrated in the early days of the pandemic when we weren't labelled essential, and yet we needed to show up. [We] couldn't close the doors. So, there's a real feeling of second class-ness with the sector in general. Social services in general, but especially when you're dealing with a population that's not particularly respected within the citizenry. So, when you're dealing with people with disabilities, people have a much more generous perspective around that than when you're dealing with people who are homeless or, you know, struggling with addiction or other challenges. So, the staff feel quite often that they're not seen as particularly important to the citizenry, or to health. – Executive Director, Western Canada*

The sentiment that came across in the interviews was that the nature of work in this sector will always be extremely complex because of the multifaceted issues that people experiencing homelessness face. Allocating more resources to the sector would help staff manage the complexities of their work. However, based on the interviews, it is clear that funding allocated to the homelessness support sector is dependent on how 'worthy' individuals experiencing homelessness are within the broader political-economic context.

## | Government support

The EDs highlighted three key systems-level issues that intersect with the issue of homelessness which should be recognized by governments within national, provincial, and municipal homelessness strategies (e.g., the National Housing Strategy Act or community 10-year housing and homelessness plans). By addressing these systems-level issues, the working conditions for frontline staff in the sector can be improved.

The most prevalent systems-level issue was the lack of affordable housing in communities across Canada (53.3%). These eight EDs located in urban, rural, and remote areas discussed how their organization's and workers' efforts to meet the needs of their clients were hindered by the lack of affordable housing available in their region. This was emphasized by one ED who said:

*There's an extreme affordable housing crisis here. And in this province —it is the province who's responsible for housing— the municipalities have no jurisdiction when it comes to housing, other than zoning related things. And our province was not doing anything. – Executive Director, Eastern Canada*

Another ED further explained that despite their organization's capacity to manage affordable housing units, there are no existing affordable units for them to assume responsibility for. This ED specifically commented:

*[From the] province, the best funding for organizations like ours, is: help me buy the building. Or build it. So, as an example, the billion bucks that they threw into rapid rehousing if they could make that available on a regular basis, to all organizations across the board and say, "Well, you know, we need 200 beds here. So, here's the money to build it." Okay? I don't need operating dollars. If I've got a paid-for building... I can run that building on a profitable basis and cover the staffing that [is] needed to run it. – Executive Director, Eastern Canada*

The second systems-level issue identified was the poisoned drug supply and the opioid epidemic (40%). These six EDs articulated that there are still harmful societal beliefs and misconceptions about harm reduction approaches, which make it difficult for organizations and individuals to secure the resources they need to meet the needs of people experiencing homelessness. One ED explained that their province has no safe consumption sites and that the provincial government is not open to discussions about these sites. They elaborated:

*We're having a huge challenge right now that our province won't even allow us to discuss safe consumption sites with them. We don't have any in Manitoba and we can't even have that conversation... So, the direct stigmatization by [the] government*

*themselves is hurting us, but they have a huge role to play, and I think working in partnership with the community is the best way to do that and supporting the initiatives we're putting out to do that work would be great. – Executive Director, Western Canada*

While these EDs recognized that the federal, provincial, and municipal governments are taking strides to address the poisoned drug supply and the opioid epidemic, there was still the desire for governments to play a larger role in dismantling stigma surrounding substance use and harm reduction approaches. The current state of the poisoned drug supply and the opioid epidemic means that frontline staff are witnessing and responding to overdose incidents and in the worst circumstances coping with the death of clients and colleagues. One ED explained:

*So as an organization, the public health emergency around overdose, which is what we call the poisoning epidemic, was declared five years ago. And we as a housing provider are among two other organizations, possibly three total, who have been most significantly impacted in a sustained way by the poisoning epidemic. So, you know the scale and scope of grief and loss related to loss of residents and tenants; needing to respond to guests; having communities, especially outside of Vancouver, literally drop people off in the middle of an overdose outside of our buildings because it's the only open place in town. We've lost our people— we've lost staff members to overdose. And then we've had corresponding, ongoing experiences of overdose reversal, which have at various points in time, overwhelmed our capacity to create a sense of safety and security. – Executive Director, Western Canada*

The third systems-level issue identified was the need for greater collaboration between the three levels of government (46.7%). These seven EDs explained that while different political parties may be in power at the federal, provincial, and municipal levels their approaches to homelessness are unquestionably linked. Greater coordination amongst the three levels of government would eliminate challenges that EDs and subsequently frontline workers encounter trying to navigate different priorities and political agendas. One ED stated:

*I'd love to see like a tri-level agreement like all three levels of government put in to meet the needs. The work we do connects with every level of government, and they all have responsibilities in different areas, so it'd be really nice if we didn't have to work with three different entities, different, you know bureaucracies. – Executive Director, Western Canada*

The interviews revealed that homelessness is an issue that intersects with other crises, specifically the lack of affordable housing which is widespread across every community in Canada, and the poisoned drug supply or the opioid epidemic. The EDs also emphasized that to address these crises collaboration across all levels of government is essential.

## | Funding

Every ED that was interviewed provided insights into their funding structures, the adequacy of funding, and where additional funding is needed. Six (40%) of the EDs felt that they had adequate funding overall but could still use additional funding from the government if it were available. Eight (53%) EDs felt they were underfunded (one ED did not comment on the adequacy of funding).

None of the organizations were fully funded from any level of government, however, some EDs reported that government funding in conjunction with donations and fundraising strategies provided enough funding to sustain the organization each year. One ED in Western Canada noted:

*We are funded for our housing. So transitional housing is [provincial housing manager]. And I would say we're adequately funded. We do run a small deficit, but we've been working on it, there's been more responsiveness. We've received an extra 30 to \$50,000 a year over the last couple of years. And so that's making it doable. Our subsidized housing is funded through [provincial housing manager] as well through a different program, and it's reasonable. – Executive Director, Western Canada*

Two (13.3%) EDs that felt their organizations were adequately funded reported that much of their funding came from the provincial government. One of these EDs explained:

*We are 70% funded by the provincial government. And we have a number of other revenue streams to make up the 30% deficit that we have every year. Mostly donations, and foundational grants and project funding. So, we're very fortunate with our project funding. We're a pretty easy sell, right? The needs of women [and] children. – Executive Director, Eastern Canada*

In comparison, eight (53.3%) EDs shared the perspective that their organizations were underfunded. The funding structure in frontline organizations was repeatedly described as 'patchwork' and uncertain. This then creates more work for EDs to find funders and work with multiple funders to ensure that they have adequate funding. One ED's comments demonstrated the funding challenges in the sector:

*It's short-term, it's patchwork. I always think [organization name] lives in a patchwork quilt of funding. And you never know where that next little four by four square is coming from. And it's, you know, it's definitely an optimism game in that we get what we need in the nick of time when we need it. – Executive Director, Central Canada*

The lack of financial resources at the organizational level inevitably impacts frontline workers in the sector in that they often work in environments that are short-staffed. Staff must then assume multiple roles that they have not been adequately trained to handle including responding to daily overdoses, searching for, and securing funding, and managing excessive caseloads. The lack of resources also does not allow frontline staff to offer clients much-needed supports. Ultimately, funding is a major area that needs to be addressed to improve the working conditions of frontline staff in the homelessness support sector.

## Policies, regulations, and standards impacting the sector

While the majority of EDs did not name specific policies/regulations or standards six (40%) EDs did list their federal and provincial Employment Standards Codes and Acts which ensure that organizations comply with minimum terms and standards of employment (e.g., basic vacation entitlement, payment of minimum wage, rest days, overtime pay, maternity leave, etc.). None of the EDs were aware of any policies/regulations/standards specific to the sector for training that ensures that frontline workers are equipped with the necessary resources and skills to meet the demands of their jobs. One ED in Central Canada and another in Western Canada described shelter and accommodations standards that their organizations comply with, however, these standards relate more to the living conditions within shelters as opposed to the working conditions in the sector.

The ED from Eastern Canada explained that they recently implemented a new shift model for shelter staff that they heard was successful in Nova Scotia. This ED explained that this model was costly to implement, but that it improved the work-life balance of frontline staff. The ED described the model:

*It's 12-hour shifts so it's from 8 AM to 8 PM or 8 PM to 8 AM and the weekends are covered mainly by part-time staff. And so, this allows extra hours to be used for other things on the part of the full-time staff. And so, people end up working a series of days and a series of nights, and then every fourth week, they have seven days off continuously. Okay, so this happens every four weeks. So just imagine that 13 weeks of the year, you are completely off. That's not vacation. That's not holiday stat time, and then plus if they've been there for a long time — which many have — they have six weeks of vacation. So that's pretty sweet. Like there's recognition on the part of staff being aware of themselves and of management as well that when you do this type of really intense emotional work that you need considerable time off in order to repair. And so, we try to make sure that that's prioritized. – Executive Director, Eastern Canada*

The ED from Northern Canada reported that there have been discussions about developing policies, regulations, or standards for the homelessness support sector in their territory, but these discussions have never come to fruition. They commented:

*There aren't any [policies]. So, for instance, Toronto shelter standards - there isn't anything like that here...They talk a lot about it and keep hiring people, but no, they haven't done it. - Executive Director, Northern Canada*

There were mixed responses across the interviews with EDs about whether their organizations and frontline workers would benefit from sector-wide policies, regulations, and standards set at either the federal or provincial levels. Eleven (73.3%) EDs provided their perspectives on the utility of sector-wide guidance (e.g., policies/regulations/standards). Seven (46.7%) EDs felt that sector-wide guidelines would benefit both frontline staff and clients in the sector. One ED was against having sector-wide policies/standards and three EDs were neither for nor against but felt that significant challenges exist in implementing these types of policies. One challenge identified by one ED is ensuring that staff understand how the policy should be translated into practice:

*I think having policies is helpful. But unless they're lived and understood, you may as well just use them as a book end. I think there's a culture where people fall back to policy, but then when you read the policy, that's not what it says. - Executive Director, Western Canada*

Overall, no specific homelessness support sector standards, policies or regulations that create or mitigate challenges faced by frontline workers were identified through the interviews with this sample of EDs.

## SECTOR LEVEL THEMES AND TRENDS

### Precarious Employment: Temporary Work, Low Wages, and Unionization

Precarious employment is characterized by unstable with uncertain remuneration, low-income/low wages, limited or no benefits and statutory entitlements, and non-standard employment (Hennessy & Tranjan, 2018; Mitchell & Murray, 2017). Precarious employment was measured on the surveys and interviews through questions about the terms of work

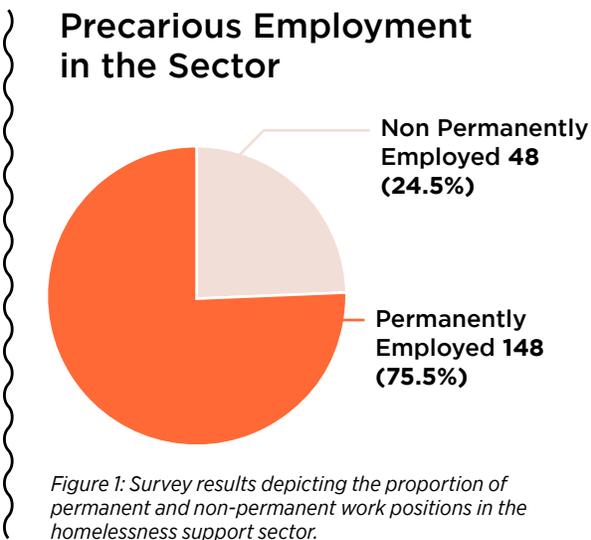
in the sector (e.g., permanent, contract/temporary, and casual/relief), adequacy of pay, regular wage increases, and the different supports and benefits provided to frontline staff in the sector.

The aspects of precarious employment that were observed in the survey responses included low income/low wages and the prevalence of temporary work opportunities. These aspects of precarious employment are described in the current section. Other aspects of precarious employment including limited benefits, supports, and statutory entitlements for staff were revealed to be more dependent upon organizations' decisions. These aspects are described in the organization-level section.

### Survey Results

Survey respondents were categorized as being precariously employed if they indicated that their term of work was contract, temporary or casual, and those who listed their term of work as permanent were considered not precariously employed. Among participants who provided information on their term of work 148 (75.5%) were working in permanent positions and 48 (24.5%) were working in non-permanent positions (Figure 1).

Among survey respondents, geographic location influenced experiences of precarious employment. A significant (29.2%) proportion of staff reporting non-permanent positions or precarious employment were working at organizations in rural/remote areas. Similarly, lived experience of homelessness was identified as a factor influencing precarious employment. Among staff with lived experience of homelessness, more than one in four (26.2%) are working in non-permanent positions (Figure 2).



While many part-time positions (less than 30 hours a week) may offer frontline workers permanent employment this may also limit their access to employee benefits and supports such as health benefits, paid sick days and paid vacation days. Among this sample of workers 85.5% indicated that they worked in full-time positions while 6.5% part-time and 8.1% reported that their hours fluctuate week to week. More BIPOC participants (88.2%) reported full-time positions compared to Caucasian staff (84.9%). While less BIPOC staff (5.8%) reported part-time positions compared to Caucasian staff (6.5%). The proportion of part-time and full-time work amongst BIPOC staff is based on a small number of participants (34) and may not reflect the real proportion of BIPOC staff who hold part-time positions in the sector.

## Unionization and Low Wages Influencing Precarious Employment

### Survey Results

Among survey respondents, the vast majority (70.3%) are not members of trade/labour unions (Table 5). There appears to be a shared consensus among many frontline staff that they could benefit from a union with 67.4% indicating support for a union and 32.6% not in favour of a union.

**Table 5: Unionization in the Sector**

|   | BIPOC Total<br>N=48* (%) | Caucasian Total<br>N=188* (%) | All Staff Total<br>N=236* (%) |
|---|--------------------------|-------------------------------|-------------------------------|
| <b>Are you a member of a trade or labour union?</b> | <b>N=32</b>              | <b>N=150</b>                  | <b>N=182</b>                  |
| Yes   | 8 (25.0)                 | 46 (30.7)                     | 54 (29.7)                     |
| No  | 24 (75.0)                | 104 (69.3)                    | 128 (70.3)                    |
| <b>Do you feel you would benefit from union?</b>    | <b>N=24</b>              | <b>N=114</b>                  | <b>N=138</b>                  |
| Yes   | 17 (70.8)                | 76 (66.7)                     | 93 (67.4)                     |
| No  | 7 (29.2)                 | 38 (33.3)                     | 45 (32.6)                     |

*\*Missing data is excluded, this includes "Don't know", "Decline to Answer", and "Unanswered" responses.*

There was also a shared feeling that there is inadequate compensation among this sample of frontline workers in the sector. From the survey participants, 174 (73.7%) responded to the question about the adequacy of compensation. Among these participants, 62.6% said ‘No’ and 37.4% said ‘Yes’ (Table 6). There were slightly more BIPOC staff who did not feel adequately compensated compared to Caucasian staff (64.3% vs. 62.3%). From this sample of frontline staff, the majority are not satisfied with the wages that they receive.

**Table 6: Adequacy of Compensation**

|  | BIPOC Total<br>N=48* (%) | Caucasian Total<br>N=188* (%) | All Staff Total<br>N=236* (%) |
|--|--------------------------|-------------------------------|-------------------------------|
| <b>Do you feel adequately compensated?</b> | <b>N=28</b>              | <b>N=146</b>                  | <b>N=174</b>                  |
| Yes  | 10 (35.7)                | 55 (37.7)                     | 65 (37.4)                     |
| No   | 18 (64.3)                | 91 (62.3)                     | 109 (62.6)                    |

*\*Missing data is excluded, this includes “Don’t know”, “Decline to Answer”, and “Unanswered” responses.*

### Interview Results

The interviews with EDs demonstrated that unions contribute significantly to the working conditions of frontline staff in the sector. When the EDs were asked whether their staff work in a unionized environment eight (53.3%) said that their staff were unionized and seven (46.7%) said their staff were not unionized. The eight (53.3%) EDs whose staff are unionized described how unions help to ensure that staff are aware of the supports and benefits available and ensure staff are aware of their rights as employees. Some (13.3%) EDs also explained that unions hold organizations accountable to the collective bargaining agreements which dictate important aspects of employment in the sector including wages, hours of work, and terms and conditions of employment. Both the interviews and surveys suggest that unionization is not widespread across the sector.

Low incomes/wages are other significant aspects of precarious employment as ten (66.7%) EDs expressed that staff should receive higher wages for the work that they do. These EDs commented on several changes that have increased certainty around regular pay increases and temporary pay increases during the pandemic. Eight (53.3%) EDs discussed how unionization was a key factor in ensuring staff are paid adequately however, this has not solved all issues related to wages. The increase in hourly pay during the pandemic helped address issues related to low wages, but EDs were worried about staff turnover once the wages return to their pre-pandemic rate. Two (13.3%) EDs perceived their staff, who are unionized, receive higher wages than other organizations

in the sector because of collective bargaining agreements and agreed upon scheduled pay increases. However, low wages did continue to be an issue for frontline staff in these instances, as one ED stated:

*Our frontline workers are unionized, so [they] are relatively well supported in that respect, I would say. From [name of union] which is their union. Those low-wage redress pieces have been meaningful for sure. But, you know, if we did a survey of staff around, you know, happiness with compensation, you know, I'm sure there'd be issues that come up but— But I think there's at least a process that people have been able to see and tangibly experience over the last couple of years. – Executive Director, Western Canada*

For the eight (53.3%) EDs who have unionized staff, three believed that their staff were adequately compensated and two felt that unionization did not provide staff with the pay equity that frontline expected. The 13 (86.7%) EDs that reported pandemic pay increases agreed that these pay increases had positive effects for their staff and organizations and that their staff deserved to receive the pay increase.

## | Temporary Employment

### *Interview Results*

Nine (60%) of the EDs discussed unstable employment and lack of supports/benefits as an issue among their part-time, casual, or relief staff. These EDs stated that part-time and casual employees do not receive benefits, paid sick days, pandemic pay, and do not have union representation which may add to their desire to attain full-time permanent employment elsewhere. They explained that part-time and casual staff were more likely than permanent staff to leave for a new job to earn higher wages. One of these EDs also theorized that part-time casual staff with higher levels of training and education often obtain full-time employment elsewhere because they have the knowledge and skill to do so. This ED described this dynamic with nurses who provided supports within their organization:

*So again, because of the silos— So hospice staff stay, they don't go. They never leave. They're all good to stay there. So there's very little over—turnover. Very little turnover. However, the casuals— It's a revolving door for casuals. Because they're nurses, right? They can just pick what they want to do, and they can work with us for six months, and they're always hired back. – Executive Director, Western Canada*

Based on the data from both the surveys and interviews, precarious employment is a significant issue impacting the working experiences of frontline staff in the sector.

## Employee Retention and Turnover

Employee retention refers to the willingness of staff to continue in their roles for the maximum period of time or until employment objectives are completed (Khalid & Nawab, 2018). Whereas employee turnover at an organization refers to how many employees are leaving a company during a given time (e.g., yearly, or quarterly). Employee retention and turnover were recorded on the survey through questions on staff expectations about working in the same positions in a year, the length of time spent in their current role, and in the sector in general. The EDs were asked about their perceptions of retention and turnover among their staff and about factors that contribute to high rates of turnover and retention.

### Survey Results

Survey respondents were asked whether they expected to be working in the same job in 12 months. The responses to this question are presented in Table 7. Across all frontline staff, 76.3% indicated that they would expect to be in the same position in 12 months, while 23.7% did not expect to be in the same position in 12 months. More frontline staff identifying as BIPOC (83.3%) felt that they would be in the same position in a year compared to Caucasian staff (74.8%).

**Table 7: Retention Among Frontline Staff**

|  | BIPOC Total<br>N=30* (%) | Caucasian Total<br>N=147* (%) | All Staff Total<br>N=236* (%) |
|--|--------------------------|-------------------------------|-------------------------------|
| <b>Do you expect to be working in the same job (i.e., your current role) 12 months from now?</b> |                          |                               |                               |
| Yes  | 25 (83.3)                | 110 (74.8)                    | 135 (76.3)                    |
| No   | 5 (16.7)                 | 37 (25.2)                     | 42 (23.7)                     |

*\*Missing data is excluded, this includes “Don’t know”, “Decline to Answer”, and “Unanswered” responses.*

Survey respondents were also asked questions about the length of time they have worked in their current role and in the homelessness support sector in general. Their responses are summarized in Table 8 and 9. Across all frontline staff, 13.5% had worked in the sector for less than one year, 36.4% for one to five years, 21.8% for five to 10 year and 28.2% who had worked in the sector for more than 10 years. Among the frontline workers who responded to this survey, half of them remain in their positions long-term (five years or more).

**Table 8: Length of Time in the Sector Across Frontline Staff**

| Length in Current Role | BIPOC Total N=37* (%) | Caucasian Total N=169* (%) | All Staff Total N= 206 * (%) |
|------------------------|-----------------------|----------------------------|------------------------------|
| < 1 year               | 7 (18.9)              | 21 (12.4)                  | 28 (13.5)                    |
| > 1 year to < 5 years  | 15 (40.5)             | 60 (35.5)                  | 75 (36.4)                    |
| 5 to < 10 years        | 5 (13.5)              | 40 (23.7)                  | 45 (21.8)                    |
| > 10 years             | 10 (27.0)             | 48 (28.4)                  | 58 (28.2)                    |

*\*Missing data is excluded, this includes “Don’t know”, “Decline to Answer”, and “Unanswered” responses.*

Across all frontline staff, 30.9% have been in their current roles for less than one year, 38.2% for one to five years, 16.2% for five to 10 years, and 14.7% for more than 10 years. The responses to these two questions suggested that while staff may leave one position in the homelessness support sector, they continued to seek employment in the sector. Nearly one-third of staff in the sector (30.9%) have worked in the same role for more than five years and 50.0% have worked in the sector for more than five years.

**Table 9: Length of Time in Current Role Among Frontline Staff**

| Length in Current Role | BIPOC Total N=26*(%) | Caucasian Total N=110*(%) | All Staff Total N=136*(%) |
|------------------------|----------------------|---------------------------|---------------------------|
| < 1 year               | 8 (30.8)             | 34 (30.9)                 | 42 (30.9)                 |
| > 1 year to < 5 years  | 12 (46.2)            | 40 (36.4)                 | 52 (38.2)                 |
| 5 to < 10 years        | 2 (7.7)              | 20 (18.2)                 | 22 (16.2)                 |
| > 10 years             | 4 (15.4)             | 16(14.5)                  | 20 (14.7)                 |

*\*Missing data is excluded, this includes “Don’t know”, “Decline to Answer”, and “Unanswered” responses.*

## Interviews Results

The surveys did not provide insights into why almost a quarter (23.7%) of frontline staff expect to leave their position in the next 12 months or why they stay in their positions for extended lengths of time. However, the interviews with EDs do identify major factors that influence employee retention and turnover in the sector. Eight (53.3%) EDs explained that turnover among frontline staff was a significant challenge for their organization both before and during the COVID-19 pandemic, five (33.3%) EDs did not feel that turnover was a major issue in their organization and the remaining two (13.3%) EDs spoke about turnover exclusively in the context of COVID-19 (see COVID Impacts). It is important to note that while the EDs disagreed about retention and turnover among permanent staff, they all agreed that turnover was a significant issue among non-permanent or casual/relief staff.

Eight (53.3%) EDs described how frontline workers particularly those in shelters, outreach, and case management positions leave their jobs after short terms of employment. Three (20%) EDs specifically noted that the average length of time that frontline staff stay in the same role is between 12 and 18 months. These eight EDs attributed high rates of turnover to the mental and emotional exhaustion that accompanies the work; inadequate wages; lack of training and material resources to succeed in their work, and better opportunities in other sectors.

A sentiment shared by all the EDs was that the work in the homeless support sector was rewarding but incredibly physically demanding and emotionally draining for frontline staff. One ED said:

*It's a tough job and it's complicated and it's hard on you. It takes a lot of headspace and a lot of resiliency to just keep coming in every day. – Executive Director, Central Canada*

Two (13.3%) EDs shared similar perspectives when explaining why staff leave within 18 months of starting their jobs. One comment, in particular, reflected the factors contributing to employee turnover:

*Like, a lot of times, workers in this industry at the bottom end, you're talking 9 to 18 months and then they're fried. Because it's so compacted, so emotional, right? So, for example, right now, with the drug crisis...and the overdoses my frontline staff, on average, administer Narcan at least once every other day. And that gets wearing on them. – Executive Director, Western Canada*

Two (13.3%) ED responses revealed that they understand their workers' decisions to leave for jobs in different sectors because other organizations can offer them a higher income. One ED said:

*The average length of stay [in the sector] is a year and a half before they move on to something that pays better...And so they want, and I can't blame them, they want to be paid enough that they can live themselves. We don't pay a living wage, and they want current training, and we don't have the money to provide it. – Executive Director, Eastern Canada*

Comparatively, the five (33.3%) EDs that did not see turnover as a major challenge in their organization described factors that prevented high turnover and facilitated employee retention. Factors preventing high employee turnover included adequate pay and comprehensive benefits, opportunities for workplace advancement and professional development, and the presence of a supportive work environment or culture.

The responses in all the interviews demonstrated that wages are a major determining factor for turnover and retention among frontline staff in the homelessness support sector. The common factor among the five (33.3%) EDs who reported high levels of employee retention and low turnover was that their staff were earning what they perceived to be adequate wages. While these five EDs did not provide an exact pay wage that is considered adequate among frontline workers, their responses indicated frontline staff that were making well above the provincial/territorial minimum wage were staying in their positions longer. The connection between adequate wages and employee retention is reflected in the comments from one ED:

*We have very little turnover in the shelter, or in the other outreach offices... In fact, we have the opposite problem, because they are well compensated and because there are a lot of really good benefits, and a really good schedule and good job satisfaction, people never leave. – Executive Director, Eastern Canada*

The other factor that EDs felt contributed to lower levels of employee turnover was a positive and supportive working environment and workplace culture. Five (33.3%) EDs explained that frontline staff who are provided with supports, whether that is training and professional development opportunities, comprehensive benefit packages, or recognition of good work performance, are more likely to stay in their positions long-term. One ED echoed the importance of a supportive workplace environment for employee retention:

*I think recognizing exceptional performances is a positive thing to do. And so, I think we do that effectively; we have a system that is merit-based, in terms of performance management which is positive. If you like the culture of an organization, that's huge. Feeling like belonging to something good. I think that's massive. – Executive Director, Central Canada*

There were some conflicting results from the surveys and interviews about employee retention and turnover in the sector. The survey indicated that the majority (57.7%) of frontline staff expected to be in the same role in 12 months and that 30.9% of staff have stayed in the same role for five years or more whereas, eight EDs identified turnover and retention as major challenges for their organization. Three (20%) EDs reported that staff leave their positions within the first 12 to 18 months of employment. The major factors as outlined above that contribute to employee retention and turnover in the sector are related to wages, supports and benefits, and training.

## ORGANIZATION LEVEL THEMES AND TRENDS

### Precarious Employment: Supports and Benefits

#### Survey Results

According to the survey data, 14.5% of respondents have zero sick days, 23.8% of respondents have between 1 to 7 paid sick days, 41.9% have 8 to 14 sick days and 13.8% reported having more than 14 paid sick days (Figure 3). Correspondingly, just over one-third (35.7%) of respondents felt they did not have an adequate number of paid sick days (Figure 4). There were no significant differences for paid sick days when stratifying by race, however, a higher proportion of BIPOC staff reported having zero paid sick days, while a higher proportion of Caucasian staff reported

#### Supports and Benefits: Paid Sick Days

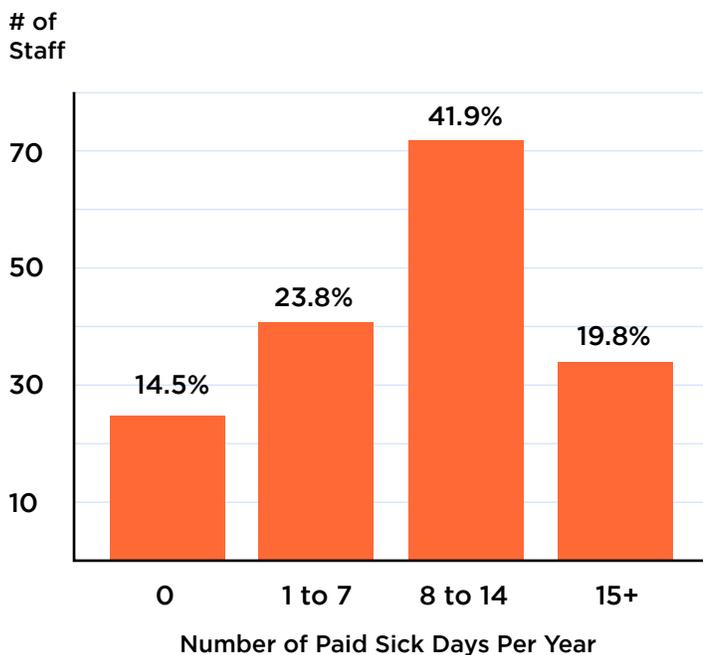


Figure 3: Number of survey respondents who reported the number of paid sick days they receive from their employer.

**Do you feel you receive an adequate number of sick days?**

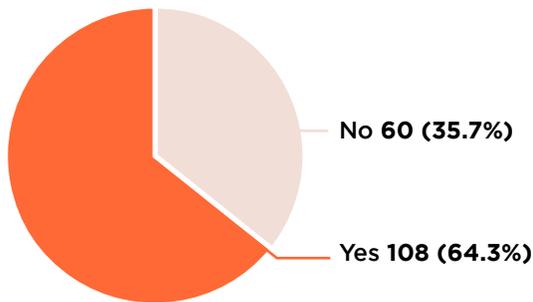


Figure 4: Perceived adequacy of paid sick days given to frontline staff in the sector.

having more than 14 paid sick days. Interestingly, while more Caucasian staff (6.5%) reported part-time positions in the sector putting them at risk of limited access to employee benefits this group of workers appears to have access to more benefits than BIPOC staff who reported less part-time positions (5.8%). Given the small sample size, these averages should not be generalized.

**Interview Results**

Providing paid sick days was reported by all but one (93.3%) of the EDs that participated in the interviews. All EDs mentioned that they provide flexible scheduling to meet the needs of their staff and their life circumstances. The eight EDs (53.3%) whose staff are unionized stated that the amount of paid sick days is outlined in the collective bargaining agreements. Five (33.3%) EDs explicitly stated that paid sick days were only available to full-time staff. One ED explained how their organization offers a minimum number of sick days but are flexible to the needs of their workers and may offer more if needed:

*Well, there's some provincial regulations. ...we don't necessarily hold to the five days a year or whatever it is. It's: whatever you need, we will make available to you. We do have group plan insurance— if people want to join that— which has short term disability in it. Which we can use. – Executive Director, Western Canada*

**Survey Results**

Similarly, survey data demonstrated that 15.6% of respondents did not receive vacation days, 5.6% said they received 1 to 7 days, 29.1% reported receiving 8 to 14 days, and 49.7% reported receiving 15 days or more per year (Figure 5). The majority of frontline staff (60.1%) felt they received adequate vacation days, however, a significant portion (39.9%) felt they did not receive adequate vacation days (Figure 6).

## Supports and Benefits: Vacation Days

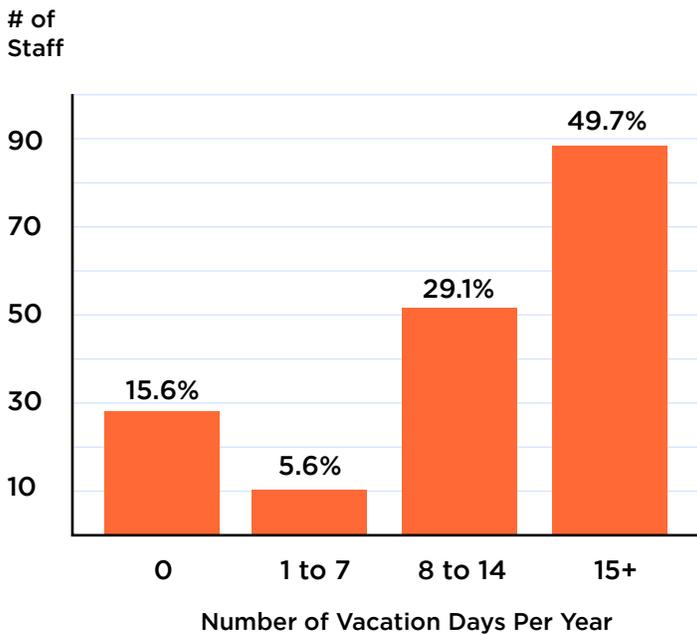


Figure 5: Number of survey respondents who reported the number of vacation days they receive from their employer.

## Interview Results

The majority (93.3%) of EDs stated that their organization does provide paid vacation days to at least some of their staff, usually full-time workers. Five (33.3%) EDs described the use of vacation days by staff as a necessity, especially during the pandemic. These participants understood that work in the sector is very stressful and therefore requires an occasional break to relieve stress. One ED viewed the use of vacation days as a strategy for workplace wellness benefitting both the staff and clients. They remarked:

*We're really encouraging our staff to take vacation time to rest. Part of the trainings that we've done are not just, you know how to be a great shelter worker but how to take care of yourself as a shelter worker. So, I think that has been just as important if not more. If they're healthy and they're strong, then they're able to help the individuals that need it more. – Executive Director, Central Canada*

## Health Insurance and Employer-Sponsored Programs

### Survey Results

The survey questions about health insurance demonstrated that 22.3% of all staff did not have any health insurance from work or other sources, 56.9% received health insurance from their work while 14.5% receive insurance

Do you feel you receive an adequate number of vacation days?

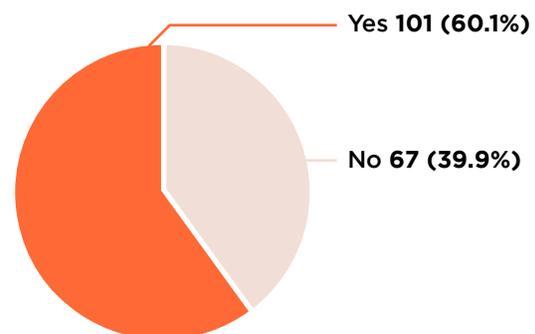


Figure 6: Perceived adequacy of vacation days given to frontline staff in the sector.

from another source (Table 10). Among staff who identify as BIPOC, 37.5% reported not having access to health insurance from any source (e.g., work or external) compared to only 19% of Caucasian staff who did not have health insurance. Based on the results of this survey more than one-third of BIPOC staff in the sector and just under one in five Caucasian staff do not have access to health insurance either from work or from external sources. Based on our data, the number of hours worked each week (part-time, full-time or casual) between Caucasian and BIPOC staff does not explain why more BIPOC staff do not have access to health insurance. Staff who work part-time positions may not be given access to employee benefits and supports and in this sample more Caucasian participants (6.5%) reported part-time positions and yet significantly more (18.5%) Caucasian participants have access to health insurance compared to BIPOC participants.

**Table 10: Health Insurance for Frontline Staff**

|                                 | BIPOC Total<br>N=48* (%) | Caucasian Total<br>N=148* (%) | All Staff Total<br>N=236*(%) |
|---------------------------------|--------------------------|-------------------------------|------------------------------|
| <b>Private Health Insurance</b> | <b>N=32</b>              | <b>N=147</b>                  | <b>N=179</b>                 |
| Yes, through my own work        | 16 (50)                  | 86 (58.5)                     | 102 (56.9)                   |
| Yes, through another source     | 3 (9.4)                  | 23 (15.6)                     | 26 (14.5)                    |
| <b>Combined</b>                 | <b>1 (3.1)</b>           | <b>10 (6.8)</b>               | <b>11 (6.1)</b>              |
| <b>No</b>                       | <b>12 (37.5)</b>         | <b>28 (19.0)</b>              | <b>40 (22.3)</b>             |

\*Missing data is excluded, this includes "Don't know", "Decline to Answer", and "Unanswered" responses.

### Interview Results

All but two (86.7%) of the EDs reportedly provide their employees with health insurance to their frontline staff. Three (20%) EDs specifically noted that their part-time and casual staff did not have access to health insurance, and two reported that only their management positions and not their frontline staff qualified for the benefit plans. One ED explained why this was the case:

*Not for frontline [staff] but for our other staff we do [private health insurance]. For management, and then our case managers because they're funded differently through a ministry that includes within their budget a benefit plan. We're trying to make it a little bit more equitable between frontline and those other random funded stream programs [pauses] where we can. - Executive Director, Central Canada*

Seven (46.7%) of the EDs described having an Employee Assistance Program (EAP) in place which can assist staff to access health supports. Common supports provided from EAPs included a range of mental health and emotional supports, as well as referrals to other supports. These programs were more often accessible to all staff regardless of whether they were full-time or part-time. Two (13.3%) EDs explained that they introduced an EAP to ensure that all of their staff have access to needed supports such as mental health counselling. One ED commented:

*So, with our EAP program if you're experiencing any type of stress or mental health issues we have a program where you can call and they will hook you up with a counsellor, or an appropriate support person. But the other thing we do is whenever we've had to deal with a sentinel event or there's program specific trauma we also bring in people to be on site to debrief with staff, as well. And a lot of times because the EAP is only available to full time, people, we make sure that when something really bad is going on that's work related, we make sure that support is there. – Executive Director, Central Canada*

## | Additional Supports and Benefits

### Survey Results

Survey participants were also asked to indicate whether they had access to a range of different supports from their organization to ensure that they can cope with the stressors of their work and any personal issues that affect them at work. Figure 7 demonstrates that the supports and benefits that were received by fewer frontline staff are the supports and benefits that more staff would like to receive.

EAPs and employer-sponsored programs (ESP) which included pension plans and health-care plans were the most common types of supports/benefits received by the survey participants with 51.2% and 47.2% reporting access to these types of programs. Additionally, 29.3% of staff have access to mental health sick days and 16.7% have access to discretionary days.

Notably, only one (0.4%) survey respondent reported having daycare provided to them from their employer while 34 (14.4%) of the participants felt that daycare is a support that is needed. Mental health counselling was received by 10 (4.1%) of participants but desired by 58 (25.2%) of participants, and a peer support network was provided to 23 (9.7%) participants, but desired by 44 (18.6%) of survey respondents.

## Interview Results

Every ED expressed their understanding of the level of stress that staff experience working in the homelessness support sector and that mental health and wellness supports are needed. As one participant articulated:

*I think our staff are working [with] the most vulnerable. We've had overdoses. This week we just had somebody that had guns in the shelter and had to be tasered. So, they take this home with them. Right, so it affects the families and so really trying to support them on the outside, not just on the inside as well. - Executive Director, Central Canada*

Though all EDs understood the difficulties that come with this line of work, not all of their organizations provided staff with supports/benefits such as wellness programs, health benefits, paid sick days, or discretionary days. Seven (46.7%) EDs reported that EAPs are provided to their staff, nine (60%) reported that mental health supports are provided, and 10 (66.7%) provided pension plans or RRSP matching. Six (40%) EDs stated that they have been able to secure funding for needed staff supports through grants and relationships with other non-profits.

## Existing and Needed Supports and Benefits

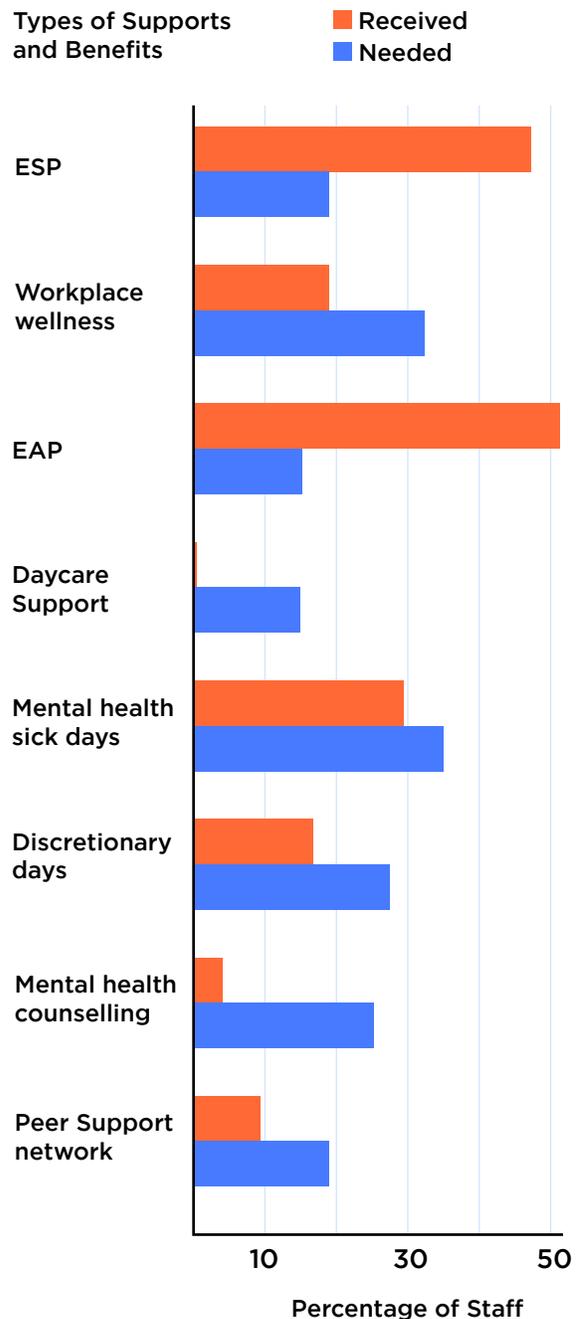


Figure 7: Comparison of staff responses for supports received and supports staff feel are needed.

Through these processes, the EDs stated they have been able to provide mental health counseling to staff and training for their staff. One participant commented:

*We offer a clinical services manager, and we did apply to Trillium and got a grant to cover a clinician to come in primarily and support staff primarily to have them better equipped to deal with the complexity of youth, the complexity of their own lives, and sort of make everybody a little bit happier and healthier, while at work. So we were really lucky to get that for a year to be able to set up some of the trainings for staff, some of the weekly meetings and then just be available for staff to listen to. That was really helpful. – Executive Director, Central Canada*

Six (40%) EDs also stressed the importance of having mental health supports to be accessible following traumatic events in the workplace. This may include referrals to external supports, having a counselor come on-site to support staff, and having trained staff provide debriefing and counseling. As one participant commented:

*So that's a tricky question. So we do participate in an Employee Family Assistance program that [name of organization] pays for. It's not part of our requirements. So, we do pay for that. And we also have an on-site staff member who is qualified as a therapist, and so he operates both as a quality assurance practices and standards lead and is available to create circles when there's grief counseling— in particular if trauma— so like death or harmful incident that staff would have. Staff and residents have an opportunity to access him. And we also refer externally. So, I prefer we externalize it, but there's a culture here of relying on him. – Executive Director, Western Canada*

## | Training and Professional Development

### *Survey Results*

In terms of awareness of sector-wide Training and Technical Assistance (TTA), survey respondents were split with 46.8% indicating they knew of sector-wide TTA that their organization participated in and 53.2% were not aware of any such training (Table 11).

**Table 11: Training and Professional Development**

|  | BIPOC Total<br>N=48* (%) | Caucasian Total<br>N=188* (%) | All Staff Total<br>N=236* (%) |
|--|--------------------------|-------------------------------|-------------------------------|
| <b>Does your organization participate in Standardized Technical and Training Assistance (TTA)?</b> | <b>N=20</b>              | <b>N=89</b>                   | <b>N=109</b>                  |
| Yes  | 12 (60.0)                | 39 (43.8)                     | 51 (46.8)                     |
| No   | 8 (40.0)                 | 50 (56.2)                     | 58 (53.2)                     |

*\*Missing data is excluded, this includes “Don’t know”, “Decline to Answer”, and “Unanswered” responses.*

Nearly all the survey respondents (95%) felt that sector-wide training would be beneficial to them (Figure 8). There is near-unanimous support from frontline staff for sector-wide training to support them in their roles in the homelessness support sector. This suggests that appropriate training may play a significant role in workers’ ability to work effectively in their roles.

The majority (75.8%) of survey respondents received ongoing training (Table 12). When asked about the kinds of training they have received as frontline workers in the sector the most common responses were general Occupational Health and Safety (OHS), First Aid and CPR, crisis and intervention training, and naloxone training (Figure 9).



*Figure 8: Staff responses reflecting the desire to have sector-wide training for frontline staff.*

### Training Received vs. Training Needed for Frontline Staff

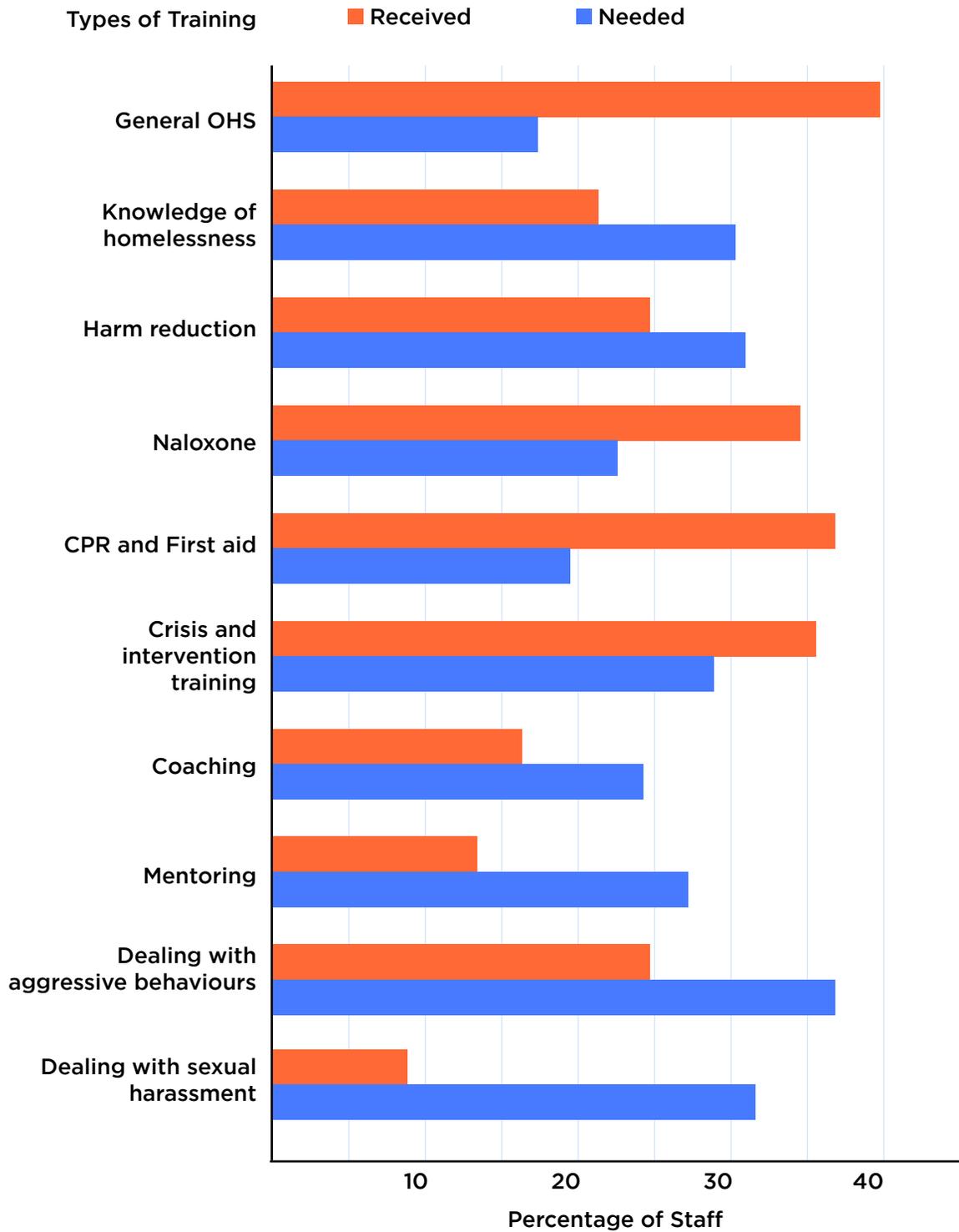


Figure 9: Training received compared to training that frontline staff perceive to be needed in the sector.

\*Missing data is excluded, this includes "Don't know", "Decline to Answer", and "Unanswered" responses.

**Table 12: Training and Professional Development**

|   | BIPOC Total<br>N=48* (%) | Caucasian Total<br>N=188* (%) | All Staff Total<br>N=236*(%) |
|---|--------------------------|-------------------------------|------------------------------|
| <b>Do you receive ongoing training?</b>                                       | <b>N=30</b>              | <b>N=127</b>                  | <b>N=157</b>                 |
| Yes   | 25 (83.3)                | 94 (74.0)                     | 119 (75.8)                   |
| No  | 5 (16.7)                 | 33 (26)                       | 38 (24.2)                    |
| <b>Does your employer provide opportunities for professional development?</b> | <b>N=28* (%)</b>         | <b>N=144* (%)</b>             | <b>N=172* (%)</b>            |
| Yes   | 23 (82.1)                | 120 (83.3)                    | 143 (83.1)                   |
| No  | 5 (17.9)                 | 24 (16.7)                     | 29 (16.9)                    |

*\*Missing data is excluded, this includes “Don’t know”, “Decline to Answer”, and “Unanswered” responses.*

When asked what kinds of training participants would like to receive the training with the strongest support was dealing with aggressive, violent, disruptive, or problem behaviours (37%). This type of training was received by 24.8% of participants. Training to dealing with sexual harassment was received by 8.9% of participants but wanted by close to four times as many 31.7% participants. This suggests sexual harassment may be commonly experienced by frontline staff and organizations can provide more resources to help prevent sexual harassment and help staff cope with this type of experience. Mentoring was also received by only 13.4% of participants but wanted by almost twice (27.2%) as many participants.

Training was delivered through a variety of different formats including online training, toolkits/manuals, in-person training with supervisors or other co-workers (Table 13). The most common method of training experienced by frontline staff was from seasons co-workers (41.1%) followed by online training (31.8%). Nearly two-thirds (63.9%) of participants believed the method in which they received training was effective, however, 36.1% of participants did not think the method of training was effective. Additional training methods could be introduced to enhance the effectiveness and utility of training given to frontline staff in the sector. While the majority of participants (65.8%) responded that they received an adequate level of training to do their job effectively 32.9% indicated that they are lacking the training to effectively do their jobs. Therefore, significant proportions (36.1% and 32.9%) of the workforce are not receiving training through effective formats and do not feel they have adequate training to do successfully do their jobs.

## Table 13: Method, Frequency, and Perceived Adequacy of Training

|  | BIPOC<br>Total N=48* (%) | Caucasian<br>Total N=188* (%) | All Staff Total<br>N=236* (%) |
|--|--------------------------|-------------------------------|-------------------------------|
| <b>What method/format was used to deliver training?</b>                      | <b>N=48</b>              | <b>N=188</b>                  | <b>N=236</b>                  |
| Supervisor instruction   | 15 (31.3)                | 58 (30.9)                     | 73 (30.9)                     |
| Seasoned co-workers  | 13 (27.1)                | 84 (44.7)                     | 97 (41.1)                     |
| Orientation meetings   | 14 (29.2)                | 35 (18.6)                     | 49 (20.8)                     |
| Videos   | 12 (25)                  | 28 (14.9)                     | 40 (16.9)                     |
| Online training  | 16 (33.3)                | 59 (31.4)                     | 75 (31.8)                     |
| Toolkit/guidebook/manual   | 15 (31.3)                | 49 (26.1)                     | 64 (27.1)                     |
| Short course   | 12 (25)                  | 24 (12.8)                     | 36 (15.3)                     |
| <b>Did you find this method/format effective?</b>                            | <b>N=28</b>              | <b>N=116</b>                  | <b>N=144</b>                  |
| Yes  | 23 (82.1)                | 69 (59.5)                     | 92 (63.9)                     |
| No   | 5 (17.9)                 | 47 (40.5)                     | 52 (36.1)                     |
| <b>Training frequency</b>  | <b>N=28</b>              | <b>N=119</b>                  | <b>N=147</b>                  |
| Monthly  | 10 (35.7)                | 25 (21.0)                     | 35 (23.8)                     |
| Quarterly  | 2 (7.1)                  | 30 (25.2)                     | 32 (21.8)                     |
| Semi-annually  | 4 (14.3)                 | 12 (10.1)                     | 16 (10.8)                     |
| Annually   | 7 (25)                   | 27 (22.7)                     | 34 (23.1)                     |
| Never  | 5 (17.9)                 | 25 (21.0)                     | 30 (20.4)                     |
| <b>Do you feel you receive adequate training to effectively do your job?</b> | <b>N=28</b>              | <b>N=116</b>                  | <b>N=146</b>                  |
| Yes  | 20 (71.4)                | 76 (65.5)                     | 96 (65.8)                     |
| No   | 8 (28.6)                 | 40 (34.5)                     | 48 (32.9)                     |

\*Missing data is excluded, this includes "Don't know", "Decline to Answer", and "Unanswered" responses.

## Interview Results

The EDs commented on the importance of providing adequate training to frontline staff and their responses suggest implications for the perceived inadequacy of training received by the survey respondents. The EDs all spoke of the importance of training and professional development, both to ensure that a level of skill and professionalism is guaranteed to clients, and to provide advancement opportunities to staff. The necessity of professional development is reflected in the fact that the majority (83.1%) of frontline staff who responded to the survey said that their employer provides professional development opportunities. The EDs stated that both staff and clients benefit from the training staff receive because everyone feels better supported and safe. Having adequate training was understood to be crucial for staff because they are supporting clients with complex support needs, who may exhibit challenging and dangerous behaviours. One participant described why adequate staff training is important for clients:

*Making sure that people have the proper training to interact positively with the people we serve and support. We're dealing with people at times that have very complex behaviours. So making sure that staff have the resources in terms of training and supports so they feel comfortable in supporting these people and confident in supporting the people as well. - Executive Director, Central Canada*

Four (26.7%) EDs noted that they regularly consulted with staff to determine if there are any pieces of training that staff may need to take for the first time or as a refresher. Eleven (73.3%) EDs stated that their staff are given financial supports for training and professional development opportunities. One participant shared:

*Yes, so if they find some training that they're interested in, they can come to myself or my operations manager. Depending on the training if it fits within our model and what we're looking at, then we can offer to you. It could be a paid training and we can pay the training. Of course, it all depends on the funding and the training that the budget that we have available. - Executive Director, Central Canada*

The EDs all agreed that professional development is important for the well-being of staff and to provide them opportunities to advance their knowledge and careers and to help address turnover. Due to the high-stress environment of the homelessness support sector, providing professional development opportunities were understood by EDs as one method of improving the personal outlooks of staff and fostering a better work environment. Eleven (73.3%) EDs shared that they provide their staff professional development opportunities whenever possible, and three (20%) did not have the financial ability to offer these types of supports.

One ED explained this issue:

*You know, training and professional development opportunities is a big one because you know we don't have the resources to send everybody to conference or say, "If you want to take a course, do that." Then trying to keep people's morale up is hard when you're constantly fighting a battle of a lack of resources, and a huge demand for services and everybody in an organization feels that. It doesn't matter what your role is, if you're a direct service staff, or an executive director everybody's aware of the need for the services we're providing. – Male Executive Director, Central Canada*

## Staff Challenges

Staff challenges were identified solely within the qualitative/interview data. Burnout as discussed in the literature review has been documented as a challenge faced by staff in the sector (Waegemakers-Schiff & Lane, 2018b). Burnout refers to a state of frustration, anger, depression, and exhaustion often as a result of experiencing prolonged stress.

## Burnout and Stress

### Interview Results

Every ED made it clear that their staff are working with and supporting clients with past histories of trauma, who have a wide range of support needs and complex issues. The EDs stated that responding to issues like substance use, experiences of trauma and violence, and serious mental and physical health issues are regular parts of frontline work in the homelessness support sector. This can create a lot of stress for staff and can be difficult to deal with every day, as one ED stated:

*It takes a lot of headspace and a lot of resiliency to just keep coming in every day. – Executive Director, Central Canada*

Six (40%) EDs described a strong desire by frontline staff to support and make positive changes in the lives of their clients, which often requires a strong emotional investment into the well-being of clients. These EDs believed this made frontline staff very successful in providing the support that they do, but it was also understood that this dedication and emotional investment can also lead to more stress at times.

One ED commented:

*And even when we're providing the service and we're limited as how we can help people so that that weighs heavily on staff, I need to emphasize that. You know, staff don't just show up to work and go home. They're invested in what they're doing and we can't give to the resources to facilitate a positive outcome, it's disheartening to them as it is [to] anybody. – Executive Director, Central Canada*

Twelve (80%) EDs stated that it is also very important to ensure that staff received the supports that they need to care for their well-being. Promoting access to mental health supports, peer supports, debriefing, referrals to counsellors, and cultural supports were all stated as important methods of responding to the complex nature of the work within the homeless sector. One participant acknowledged the difficulty that frontline staff can experience responding to trauma as staff may be living with caring for their own traumas as well. At times, this can be a triggering experience for staff. For this reason, this ED stressed the importance to have trauma supports available staff:

*I think because we are a violence against women's shelter that specifically serves Indigenous clients. Most of my staff are also Indigenous. I think that the emotional toll that it takes on people to have their trauma reawakened when they're working with people who are also living their trauma. That's one of the biggest things is giving a lot of support to staff. – Executive Director, Central Canada*

## | Re-traumatization

### *Interview Results*

The EDs were asked if staff with lived experience of homelessness faced any challenges working in the sector that staff without lived experience may not encounter. All the EDs indicated that their organization employs individuals with lived experience. Ten (66.7%) EDs specifically described challenges experienced by staff with lived experience that are not faced by staff that do not have these lived experiences. These EDs explained that staff with lived experience of homelessness may struggle to work closely with clients who are dealing with similar challenges or traumatic experiences that they also experienced, such as substance use, addiction or fleeing domestic violence. Three (20%) EDs explained that staff who are further along in their 'healing journey' are better able to manage situations that remind them of their past traumas.

The comments from one ED reflect this challenge:

*I think the connections that are made by our staff with lived experience are extremely valuable, but they do require more support sometimes. Depending where they are in their healing journey whether they have, you know, kind of come to terms with it and moved past it, or they're still vulnerable. – Executive Director, Central Canada*

These EDs recognized that peer support workers and other roles taken on by staff with lived experience are incredibly valuable and ensure that the clients can work with people who understand their challenges from a different perspective. However, the ten (66.7%) EDs that highlighted challenges among staff with lived experiences emphasized that it is important that EDs and other staff in management positions recognize that lived experience may make the work more psychologically and emotionally taxing for these staff. One ED with lived experience of homelessness felt strongly that organizations can do more to recognize and respond to the needs of staff with lived experience. Two EDs commented:

*It is tough, it depends on how long ago the lived experience was. I think we are seeing that if it is fairly recent, particularly, whether it's from homelessness or addictions then it does bring anxiety and issues. Over the last year in particular, (challenges) have been brought to the surface, some struggles for some of our staff who are now on leave because our young people are using more. There is constant temptation and harm reduction can be difficult in the best of times within a program model. And anyone with lived experience within living on the streets, or drug culture or addictions or substance use has struggled. And I would probably be able to say three or four staff have struggled. – Executive Director, Central Canada*

*The staff with lived experience – it's always important that they understand the way that that might impact them, doing the work with people that they identify with a lot. Like for example somebody on our staff had been young, pregnant, and abused. And so, when we have somebody young and pregnant come into the shelter and they are abused that really gets her because she sees herself in there, she wants to go above and beyond for this person. Luckily, she has that ability to see that in herself and to understand it and to, you know remain objective, but you know not everybody would be able to do that. And so, it is important for management, middle management and myself to understand how people might be triggered by their own past experiences. – Executive Director, Eastern Canada*

While the majority (66.7%) of EDs recognized the challenges that staff with lived experience of homelessness face, none of the EDs reported that their organization offers supports tailored to workers with lived experience of homelessness. They do, however, have access to resources such as mental health counselling that can support them in their roles. Given that 23% of frontline staff from this survey reported lived experience with homelessness, a significant portion of workers may not be receiving adequate support to deal with the unique challenges they face.

## | Safety Concerns

### *Interview Results*

A serious concern that every ED referenced was safety of their staff. The EDs discussed how safety or lack thereof is an ongoing issue for frontline staff. EDs attributed many of the safety concerns to the complex issues that clients are experiencing in their lives. For example, two EDs described how some clients bring weapons into the shelters (knives or guns) as they are used for survival. Staff must then identify clients carrying weapons and confiscate them from clients entering the facility. One ED described some ways they have responded to safety concerns:

*But yeah, I would say safety, we've put in some different mechanisms over the last few years, we've got an exit door in the office, before they just had an office. And if something escalated, there wasn't a safe outlet for them to leave the space if they needed to. So that's been implemented. We've got a better on-call system to call for support, if there's, you know, if there's a difficult conversation to have to ask somebody to leave. And they're having an outburst that there's, you know, a backup person on-site to come. So, we've tried to bring some things in. - **Executive Director, Eastern Canada***

Re-designing physical spaces, implementing new and additional safety protocols, and hiring more staff were strategies to enhance safety shared by the EDs. Some (26.7%) EDs did express some difficulty in being able to increase the level of staffing to prevent unsafe workspaces due to financial limitations. One ED described how they were able to allocate funding to increase staffing as a method of increasing safety:

*And we've struggled a lot because we are single staffed a lot of the time in the emergency shelter. And so, this would lead to them, feeling very unsafe depending on who might be in the shelter. And over the past few years we've actually put in project proposals to have some extra dollars to double staff whenever we have somebody who's particularly high risk in the shelter maybe they're unstable for some one reason or another. - **Executive Director, Eastern Canada***

## | Workplace Discrimination

Discrimination refers to experiences of unfair treatment or mistreatment which may occur because of race, gender, age, religion, sexual orientation, height/weight, physical appearance, and physical disability (Krieger, 2014b; Taylor et al., 2013). Cases of discrimination were documented during the interviews when EDs were asked about issues and policies related to diversity, equity, and inclusion in their organizations, challenges faced by staff with differing identities (e.g., race, sexual orientation, gender, etc.), and how they support staff with differing identities.

### *Interview Results*

During the interviews, every ED was asked about challenges related to diversity, equity, and inclusion (DEI) that have been brought to them by their staff. Seven (46.7%) EDs gave examples of racist and discriminatory experiences described to them by their frontline staff. This included instances where clients made racial comments/slurs towards staff who identify as BIPOC, female staff were not hired in certain positions, pay inequities were identified between male and female staff, and staff with lived experience were distinguished from staff without lived experience resulting in exclusive work practices. One instance of discrimination based on racial identity was described by an ED:

*There's challenges, often with clients making racial comments, using racial slurs towards staff. So, we deal with that a lot, and we take a very direct-action approach. So, we don't tolerate that behaviour and [we take] immediate action, all staff kind of support each other in that. We have such a mix of people working here so there's been you know accusations of discrimination between different ethnic groups in our staff. - Executive Director, Western Canada*

Two EDs discussed how organization policies discriminated against staff with lived experience of homelessness. Comments from one ED demonstrated this issue

*This was a policy that was in place before I came into the agency and it was the people who had been shelter stayers previously could not be in any sort of position of power over the current shelter stayers. So, in some ways like there's a two-year waiting period in order to be eligible to be an employee. And I think that's something that we want to look at as well because I don't believe that we've done a good job of recognizing the value that people with lived experience can bring. - Executive Director, Western Canada*

The other eight (53.3%) EDs did not report any examples of discriminatory experiences from staff and explained that they were currently reviewing their DEI policies or have hired specific staff to enhance DEI at their organization (e.g., DEI Manager and HR generalist). When asked if they have established cultural sensitivity/safety training, anti-racism training, or established diversity, equity, and inclusion principles, the majority of ED participants stated that those are processes that are important but that they are still in the process of development. Only four (26.7%) EDs specifically stated that they offer training for cultural sensitivity or anti-black/anti-Indigenous and had protocols in place when DEI issues arise. One ED described how they address these issues:

*Certainly, we provide ongoing training for our staff, and, and supports for our staff that are dealing with that. And we don't just accept that this sort of thing [racism and discrimination] is going to happen. We have mounted some complaints about the major hospitals in this city. And I have to say that they have made attempts to fix some of the things that have gone wrong when our clients and our staff have had to access services. So, I think the outcome of having a complaint made and some things, not all things but some things improved is a very healing thing for the staff. Because they see that change is possible, that [Name of Organization] will support them when they see social injustice. They will stand up for them and support them in that. – Executive Director, Western Canada*

## Racist and Discriminatory Views Towards Indigenous Staff

### Interview Results

During the interviews for this project, the comments from a small number of the EDs demonstrated that racist, discriminatory, and culturally insensitive beliefs against Indigenous individuals exist in the sector. The most concerning comments expressed anti-Indigenous racist sentiments that perpetuated oppressive colonial ideologies. When asked about the diversity present within their organization one non-Indigenous ED stated:

*I currently have one. We've had as many as three Indigenous staff. They tend to turn over quicker. And I'm— part of it is [sighs]— I'm trying to— Our Indigenous population is tribal. Okay? They're tribal. Family is very important. And you can be from the right family and the wrong family. So, a lot of Canadians think, "Well Indigenous people are Indigenous people; they all get along." No, they don't. And, in fact, within the [Indigenous territory]— which is largely around here— there are, between the three reserves, there are probably 21 different family groups. They don't get along.*

The ED went on to say:

*So, there is a much heavier cultural clash— you can call it that, we'll just call it that, or you can call it racism, or you can call it colonization— whichever term works. So, Inuit are a nomadic culture, and so we get a lot of, we get a lot of people who are in a job three months, six months, four months. For the Inuit, there isn't that same kind of a— not that they don't work hard, God knows it took something to survive up here— but...it's not the same kind of culture, so that's a huge barrier to having Inuit regularly employed in the shelter.*

When asked about turnover within their organization another non-Indigenous ED commented:

*It also creates turnover in some staff because after a while, some of our people don't like dealing with— they just get tired of dealing with the Indigenous population. There is in some of that population there, especially the younger ones, there's a sense of entitlement.*

There was a stark contrast in the approaches that two organizations, whose staff and client base are largely Indigenous, take to supporting their staff. When asked whether the organization provides cultural supports to families and individuals who identify as Indigenous, one non-Indigenous ED replied:

*Why would we do that? We're an Indigenous community. We don't have to go and find people. We're here, right? So no. We're an Indigenous Community, yeah. They have their own community. They don't need white people to help them find their community.*

In comparison, an ED who described their staff and clients as predominantly Indigenous demonstrated how an understanding and respect for Indigenous cultural traditions within an organization creates a more inclusive work environment. They specifically described how 'culturally relevant' trainings are provided to their staff each year. They ensure that these trainings are led by Indigenous individuals:

*If we are having a ceremony, obviously there would be someone like the pipe carrier would be doing the pipe ceremony. If it was a sweat lodge, again it would be a sweat lodge keeper who would be running the sweat lodge and doing the teachings around it. We have visiting elders that come from right across Canada and will come and do specific ceremonies, depending on what's needed or what's wanted. So, we have things like walking out ceremonies for our kids when they are a year old. We have*

*naming ceremonies. We have many different ceremonies that are really key to the spiritual health of the community that would occur at [name of organization]. In some cases, it may be staff that hold this knowledge and they may be doing the workshops. But oftentimes they're elders or knowledge keepers from outside this community.*

Again, these types of racist and discriminatory views heard from these EDs occurred in only a few interviews. Nonetheless, the expression of these views in any of the interviews is important to note given that leadership teams play important roles in creating inclusion and supportive work environments for frontline staff with diverse racial, gender, sexual, and religious identities.

## COVID-19 THEMES AND TRENDS



The scope of this study was not to exclusively investigate the impacts of the COVID-19 pandemic. However, the pandemic necessitated major adaptations in the way frontline staff in the sector provide services to people experiencing homelessness. Therefore, questions about the COVID-19 pandemic were included in the survey and interviews. The results from this study build upon the findings from the recent study by Kerman et al., (2021) which explored the presence of common mental health challenges and impacts from the COVID-19 pandemic experienced by frontline staff serving people experiencing home in Canada.

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## | Pandemic Pay and Working Hours

### Survey Results

The survey included questions about COVID-19-related resources, supports, and benefits provided to frontline staff in the homelessness support sector over the past 12 months. The responses to these questions are presented in Figure 10 and 11. The survey results revealed that 51.4% of all frontline staff are working more hours during the COVID-19 pandemic. While many sector staff are considered essential workers and often cannot work from home, only 49.7% reportedly received pandemic pay in the past 12 months. There were fewer BIPOC staff (43.8%) compared to Caucasian staff (51%) who indicated that they received a pay increase during COVID-19. Therefore, Caucasian staff may be earning higher wages during the pandemic compared to staff of different racial identities.

Across all staff, there appears to be a disconnect between the reality of the work that frontline staff have continued to do during the pandemic and the compensation they have received for this work. During the pandemic, workers in this sector are at a higher risk of contracting COVID-19 given that they work with a population that is high risk for contracting the virus. Despite this, less than half of them have received the same pay increases as other frontline workers (Public Health Agency of Canada, 2020a; The World Health Organization, 2020).

**Have you received a temporary pay increase because of the COVID-19 pandemic?**

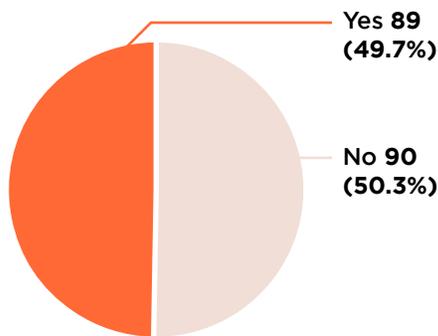


Figure 11: Comparison of frontline workers who have received pandemic pay in the past 12 months and those who have not.

**Have your work hours increased due to the COVID-19 pandemic?**

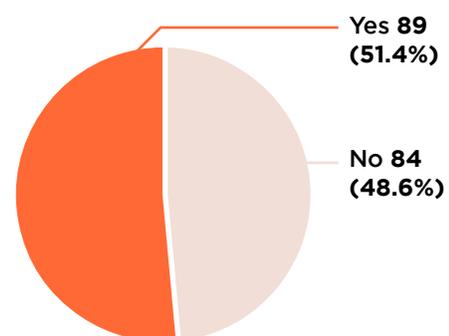


Figure 10: Responses from frontline workers about whether their hours of work have increased during the pandemic.

## Interviews Results

The responses across the 15 EDs demonstrated the uneven distribution of pandemic pay across the homelessness support sector and supported the responses from frontline staff who reported that their hours increased during the pandemic. Thirteen (86.7%) EDs stated that their staff received some form of pandemic pay within the past 12 months and two (13.3%) said that their staff were not given any type of pay increases. Among EDs whose staff received pandemic pay, there was significant variation in the amount and duration of pandemic pay both within the same province/territory and between provinces and territories. One ED from Eastern Canada reported that their staff received a pay increase of \$3 per hour while a different ED from another province in Eastern Canada reported that the pay increase was structured as a 5% pay increase. Within the same province in Central Canada, EDs reported different amounts of pandemic pay with one reporting a \$4 an hour increase, and another only a \$2 an hour increase. In the same province in Western Canada, two EDs reported that their staff received the same amount of pandemic pay which was set and distributed by the provincial government.

The interviews provided a possible explanation for why 49.7% of survey respondents said that they received pay increases and 50.3% did not. Among the EDs whose staff receive pandemic pay, they explained that not all frontline staff were eligible for temporary pay increases. One ED described this in the following response:

*I will say it was tricky because it was only those on frontline 100%, where some of the managers were working 80 hours. I could give the pandemic pay to shelter workers, but I couldn't give it to my operations manager who is operating everything to keep the shelter workers going. – Executive Director, Central Canada*

When the provincial government did not provide pandemic pay to all frontline staff three (20%) EDs described how they secured funding to provide pandemic pay to staff missed by provincially funded pay increases.

*Management put together a proposal for the board because we'd have to self-fund. It was about \$50,000. So, we just produced that last week, finally, after many, many months of wrangling [and] off trying to figure out where we were going to get 50 grand from. – Executive Director, Western Canada*

Another key point discussed in the interviews was that the provincial pandemic pay was typically distributed for 16 weeks within the first wave of the pandemic but was not reintroduced in the second or third waves when COVID-19 cases increased. One ED explained that the municipal government stepped in to provide her workers with additional pandemic pay:

*In the County, they were able to do a one-time Wage Enhancement for frontline workers as well. They did that from September 1st to January 31st. – Executive Director, Central Canada*

These results again reflected the underappreciation and undervaluing of frontline workers in the homelessness support sector while also indicating that frontline staff were and continue to be expected to work additional hours without financial compensation to recognize their contributions to protecting and serving a vulnerable population during the pandemic.

## COVID-19 Resources

### Surveys Results

In addition, frontline staff were asked whether they had received training related to COVID-19 and if they were provided with personal protective equipment (PPE) for their jobs. The responses are summarized in Tables 14 and 15. Just over half of all staff (53.6%) indicated that they had received this type of training while 46.4% of sector staff are continuing to work during the pandemic without COVID-19 training.

Many (67.4%) frontline staff do have access to PPE if needed for their jobs, however, 32.6% of frontline staff did not report that PPE was readily available to them. There was a 7% difference in the proportion of Caucasian staff (69.7%) that reported having PPE available to them compared to BIPOC staff (62.5%). The data that was collected for this study did not indicate why more Caucasian staff in the sector are in positions where PPE is more readily available to them.

**Table 14: COVID-19 Training for Frontline Staff**

|   | BIPOC Total<br>N=31* (%) | Caucasian Total<br>N=137* (%) | All Staff Total<br>N=168* (%) |
|---|--------------------------|-------------------------------|-------------------------------|
| <b>In the past 12 months, have you received additional training about COVID-19?</b> |                          |                               |                               |
| Yes   | 16 (51.6)                | 74 (54.0)                     | 90 (53.6)                     |
| No  | 15 (48.4)                | 63 (46.0)                     | 78 (46.4)                     |

\*Missing data is excluded, this includes “Don’t know”, “Decline to Answer”, and “Unanswered” responses.

## Table 15: Resources Available to Frontline Staff

|   | BIPOC Total<br>N=48* (%) | Caucasian Total<br>N=188* (%) | All Staff Total<br>N=236* (%) |
|---|--------------------------|-------------------------------|-------------------------------|
| <b>As a frontline worker, are the following resources readily available if you require them on the job?</b> |                          |                               |                               |
| Naloxone kit  | 29 (60.4)                | 123 (65.4)                    | 152 (64.4)                    |
| First-aid   | 28 (58.3)                | 125 (66.5)                    | 153 (64.8)                    |
| AED   | 13 (27.1)                | 66 (35.1)                     | 79 (33.4)                     |
| PPE   | 30 (62.5)                | 131 (69.7)                    | 161 (68.2)                    |
| Uniform/clothes   | 5 (10.4)                 | 18 (9.6)                      | 23 (9.7)                      |
| Work cell phone   | 25 (52.1)                | 90 (47.9)                     | 115 (48.7)                    |

\*Missing data is excluded, this includes “Don’t know”, “Decline to Answer”, and “Unanswered” responses.

Another important resource to consider during the pandemic is the availability of paid sick days. Any individuals who test positive for COVID-19 are advised to isolate for at least 10 days since the first onset of symptoms and/or since their last positive test result (Public Health Agency of Canada, 2020b). This survey revealed that 38.3% of frontline staff in this sector are not given an appropriate amount of paid sick days that would allow them to self-isolate if they contracted COVID-19 (Table 16). Specifically, 23.8% of frontline staff are given one to seven paid sick days from their employer and 14.5% are not given any paid sick days. The lack of paid sick days may contribute to more stressful working conditions for frontline staff during the pandemic (see theme Mental Strain).

## Table 16: Paid Sick Days for Frontline Staff

|   | BIPOC Total<br>N=31* (%) | Caucasian Total<br>N=141 (%) | All Staff Total<br>N=172 (%) |
|---|--------------------------|------------------------------|------------------------------|
| <b>How many paid sick days do you have through your place(s) of employment?</b> |                          |                              |                              |
| 0   | 6 (19.4)                 | 19 (13.5)                    | 25 (14.5)                    |
| 1-7 days/year   | 7 (22.6)                 | 34 (24.1)                    | 41 (23.8)                    |
| 8-14 days / year  | 14 (41.2)                | 58 (41.1)                    | 72 (41.9)                    |
| 15 or more days / year  | 4 (12.9)                 | 30 (21.3)                    | 34 (19.8)                    |

\*Missing data is excluded, this includes “Don’t know”, “Decline to Answer”, and “Unanswered” responses.

## Interviews Results

The EDs did not clarify why PPE was not accessible to all frontline staff. Rather, almost every ED explained that while there were shortages of PPE in other sectors, they were given an adequate supply throughout the pandemic. Two (13.3%) EDs noted that they did not have enough PPE at the beginning of the pandemic. Two other EDs explained that they had been concerned about PPE shortages, but always had enough PPE for their staff and clients. This is demonstrated by the following response:

*We were really concerned about PPE, but those concerns weren't borne out. We were able to get what we needed to our teams. Actually, I think, probably really well.*  
**- Executive Director, Western Canada**

All of the EDs were asked about specific training and supports introduced during the pandemic. Specific COVID-19 related training was commonly provided to frontline staff. This included training about the proper use of PPE (e.g., donning and doffing), COVID-19 screening procedures/tools/ sanitization, and disinfection protocols, and enhanced hygiene practices. One ED commented:

*Our caseworkers were doing PPE audits and that's making sure staff are wearing the proper PPE, they're wearing it correctly, and providing that training if folks weren't wearing masks or goggles correctly and how to do that.* **- Executive Director, Western Canada**

The lack of adequate paid sick days was recognized by the EDs which resulted in additional sick days offered to frontline staff and organizations continuing to pay staff who needed to self-isolate. Similarly, the EDs stressed the importance of being flexible with both sick days and vacation days during the COVID-19 pandemic. Given the added stress that the pandemic has caused both in personal lives and in the workplace, six (40%) of the EDs commented on how they advocated for staff to use their vacation days even as a reprieve from work during these stressful times. One participant shared:

*I think we're just really being very flexible at this point to say if you don't want to take your vacation, if you can't take it, while we recommend you even just do a staycation and take the time away. If you have a particular reason why you want to hold it until maybe you get vaccinated and you can travel or do something, then come and talk to us. Where we can be flexible with schedules we are flexible. If people want to, like we've kind of switched to a work from home where you can, when you can except for a frontline who obviously can't. So, trying to figure those things out.* **- Executive Director, Central Canada**

Overall, there were conflicting responses from frontline staff and EDs about the availability of COVID-19 resources and materials in the homelessness support sector. The EDs indicated that there were few shortages of PPE in the sector and that COVID-19 training was regularly offered to staff and yet only 67.4% of frontline staff reported that they had access to PPE and 46.4% did not receive COVID-19 training.

## | Safety Concerns

### *Interviews Results*

Unsurprisingly, all the EDs described safety as a significant concern among frontline staff during the pandemic. According to the EDs, their staff recognized that there was a significant risk of contracting COVID-19 given that they worked with a population that is more vulnerable to the virus. People experiencing homelessness also engage in risky behaviours for survival (Oppong Asante et al., 2016), and one ED explained that staff found it difficult to create a safe environment for themselves and other clients during the pandemic with individuals who are not risk-averse. One ED said this:

*The feeling was, they [clients] could have been with anybody... like we have quite strict rules in the shelter and people would just absolutely flaunt the rules and it was like, "Oh no no no!" and so people did feel very unsafe. Yeah, because if people are living at risk this [COVID-19] was just one other layer of risk that they weren't heeding. - Executive Director, Eastern Canada*

Safety concerns were commonly expressed by older staff, staff with pre-existing health conditions (e.g., autoimmune disorders), and staff living in multigenerational homes. Four (26.7%) EDs reported that staff experienced anxiety and fear of contracting the virus and suffering severe complications or passing on the virus to their more vulnerable family members. One ED explained:

*We have a young staff team, and so a lot of them live within multi-generational homes. They don't want to bring it home to mom and dad, or siblings or grandparents, and have that risk factor. - Executive Director, Central Canada*

These safety concerns coupled with a lack of adequate compensation contributed to higher rates of turnover among long-term and permanent frontline staff during the pandemic. This issue was described five (33.3%) EDs, one of these EDs explained:

*We lost a third of our staff in four days. And so, some people had compromised health, some people lived with people with compromised health, and some people just said I'm not doing this, not for this crappy wage... some of the people just said I'm not risking my life when people just didn't know what was happening. - Female Executive Director, Eastern Canada*

Five (33.3%) EDs also mentioned that to adhere to public health guidelines related to shelter capacities, social distancing, and self-isolation following close contact or positive test of COVID-19, they needed to expand their operations and staff to new buildings. This required EDs to find temporary staff willing to work in environments that may expose them to COVID-19. This is reflected in the comments from one EDs:

*We run an isolation hotel building and an apartment block. Folks isolate if they test positive or are named as close contact of COVID. So, we added 60 new staff this year just for running that. That's temporary obviously but as long as COVID is around we'll be running those. But yeah, we added a bunch of jobs and we also expanded our shelter dramatically over the last year to meet - to be all social distanced. - Executive Director, Western Canada*

The EDs conveyed that frontline staff felt they were working in increasingly unsafe environments because of the presence of the COVID-19 virus in their facilities and among their clients. Most staff in this sector were not able to work from home and therefore opted to leave their roles temporarily or permanently to protect their health and the health of their families.

## | Mental Strain

### *Interviews Results*

Finally, the pandemic has contributed to an increase in mental strain (e.g., anxiety, stress, and mental exhaustion/fatigue) and a decrease in the psychological and emotional well-being of staff. Seven (46.7%) EDs recounted how challenges in managing the mental health of their staff have arisen during the pandemic. Examples included staff coming to the EDs to express their anxiety, fear, and stress about the general state of the pandemic in Canada, managing work expectations during the pandemic, working with COVID-19 positive individuals, and changes in their personal lives that intersect with their jobs. One ED described this situation:

*Honestly, managing mental health on the part of staff has been the greatest challenge that the pandemic has brought, which, fair enough. I mean, I completely understood. I got to work from home. If I didn't want to see anybody, I never had to see anybody. Frontline staff did not have that luxury. - Executive Director, Eastern Canada*

Additionally, stress was felt by staff as it became more difficult to deliver services to people experiencing homelessness when many organizations temporarily halted their operations and withdrew supports. Meanwhile, new responsibilities including screening clients for COVID-19, constant sanitation, and enforcing PPE and social distancing

policies were placed on staff which further impacted their mental well-being. This was explained by one ED:

*[During the pandemic] Access to services are gone and others [programs/places] are closed. We're the only two shelters —big shelters— in our city, we're able to take many people and cut out daytime programming so we're really the only place open. That put a lot of strain on us to kind of manage, kind of the whole shelter population... [However] we didn't qualify as essential workers. I know it came in for like grocery store workers but not for our staff. – Executive Director, Western Canada*

Five EDs felt that the pandemic exacerbated existing crises (e.g., affordable housing or opioid epidemic) which heightened the needs of people experiencing homelessness and created more challenging work environments for frontline staff. This is evidenced in the following comments from two EDs:

*Well, as a result of the pandemic, there was a whole lot of impacts around the poisoning epidemic. So, the pandemic actually made the poisoning epidemic worse, both in terms of drug supply starting to slowly go down before the pandemic —not enough, not— but they were coming down. The pandemic has seen those increase back above any of the worst times. So that was a huge impact. And so the issues around how we manage through what were competing public health priorities into public health crises absolutely had impacts on the folks that we provide housing supports to and, and our staff for sure. – Female Executive Director, Western Canada*

*We have seen a demographic change over COVID that it is very complex, concurrent issues with each [young person] that are surrounding each young person as they come in the door, that are much harder to uh to manage within these days. – Female Executive Director, Central Canada*

Ten (66.7%) EDs recognized the psychological and emotional impacts that the pandemic had on their staff thus introduced additional workplace supports. In addition to the COVID-19 pandemic pay, EDs described a variety of supports offered to staff to help them cope during the pandemic. This included mental health counselling and compensation for transportation (e.g., mileage and taxi fees, and transit passes). One ED said:

*So, we have been working very closely with Canadian Mental Health Association, and they come in quite a few days a week to come into our shelters to work with our participants. But through this pandemic we were able to find some funding to offer some specific shelter staff training. And then on top of that, they offered personal support, confidential personal support to our shelter workers. We still have some counselors coming on site that staff can tap into if needed. – Executive Director, Central Canada*

While the COVID-19 virus threatened the physical health of frontline staff and their clients in the homelessness support sector, the pandemic also negatively impacted the mental health and well-being of frontline workers in the sector. The EDs recognize that working in the sector became more stressful and challenging during the pandemic and frontline staff experienced significant anxiety at work and in their personal lives. The withdrawal of services for people experiencing homelessness and supports for frontline staff coupled with the expectation that staff take on additional responsibilities to prevent the spread of COVID-19 resulted in significant psychological and emotional distress among frontline staff.

## LIMITATIONS

Based on the profile of the homelessness support sector developed from the 2016 Census data discussed in the literature review (Toor, 2019), our sample of survey respondents is representative of the larger workforce in the sector. However, given the time restraints for data collection, we were unable to reach the targeted sample size of 400 which would facilitate the detection of statistically significant differences related to precarious employment, job insecurity, and discrimination across groups of employees. Within these 400 responses, we aimed to collect responses from a minimum of 150 participants who identify as visible minorities and 50 who identify as Indigenous. Our sample was comprised of 236 responses, 48 of which were from staff who identified as Black, Indigenous, and other people of colour and 188 from staff who identified as Caucasian. Given the limited number of responses, particularly from BIPOC staff, statistical analyses (e.g., Chi-square, t-test, and logistic regression) were not performed to assess differences between BIPOC and Caucasian staff in the sector. Likewise, due to time restraints, the survey was only distributed in English which limited the survey respondents to those who were comfortable completing the survey in English.

We aimed to measure discrimination in the sector using the Everyday Discrimination Scale (EDS). This scale was not successful in measuring discrimination in this context. A definition of discrimination was not provided on the survey and the responses from participants indicated that there was a misunderstanding about what behaviour is considered discrimination. Responses from 10.6% participants on the EDS indicated that they felt they were mistreated from clients, but not because of their race, age, gender, sexual orientation etc., but because clients are dealing with their own challenges and may lash out at staff.

Additionally, 40% of BIPOC staff responses and just under 30% of Caucasian staff responses were missing from each question on the EDS. Therefore, the data collected with this scale was not included in the analysis of the results of this project.

Convenience and purposive sampling strategies were used to ensure a diverse sample of Executive Directors were recruited to participate in the interviews. We specifically sought to include EDs from all provinces and territories in urban/suburban, rural, and remote locations from a range of different homeless serving organizations (e.g., shelter, transitional housing, or drop-in centre) who serve diverse populations. We also sought a sample of EDs who have diverse identities (e.g., gender, race/ethnicity or sexual orientation). Through this purposive sampling process, we identified that few EDs in the homelessness support sector were not Caucasian males or females.

Therefore, the majority of EDs that participated in the interviews identified as Caucasian (84.6%), female (73%), and heterosexual (75%). We extended the opportunity to participate in an interview to several EDs from the territories but were only able to reach one ED from Northern Canada willing to participate in the interviews.

## FUTURE RESEARCH AND EXPLORATION



*As a result of this research, we identify several opportunities for future research and exploration below. This includes opportunities for homelessness serving organizations to improve the working conditions of their frontline staff as well areas for future research investigating the experiences of frontline staff in the homelessness support sector.*

1. **Explore opportunities to offer appropriate training for all staff in the homelessness support sector.** Data collected from the job advertisement review, survey, and interviews highlighted a set of seven core trainings that frontline workers should have when working in the homelessness support sector. To ensure that frontline workers have the skills to meet the expectations of their roles and the needs of their clients, homelessness serving organizations and organizations that provide education and training resources to frontline workers in this sector should endeavour to offer the following seven core trainings: First Aid and CPR; Non-violent Crisis Intervention;

principles, and practices for harm reduction with prioritization of Naloxone training; suicide prevention; knowledge of homelessness, and managing and addressing aggressive behaviour and sexual harassment. Given that seven (46.7%) EDs reported that their staff had experienced racist or discriminatory behaviour from clients and staff and only four (26.7%) EDs reportedly offer cultural sensitivity and anti-racism training to their staff, there is also a need for organizations to require diversity, equity, and inclusion (DEI) training. All employees including EDs, organization managers, and frontline staff should participate in DEI training. These DEI trainings should cover topics including unconscious bias, cultural competency, creating an inclusive workplace, and preventing discrimination and harassment. Identify strategies to provide equitable supports to staff with lived experience of homelessness and recognize the value in their knowledge. Within the sample of job advertisements in this review, lived experience of homelessness was described as an asset for work in this sector. The EDs shared that lived experience is beneficial in this field of work. However, staff with lived experience of homelessness and other intersecting issues (e.g., substance use, addiction, and mental illness) face unique challenges in their work that staff without lived experience do not. While the EDs recognized these challenges, they did not report that any additional supports tailored to meet the specific needs of these workers are provided by their organizations. Given that 23% of staff in the sector have lived experience of homelessness, targeted supports and resources are needed to ensure staff are not coping with stress and triggers from work on their own. Future research can explore specific supports desired within a sample of frontline workers with lived experience of homelessness. Five EDs also described how they view lived experience as being valuable knowledge. However, other EDs, particularly the two with lived experience, described instances where lived experience of homelessness amongst staff is perceived and treated negatively. Additional research exploring how homeless serving organizations can foster an inclusive workplace where all forms of knowledge are valued is needed.

2. **Identify resources needed to implement wage enhancements.** From both the survey and interviews the perception among both frontline workers and EDs is that frontline staff in the sector are not paid adequately for the work that they do. Over 60% of the survey participants did not feel that they are adequately compensated and over 60% of EDs felt that their staff should be paid higher wages. During the interviews, the challenges with employee retention, turnover, and precarious employment described by EDs were attributed in part to inadequate wages. The pandemic wage increases temporarily addressed these issues but EDs recognized that turnover would increase as the wage increases were discontinued. Therefore, future research can explore how sustainable wage enhancements can be implemented for frontline staff in the sector to address issues including precarious employment, employee retention, and turnover.

**3. Ensure comprehensive supports and benefits are offered to frontline workers.**

The survey and interviews revealed certain inadequacies in the availability of paid sick days, paid vacation days, health insurance, daycare, mental health counselling, and peer support amongst frontline workers in this sector. Significant proportions of survey participants did not feel that they had an adequate number of paid sick days and vacation days (35.7% and 39.9%). Increasing the number of paid sick days is particularly important in the context of the COVID-19 pandemic given that 38.3% of frontline staff in this sector were not given enough paid sick days to allow for self-isolation if they contracted COVID-19. Similarly, 0.4% of participants reported access to daycare from their employer, but this resource was desired by 14.4% of participants. Mental health counselling and peer support networks were received by 4.1% and 9.3% of participants respectively, but 25.2% and 19.1% felt these supports are needed from their employers in the sector. Organizations in the sector should seek to support the physical, mental, and social well-being of their frontline staff by ensuring that an adequate amount of necessary supports, including mental health counselling, sick days, and peer support networks, are readily available to all workers.

**4. Conduct an assessment of the adequacy and availability of training, physical resources, financial resources, and human resources related to COVID-19.**

Safety was a particular concern for frontline staff during the COVID-19 pandemic. EDs reported that their staff were concerned about contracting COVID-19, health consequences of COVID-19 and passing the virus onto family members. These concerns translated into higher rates of turnover during the pandemic. The need for the aforementioned resources is also supported by the finding that almost one-third (31.8%) of survey participants did not report that PPE was readily available to them and 46.4% did not receive COVID-19 training. To ensure that frontline staff are not working in unsafe environments and have the necessary resources to protect their health organizations should assess whether COVID-19 training and additional physical, financial, or human resources are needed. The resources needed to protect staff and prevent the spread of COVID-19 are also applicable for other airborne/respiratory illnesses (e.g., influenza) that are common among people experiencing homelessness. Therefore, steps to meet these training, physical, financial, and human resources in the event of other disease outbreaks should be incorporated into organizations' standard pandemic response plans.

**5. Further research about experiences of discrimination in the sector is needed.**

The data pertaining to the magnitude of discrimination faced by frontline workers in this sector was collected from the interviews with EDs. Future research that seeks the perspectives of frontline staff as it relates to their experiences of discrimination are needed to deepen the understanding of the working conditions of frontline staff in this sector. Any additional research on discrimination should specifically involve staff who identify as BIPOC, LGBTQ2S+, female, and staff with lived experience of homelessness.

- 6. Further research about precarious employment, and employee retention and turnover amongst part-time, temporary or casual/relief staff is needed.** Every ED agreed that the issues with employee retention and turnover were most significant among casual/relief staff. The job ad review also demonstrated that part-time and casual positions were most common amongst general frontline positions (e.g., peer support worker, intensive case manager, etc.) and the annual and hourly wages for these positions were lower than almost every other type of employment (e.g., management, administrative or financial). Therefore, additional research should explore precarious employment and employee retention or turnover from the perspective of part-time, temporary, and casual staff.

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