FULL RESEARCH REPORT

Meeting Crisis with Opportunity

Reimagining Toronto's Shelter System

The Impact of COVID-19 on Toronto's 24 Hour Emergency Homelessness System

June 2021

DIXON HALL neighbourhood services

TORONTO SHELTER NETWORK

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Executive Summary

Vulnerable populations, including people experiencing homelessness, have been hard hit during the COVID-19 pandemic[1]. In Toronto, a rapid emergency response to protect homeless populations was undertaken, resulting in a significant restructuring of the 24-hour emergency homelessness system (shelter system). In order to document the impact of this transformation, the Toronto Shelter Network (TSN), in partnership with Dixon Hall Neighbourhood Services (Dixon Hall) embarked on a six-month exploratory study called "**Meeting Crisis with Opportunity: Reimagining Toronto's Shelter System**".

TSN is an umbrella organization that is composed of approximately 35 member organizations that together operate more than 100 emergency shelter, respite, 24-hour drop-in and COVID-19 response programs[2]. TSN believes that housing is a human right and envisions a City where everyone has a home that enables them to live with dignity.

Meeting Crisis with Opportunity was funded by the Social Development, Finance and Administration (SDFA) department at the City of Toronto. The study aimed to achieve the following objectives:

- To better understand the impact of COVID-19 on the shelter system.
- To describe the experiences of shelter users (clients)[3] since the onset of COVID-19, and to better understand the impact the pandemic has had on diverse populations using Toronto's shelter system, including those who moved into hotels and those who remained in legacy[4] shelters and respites.
- To develop recommendations that will help guide homelessness service providers and decision makers to develop sound and actionable short- and long-term strategies for improving emergency homelessness services.

This report identifies findings and highlights considerations that can improve the delivery of housing and homelessness services and supports for people in Toronto, build capacity and infrastructure for future waves of COVID-19 and other emergencies and inform the permanent transition of the shelter system into one that is people-centered and housing-focused.

Methodology

Meeting Crisis with Opportunity was conducted using mixed research methodologies as follows:

- A review of grey literature.
- A survey of 239 current service users at shelters, respites, 24-hour drop-ins, and COVID-19 hotels across the City. People from diverse populations including Black and Indigenous, families, LGBTQ2S+, men, refugees, women and youth were included in the sample.
- Three focus group sessions with 56 managers, front-line staff and shelter housing help workers/counsellors, as well as an online survey of four managers.
- Interviews with seven stakeholders bringing expertise in homelessness and housing policy and operations, public health and community engagement.

1 The terms "COVID-19 pandemic", "COVID-19", the "pandemic" are used interchangeably throughout the report.
2 As part of the COVID-19 response, The City of Toronto has leased approximately 25 hotels providing more than 3,000 spaces for physical distancing and for people to move indoors from encampments.
3 The terms "shelter user", "client" and "resident" are used interchangeably throughout the report.
4 The term "legacy" is used to refer to shelter programs that are not located in hotels, but does not refer to respites or 24-hour drop-ins.

Challenged at the outset with a very short project timeframe, the research team's efforts were further complicated by constant outbreaks of the COVID-19 virus at various shelters and resulting lockdown measures, service delivery priorities and research fatigue. Thanks to the cooperation and willing participation of shelter users and service providers, the project was completed on time and as planned.

Findings

Review of the Literature

Existing literature describes how the lack of sustained investment in housing and social policy by federal and provincial levels of government has contributed to the current homelessness crisis in Toronto. Systemic inequities, propelled in large part by anti-Indigenous and anti-Black racism, have made particular populations vulnerable to homelessness. The COVID-19 pandemic has amplified inequities for diverse socio-demographic groups that experience intersecting barriers, and which comprise shelter using populations in Toronto, including Indigenous peoples, women, LGBTQ2S+ people, families, Black people, refugees, youth and men, as well as some of the pathways into homelessness for these populations.

The literature shows that there is a unique policy moment to leverage. The City has committed to a vision of ending chronic homelessness with the HousingTO Action Plan, the Province of Ontario is working towards a vision of ending chronic homelessness by 2025 and the Government of Canada has committed to ending all chronic homelessness in Canada by 2028.

Service User Survey Results

Survey participants reported having both positive and negative experiences with the shelter system during COVID-19. In general, shelter users felt well supported by shelter staff during the pandemic and reported satisfaction with infection control measures undertaken by shelters. Without doubt, hotel clients appreciated the increased privacy and safety available to them.

At the same time, restrictive rules, mask wearing and program reductions were difficult for many of those surveyed. The survey findings indicate that COVID-19 and the related changes implemented in the shelter system have had a differential impact on different populations. They highlight strengths and deficits of the shelter system and the lack of supports available outside of shelters for many communities. Notably, hotel program users and Black survey participants reported a lack of access to housing supports. For Black shelter users, this may be attributed to both systemic racism and bias within the shelter system and on the part of landlords. In addition, childcare has been eliminated for many families, youth have been challenged to secure employment supports and women need gender-informed harm reduction services.

Shelter users made many suggestions for improving homelessness services and for ending homelessness in Toronto, with most respondents advocating for robust housing supports to be embedded across the shelter system and improved access and pathways to affordable and supportive housing.

Service Provider Focus Group Results

Management and front-line staff described the challenges and the successes that they experienced during the pandemic. They spoke of facing significant human resources and financial pressures and raised questions about organizational and system-wide sustainability. They expressed significant concern about the health, mental health and safety of staff and shelter users, and about increased rates of overdose. They also highlighted the loss of programming supports for clients, their increased social isolation and disruptions to their social networks and sense of community.

On the other hand, they discussed positive experiences, such as the ease of transitioning shelter users into private accommodations at the hotel programs and into permanent housing as a result of rapid housing initiatives introduced during the pandemic. They also described many strengthened partnerships, most notably with the health sector. Service provider accounts help to paint a picture of the direct and indirect ways in which the pandemic has both tested and helped shelter users, service providers and the shelter system as a whole. Their testimonies highlight the resilience of service providers, their commitment to ensuring the well-being of shelter users and their continued efforts to find permanent housing solutions for shelter users during these trying times.

Considerations for the Shelter System

Human Resources and Sustainability

This study has shown that a number of changes need to be made to ensure that shelters are equipped to mitigate and/or handle emergency situations.

- It is essential that individual shelters, and the shelter system as a whole, have a) the capacity to adequately recruit, retain and compensate their staff, b) resources to create workplaces that prevent burnout and compassion fatigue and foster wellness, and c) a strategy to quickly skill up the workforce to respond continuously to changing demographics in the system or shifts in need.
- It is important to have staff – permanent and relief – who have the knowledge, skills, experience and resources to address challenges that may be amplified during emergencies and to work effectively with populations who are particularly vulnerable during times of crisis.
- To help stabilize shelter service providers, the Shelter Support and Housing Administration (SSHA) and other City divisions can deepen their work with shelter providers to transition the shelter system to embody a more robust housing delivery focus. Immediate opportunities for enhanced collaboration include the roll out of the coordinated access system and the conversion of emergency homelessness programs into supportive housing.

Program and Service Delivery

The pandemic disrupted program and service delivery across the shelter system. Enforced masking and social distancing coupled with service/program reduction and closures, and the lack of access to friends, family, other shelter users, shelter staff and community service providers contributed to the rise in mental health and substance use related crises across the sector. At the same time, a most incredible outcome during this pandemic has been the range of partnerships forged or strengthened across various sectors. Further, feedback from shelter users and staff indicates that there is an opportunity for housing to be a stronger and more fundamental feature of shelter programming.

- There is a need to embed programming that promotes wellbeing and fosters both belonging and community into the shelter model, so that during emergencies and times of crisis there is capacity to prevent social isolation and promote mental health.
- Tables that are working on the development of referral and service pathways between health services (primary care, harm reduction and mental health) and the shelters should hasten their efforts and should be resourced adequately so that all shelter users, regardless of where they are in the shelter system, can receive equitable access to the services that they require. It is time to double efforts at assuring ongoing access to and sustainability of health care, harm reduction and mental health/case management resources within the shelter system coupled with follow up supports that lead to successful housing outcomes.
- Shelter service providers should build staff knowledge and skills, and/or invest in additional housing workers, in order to strengthen, reshape or introduce services and programs explicitly focused on preparing clients to achieve optimal housing outcomes.
- Funding agreements with SSHA should appropriately resource and hold accountable shelter service providers for housing outcomes.

Human Rights Focused, Inclusive and Equitable Shelter Models

The pandemic triggered a system-wide shift from congregate to individual rooms, a change that enables people to live with more privacy and provides a sustainable solution for protecting people in the face of future health emergencies. At the same time, there are valid concerns to address regarding health, wellbeing and safety, particularly for shelters users who are most at risk.

Despite the complexity of the emerging shelter hotel program, there is a need for these dignified settings and an opportunity, as communities and services begin to stabilize, to perpetuate and elaborate on these programs for unique communities (i.e., LGBTQ2S+, Black , Indigenous, etc.).

The study findings also indicate that shelter service models and built forms/physical structure can be improved to better address the unique needs of distinct shelter using populations and to foster inclusive and welcoming communities.

- SSHA, the Housing Secretariat and shelter service providers can work together more intentionally to ensure that human rights principles are consistently and equitably applied across all facilities that comprise the shelter system.
- Shelter service providers should continue to engage with funders, policy makers and health system partners to strengthen the foundation established during the pandemic to ensure that a robust and comprehensive range of services (e.g., housing, primary care, mental health, harm reduction, addiction, employment, etc.) are consistently embedded across the shelter system so ensure equitable access for all shelter users.
- The shelter system must continue to evolve to ensure that a range of options are available for diverse and emerging populations.
  - First and foremost, SSHA and Indigenous partners can continue to advance accountability statements and action items identified in the Meeting in the Middle Strategy to meaningfully address Indigenous homelessness in Toronto.
  - SSHA and the shelter system should also continue to work with Black leadership, within the shelter system and other Black serving organizations, to implement the recommendations of the COVID-19 Interim Shelter Recovery Strategy, which call for a distinct approach to serve Black people experiencing homelessness wherein the reality of anti-Black racism is recognized and addressed.
- There should be an intersectional approach to all shelter system planning whereby the unique experiences and backgrounds of diverse shelter users (families, LGBTQ2S+, refugees, youth, women, etc.) are prioritized and accounted for.
- Shelter users should inform policy and program development as an important step towards greater inclusiveness. Shelter service providers can play an important role in helping to put forward effective models for doing so.

From Shelter to Housing

Overwhelmingly, feedback from shelter users and service providers emphasized the utmost importance of increasing the supply of affordable and deeply affordable housing stock across the City. They stressed the need for a range of housing options that meet people's diverse mental and physical health and harm reduction needs, and which support their education and employment goals. Inevitably, they also identified the need for robust social and housing policies that entail sustainable long-term financial investment from municipal, provincial and federal levels of government, as well as the private sector. These findings suggest that shelter providers can leverage the unique moment afforded by the COVID-19 pandemic and work collectively towards the common goal of ending homelessness by:

- Engaging with SSHA and the Housing Secretariat to help inform decisions about the future of the shelter system and the acquisition/repurposing of shelters for housing.
- Ensuring that learnings from other jurisdictions are leveraged, particularly in future decisions regarding hotel programs.
- Participating in collaborative and cross-sectoral initiatives for increasing the availability of supportive housing stock, such as the Supportive Housing Growth Plan.
- Advocating for rent subsidies, such as the new Canada-Ontario Housing Benefit (COHB), more portable rent

subsidies and rent controls.
- Developing a strategy for engaging with the City, housing developers and landlords to create more (deeply) affordable and supportive housing.
- Advocating for improvements to the minimum wage, Ontario Disability Support Program and Ontario Works Program, and for alternative models for guaranteeing people a living wage.

Future Areas of Research and Research to Action

Meeting Crisis with Opportunity provides a snapshot of the shelter system at an important point in time. The findings and considerations presented should offer guidance on policies, procedures and future areas of research. With more time and resources, the following areas deserve further exploration:

- Further comparative analysis of **Meeting Crisis with Opportunity** data to better describe the unique experiences for diverse socio-demographic populations of shelter users and for people using different shelter programs (i.e., hotels, legacy shelters).
- A study to better understand the impact of the pandemic on Black shelter users, who comprise more than 40% of all shelter users, and the intersection of the pandemic experience with anti-Black racism and the unique experiences of diverse Black populations, including women, youth and LGBTQ2S+.
- A study to evaluate the long term impact of the pandemic for people using different shelter programs and on the health and mental health outcomes for diverse shelter users and service providers.
- Engagement with Indigenous shelter service providers and Indigenous researchers to support their efforts to document the differential impact of the pandemic on Indigenous shelter users and service providers.
- A study of the feasibility of converting shelter programs (i.e., legacy shelters and hotel programs) into permanent supportive or transitional housing for clients and defining the requirements for ensuring inclusive and welcoming environments for diverse people.
- A study to explore opportunities for integrating peer-based programming (i.e., with the expansion of harm reduction) and creating good work opportunities for people with lived experience across the shelter system.

Conclusion

People experiencing homelessness have been hard hit during these past three waves of the pandemic – communities have been disrupted, people have become increasingly isolated, mental health challenges have been exacerbated and more lives than ever have been lost to overdose.

The impact on service providers, who throughout the pandemic have shown remarkable commitment and resilience, has been significant. Despite daunting workplace circumstances and the risks posed to their health and their families' health, service providers rose to the challenge and enabled the shelter system to remain operational throughout the pandemic. The majority of shelter users and service providers see a silver lining, namely the increase in the number of people that have been housed this past year, the introduction of the hotel program and the overall success of measures taken to prevent the spread of COVID-19 in shelters.

Sixteen months into the pandemic, it is time to turn our attention to the future of the shelter system. The TSN and Dixon Hall share this report to foster reflection, ongoing inquiry and change. Data from other jurisdictions shows that homeless individuals with even short stays in shelter hotel programs have greater successes once they transition to other forms of permanent housing. This is just one of many findings and considerations highlighted in **Meeting Crisis with Opportunity** which inspire hope and can help move us toward the eradication of chronic homelessness in our city.

Finally, shelter users best understand what is required to improve their housing outcomes and can best articulate the needs of diverse populations using the shelter system. As a next step, shelter users, as well as shelter providers and decision makers, will be re-engaged to identify priority recommendations and actions so that this study

Table of Contents

1. Introduction

More than a year has passed since the onset of the COVID-19 pandemic, and what a year it has been. The pandemic has had a profound impact on Toronto's society, with rippling effects that surely will be felt for generations to come. Aside from the spread of the virus, which has claimed the lives of so many, the on again, off again lockdowns and stay at home orders disrupted families, separated communities and decimated countless businesses.

The pandemic exposed and exacerbated significant social and health inequities across Canada. Data has shown that people who experience homelessness and other marginalized groups are those who most feel the impact of the pandemic. In Toronto, a rapid emergency response to protect homeless populations using shelters[5] was undertaken, resulting in a significant restructuring of the shelter system. Whereas in March 2020, 35 organizations were operating shelter programs at approximately 65 different sites, by May 2021 these same 35 organizations were operating programs at more than 140 sites. For more than a year, 24-hour emergency homelessness providers have stepped up, ever adapting their operations to better serve and protect shelter users.

In order to document the impact of this transformation, the TSN in partnership with Dixon Hall, embarked on a six-month exploratory study called "**Meeting Crisis with Opportunity: Reimagining Toronto's Shelter System**". The study was designed with the following objectives in mind:

- To better understand the impact of COVID-19 on the shelter system.
- To describe the experiences of shelter users since the onset of COVID-19, and to better understand the impact that the pandemic has had on diverse populations using Toronto's shelter system, including those who moved into hotels and those that remained in legacy shelters and respites.
- To develop recommendations that will help guide homelessness service providers and decision makers to develop sound and actionable short and long-term strategies for improving emergency homelessness services.

This report identifies recommendations that can improve the delivery of housing and homelessness services and supports for people in Toronto, build capacity and infrastructure for future waves of COVID-19 and other emergencies and inform the permanent transition of the shelter system into one that is people-centered and housing focused.

5 The term "shelter" is an overarching term used throughout this report in reference to 24-hour emergency homelessness services, commonly including shelter, transitional shelter, respite, 24-hour drop-in and COVID-19 response (hotel) programs.

1.1 About TSN and Funding Partners

TSN is an umbrella organization made up of approximately 35 member organizations that together operate more than 100 emergency shelter, respite, 24-hour drop-in and COVID-19 response programs. Please see **Appendix A** for a list of TSN member agencies. TSN champions the best housing outcomes for people experiencing homelessness by enhancing the collective capacity of diverse homelessness service providers in Toronto through knowledge sharing and learning, collaborative planning, research and advocacy. TSN believes that housing is a human right and envisions a City where everyone has a home that enables them to live with dignity. Dixon Hall, a TSN member agency, was the trustee organization for **Meeting Crisis with Opportunity**, and the study was funded by the City's SDFA Department. This project is aligned with TSN's vision as well as its strategic priority of collaborating on research, policy and advocacy initiatives and the development of alternative housing strategies that expand housing options for member organizations and the clients they serve.

2. Methodology

Meeting Crisis with Opportunity is an exploratory study that was conducted using mixed research methodologies. The overarching research questions identified for the study included:

- What are the demographics of people using different emergency homelessness programs (shelters, respites and hotels)?
- How has COVID-19 impacted (positive, negative, neutral) people's health and wellbeing, access to services, employment/ education, and social interactions / contact with friends, family, or other loved ones?
- What is the differential impact of COVID-19 on different populations of shelter clients?
- What has worked and not worked well in terms of the shelter system's response to COVID-19?
- What factors have contributed to success for people using different shelter programs during COVID-19?

Over the course of six months, between November 2020 and April 2021, staff members from TSN and Dixon Hall worked together to collect and analyze data and then author this report. The research team was guided by the Project Advisory Committee, formed at the outset to provide input on the study questions and methodology and to illuminate the study findings and considerations for the shelter system as identified by the research team. See **Appendix B** for Advisory Committee Terms of Reference.

2.1 Data Collection

The task of collecting data was split into four parts: literature scan, shelter user surveys, service provider focus groups and key stakeholder interviews.

Literature Scan

For insights into the COVID-19 context, a review of grey literature was conducted. The review focused on the following: homelessness; the housing and homelessness policy landscape; health and homelessness; COVID-19 related changes to and impacts on the shelter system; unique needs of populations known to be using shelter services[6] (Black, Indigenous, LGBTQ2S+, Youth, Single Adult Women, Single Adult Men, Families, and Refugees) and their experiences during the pandemic.

Shelter User Surveys

To understand how the pandemic has impacted shelter users, 239 current clients were surveyed at shelters, respites, 24-hour drop-ins, and COVID-19 hotels across Toronto. Service users at both city-run and community/purchase of service organizations of diverse size and geographic location were surveyed. See **Appendix C** for the list of clients' shelter sites. As the study is focused on the impact of the pandemic on diverse populations, surveys were conducted with men, women, youth, families, refugees, as well as members of the LGBTQ2S+, Black and Indigenous communities. The surveys helped capture their unique stories, provide insights into the challenges and successes they experienced, and identify factors that have contributed to both positive as well as negative outcomes in their lives. The survey was pilot tested with ten clients in advance of being administered broadly.

6 The Toronto Street Needs Assessment (2018) was referenced to identify the main shelter using populations.

Sampling Strategy

To ensure that there was adequate representation of different populations in the study, a stratified sampling method was used. However, due to limitations imposed by the pandemic and the transient nature of the shelter using population, a convenience sample approach was used to engage clients at participating shelter organizations. Accordingly, the proportion of the survey participants from each socio-demographic group is not precisely representative of the entire population currently using the shelter system. However, the stories highlight their unique characteristics and experiences; give voice to some of the most vulnerable members of society and emphasize the need for immediate and targeted action.

Collecting the Data

At the beginning of the data collection period, the surveys were conducted in person by Community Animators and the Community Researcher. However, when shelters started to experience outbreaks and the City issued stay at home orders alternative strategies were implemented. Service providers volunteered to administer the surveys with clients and shelter users were able to complete the surveys independently, either by hand-to-paper or digitally. Further, if clients had access to technological devices such as phones or laptops, Community Animators were available to interview them digitally. All shelter user survey data was entered into a Survey Monkey template for analysis with the help of a data entry specialist.

Prior to completing the survey, all shelter users read or reviewed and signed off on a consent form, and also were offered $30 honorariums for their time. The compensation was delivered to them in the form of gift cards from stores of the service providers' choosing.

Service Provider Focus Groups

To help understand how the pandemic impacted service providers, 56 staff members from across the shelter system were invited to participate in a series of focus group discussions. However, due to the outbreaks and the demands of adapting to a constant and rapidly changing environment, we were only able to engage 70% of our target. Over the course of three days, 56 managers, front-line staff and shelter housing help workers/counsellors participated in focus group sessions. To ensure adequate representation of shelters from across the system, digital questionnaires were subsequently sent to managers at organizations that did not attend the sessions. This exercise brought the total to 60 service provider participants. Focus group discussions, held over Zoom with these field experts, provided insights into the challenges they have faced in serving shelter users during the pandemic. A discussion guide, composed of standard questions as well as a series of questions tailored for each of the three staff groups, was used by facilitators. All discussions were recorded and later transcribed for analysis, along with the questionnaire responses received by email.

Key Stakeholder Interviews

To gain insights and expert knowledge on the impacts of the pandemic on the homelessness sector from perspectives outside the shelter network, seven interviews were conducted with key stakeholders. Decision makers and subject matter experts in the housing and homelessness policy and operations, public health, community engagement and service delivery planning participated in these interviews. Unsuccessful attempts were made to engage representatives from the primary care and mental health sectors. These perspectives would have added

tremendous value to this report. All interviews were recorded and later transcribed for analysis. Please see **Appendix D** for the participant list.

2.2 Data Analysis

A data analysis team was created to review the primary and secondary data collected. Results from the shelter user surveys yielded predominantly quantitative data, which was entered into a Survey Monkey template. To compare experiences of different subpopulations, responses were cross tabulated and populated into an excel spreadsheet for analysis. A thematic analysis was conducted of the transcripts produced from the service provider focus groups and key stakeholder interviews. Subsequently, both quantitative and qualitative data were compared to information garnered from the literature scan. The data analysis team carefully reviewed all the documents for ideas and patterns that emerged repeatedly and discussed the similarities and differences in their findings to identify key themes for this report.

2.3 Challenges and Limitations

The short time frame was a key challenge to undertaking such a large and complex endeavor. As this was an exploratory study, with additional time the research team may have conducted qualitative interviews or focus groups with both shelter users and service providers prior to collecting quantitative data via the shelter user survey to collect more detailed information.

Lack of time also limited the research team's ability to undertake a comprehensive comparative analysis of the data for diverse populations.

Further complicating the study were the constant outbreaks of the COVID-19 virus at various shelters and the lockdown measures imposed by the City. This meant, for example, that the research team could not administer client surveys in person as had originally been planned and a course correction was required to ensure participation targets were met through alternative means.

Lack of time and funding also affected the researchers' ability to recruit and support study participants, as well as deliver and collect documents to and from sites across the City. Shelter users have limited access to financial and material resources and opportunities. Additional support could have been provided in the form of training and funding for technology or transportation, which would have avoided reinforcing marginalization and may have created a more efficient process.

As stated, service providers were faced with multiple and competing priorities, thereby limiting the time available to participate in this study. The research team also found that research fatigue was being experienced by service providers and shelter users. Due to the unique nature of the pandemic, researchers in different sectors have been scrambling to understand the impacts on the City's most vulnerable populations and develop effective solutions to meet their needs during these trying times. As a result, shelter providers and shelter users have been inundated with requests to participate in studies and information collection activities.

Nonetheless, thanks to the cooperation and willing participation of shelter users and service providers it was possible to successfully complete this project and provide a compelling set of recommendations.

Highlights from the Literature Review

In this section we briefly describe the homelessness landscape, including the environment internal to and surrounding the shelter system pre-COVID-19 and since the onset of the pandemic. In some instances, the focus group discussions with service providers are referenced to supplement the literature.

3. Homeless in Toronto: An Overview

By the 1990's, the Central Mortgage and Housing Corporation (CMHC)[7], created to lead the nation's housing programs in 1946, had supported some 650,000 social housing homes in Canada. Beginning in the 1990s, the federal government withdrew its funding and transferred responsibility for administering affordable/social housing to the provinces.[8]

The dismantling of the social housing supply program meant that provinces and municipalities had to bear the indirect costs of inadequate housing and homelessness (Hulchanski, 2003).

In Ontario, between 1985 and 1995 the Province played a significant role in adding to its social housing stock and assisting with housing needs in other ways (such as raising social assistance benefits and the minimum wage). By 2001, the Province was downloading responsibility for social housing to the municipalities (Toronto Board of Trade, 2003). Since then, provincial governments have rescinded subsidies for the construction of social housing, refused to assist in capital costs and eliminated rent controls (City of Toronto, 2020). As a result, Toronto has been in the challenging position of funding social housing construction with costs exceeding the scope of its tax base. Low vacancy rates and an aging and insufficient rental inventory have further stressed availability in the low and medium cost rental markets. All this has led to a significant increase in the number of people experiencing homelessness.

As of 2016, the estimated number of Canadians who experienced homelessness was 35,000 per night and 235,000 over the course of the year. It is estimated that in Toronto, approximately 10,000 people experience homelessness[9] each night (Fred Victor, Nov 2020). In 2019, 26,000 different people used Toronto's shelter system; the majority exited the system within three months. A smaller group of approximately 5,000 people (22%) are chronically homeless and stay in the shelter system for six months or more (City of Toronto/United Way, 2020). Once fairly homogenous and comprised primarily of single men, this population is very diverse and includes many women, youth, LGBTQ2S+ people and newcomers/refugees (Gaetz et al., 2016).

3.1 The Shelter System

Although the COVID-19 pandemic is not the first health outbreak in the shelter system – there have been group A Streptococcus and Tuberculosis (TB) outbreaks over the years (Crowe, 2019) – none has been as severe as the current global pandemic. Shelter service providers, with guidance from SSHA and Toronto Public Health (TPH), were quick to respond to the pandemic, implementing emergency measures and adapting their operations and service delivery procedures to protect shelter users and staff against worsening COVID-19 pandemic conditions. Some of the most significant changes undertaken since March 2020 are described below:

- Over the course of four months during the spring and summer of 2020 more than 3,000 shelter clients were relocated from shelters to COVID-19 response programs, mainly hotels. There was continued relocation of homeless people, mainly from encampments, into hotels

7 In 1979 the Central Mortgage and Housing Corporation changed its name to the Canada Mortgage and Housing Corporation.
8 Until the 1990's the federal government was the primary funder of social housing in Canada.
9 According to the Homeless Hub, homelessness is defined as a state "being without stable, safe, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it."

during the 2nd and 3rd waves in 2020/21.

- More than 1,570 clients were housed between March 2020 and August 2020 (City of Toronto/ United Way, 2020), a 50% increase over the same period during the previous year.
- The City leased space in 25 hotels, including two hotels to operate two COVID-19 isolation and recovery programs (City of Toronto, Oct 2020).
- To curb the rising rate of infection across the shelter system, particularly during the 2nd and 3rd waves, shelter providers implemented numerous guidelines and directives, including but not limited to the following:
  - the provision and mandatory use of Personal Protective Equipment (PPE) for staff and shelter users (e.g. masks, shields, gloves;
  - mandatory completion of screening assessment tools for COVID-19 symptoms;
  - restriction of outside visitors from entering facilities;
  - daily temperature checks for shelter users and staff;
  - increased cleaning of facilities;
  - transportation and relocation of clients testing positive and their close contacts back and forth from shelter to isolation and recovery programs, and
  - cancellation of all non-essential programs and gatherings.

By and large the shelter system has remained operational throughout the pandemic. However, conversations with shelter managers confirm that numerous program sites have experienced reduced capacity due to outbreaks and some have temporarily been closed to implement new requirements, re-opening at a later date with increased physical distancing and other measures in place.

3.1.1. The Opioid Crisis

While this study examines the impact of the COVID-19 pandemic on homeless populations in Toronto's shelters, it must be noted that at the same time a parallel opioid crisis has ravaged the shelter system. Since March 2020, there has been a 48% increase in opioid-related deaths in Toronto's shelters. The opioid crisis can be attributed to the increasing toxicity of the unregulated drug supply, but the COVID-19 pandemic has exacerbated the crisis in the following ways:

- More people consuming drugs alone due to physical distancing.
- Some shelter users have been moved to programs in areas of the City that are new to them, which means they may be purchasing their supply from dealers that are not familiar to them.
- The City has opened more hotel spaces, which afford privacy, but can be isolating.
- Health-funded harm reduction services (i.e. detox, withdrawal and mental health facilities) reducing their service hours and capacity during the first wave of the pandemic.

3.2 The Current Policy Landscape

3.2.1 Federal

In 2019, Canada legally recognized housing as a human right through the National Housing Strategy Act (Morrison, 2019; Legislative Services Branch, 2021). In 2017, the federal government committed to the National Housing Strategy (NHS), a ten-year plan investing $55 billion to build stronger communities and help Canadians across the country access safe, affordable homes, prioritizing communities facing distinct housing barriers such as the

LGBTQ2S+ community, homeless women, women and children fleeing family violence, seniors, Indigenous peoples, people with disabilities, mental health and addictions challenges, veterans and young adults. The strategy aims to cut chronic homelessness in half, remove 530,000 families from housing need and invest in the construction of up to 125,000 new affordable homes (NHS, n.d.). During COVID-19, CMHC introduced initiatives as part of the NHS, including the Rapid Housing Initiative to create 3,000 new permanent affordable housing units for vulnerable populations and the Rental Construction Financial Incentive, which provides low-cost loans to encourage the construction of sustainable rental apartments.

3.2.2 Provincial

The Province's homelessness programs centre on the commitment to end chronic homelessness by the end of 2025. In 2018, the Ontario government signed a bilateral agreement with the federal government to provide a Housing Benefit, investing $1.4 billion to help low-income renters afford housing (Municipal Affairs and Housing, 2019). Since the beginning of the COVID-19 pandemic, the Ontario government has twice put a temporary halt to evictions of formal rent arrangements and passed legislation to freeze rents at the 2020 levels (Hale, 2020; Ministry of Municipal Affairs and Housing, March 2020). Changes made to the Residential Tenancies Act include a new requirement that landlords work a repayment plan with tenants before filing for eviction for non-payment of rent (Ministry of Municipal Affairs and Housing, 2021). In 2020, $120 million in funding was allocated to help municipalities and Indigenous partners help vulnerable individuals secure and keep housing during the pandemic. This funding was intended to protect homeless shelter staff and residents, renovate and purchase facilities to create longer-term housing solutions and to add to rent banks and support plans in preparation for potential future outbreaks or emergencies (Ministry of Municipal Affairs and Housing, Dec 2020).

3.2.3 Municipal

In its HousingTO 2020 -2030 Action Plan, the City of Toronto laid out an ambitious agenda for supporting people to access housing over the next 10 years, from homelessness to rental and ownership housing to long-term care for seniors. With the onset of the pandemic, the City's focus on affordable housing was intensified. The COVID-19 Housing and Homelessness Recovery Response Plan was developed to create 3,000 permanent, affordable homes within the next 24 months for vulnerable and marginalized residents and requests that the federal and provincial governments fast-track and expand initiatives under the National Housing Strategy and other existing federal and provincial funding programs.

The Mayor's Housing Action Team was established to create a diverse set of affordable and market rental housing opportunities. The COVID-19 Interim Shelter Recovery Strategy and Implementation Plan put forward immediate priorities in the context of the pandemic and will provide guidance to SSHA and other City divisions. This strategy recommended enhanced capacity across the shelter system; cross sectoral collaboration to handle health care needs and future outbreaks; the opening of new facilities that offer dignified emergency shelter; investment in long-term deeply affordable housing, and distinct actions for addressing Black and Indigenous homelessness (City of Toronto, 2020a).

In 2018, in response to the increased demand for shelters in neighbourhoods across the City, SSHA introduced changes to processes for identifying new shelter locations as well as community engagement and neighbourhood integration processes. These have led to the development of Community Liaison Committees (CLCs) in neighbourhoods where new shelter programs, especially hotel programs, opened during COVID-19. SSHA has also been moving forward with best practice design guidelines and the implementation of a new housing focused shelter model, integrating a housing first approach with client-centered case management (City of Toronto, 2018). To this end, SSHA has also been advancing the Coordinated Access System to streamline the process for people experiencing homelessness to access the housing and support services needed to permanently end their homelessness and ensure system adjustments are data-informed and evidence-based.

Finally, SSHA is in the midst of completing a new Five Year Service Plan, which will identify specific actions that SSHA needs to take to achieve the directions and outcomes in the HousingTO2020-2030 Action Plan.

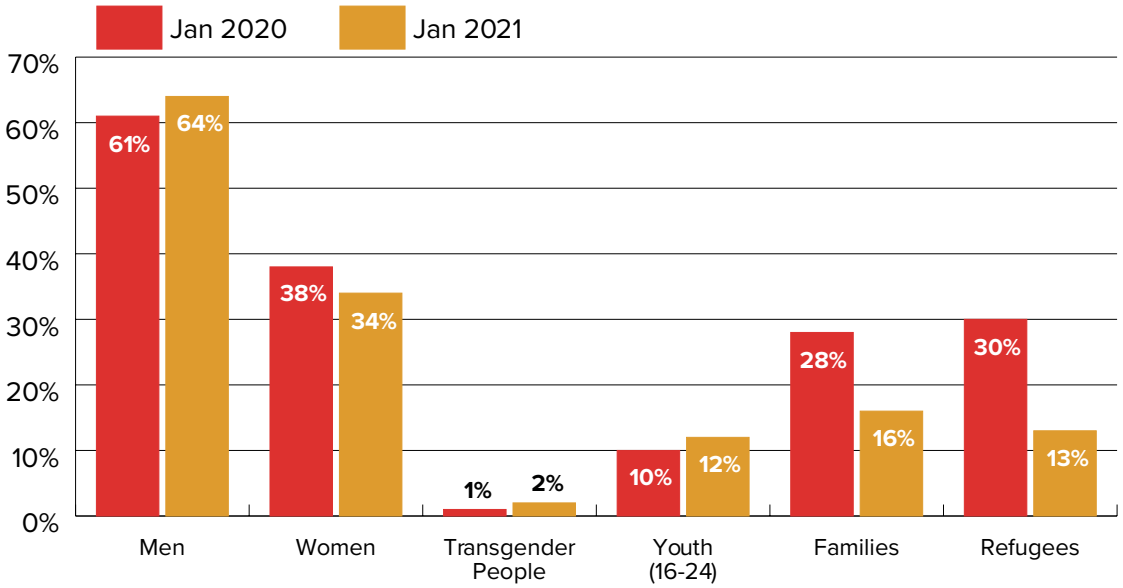
3.3 A Year into the Pandemic

3.3.1 Shelter Utilization

During the month of January 2020, prior to the start of the pandemic, approximately 11,322 people used overnight emergency homelessness services in Toronto; 901, or 9%, were new identified shelter users; 35% had either been homeless for six months or more that year, or had "overnight stays over the past three years with a cumulative duration of at least 546 nights" (Gaetz et al., 2014; City of Toronto, 2021c)[10]. During the month of January 2021, 10 months into the pandemic, 8,835 people used the shelter system; 647, or 8%, were newly identified users and 45% were chronic shelter users. Between January 2020 and January 2021, there was an increase in the percentage of men, transgender people, seniors and chronically homeless people, and a decrease in the percentage of women, families and refugees using shelters (City of Toronto, 2021c) (**Figure 1**)[11]. Evidence suggests that job and income loss and the closure of the borders to refugees[12] may be contributing factors to some of the changes in the populations relying on emergency shelter services.

10 This aligns with the federal definition of "chronic homelessness" (Gaetz et al., 2014).
11 Information regarding Black and Indigenous shelter users is not currently available through City of Toronto data.
12 Female headed refugee families made up significant proportion of those using family shelters pre-pandemic.

Figure 1: Shelter use by demographic in January 2020 and January 2021 (Toronto Shelter System Flow Data)



According to Toronto Shelter System Flow Data, 2,757 fewer people used emergency homelessness services in January 2021 compared to January 2020, or before the pandemic began (City of Toronto, 2021c). There are several factors that may be contributing to this discrepancy. First, for a period of time the number of spaces in shelters was reduced as physical distancing measures were introduced at the onset of the pandemic. Second, each time an outbreak occurs at a shelter that shelter is closed to new intakes, resulting in overall reduction in system capacity that fluctuates depending on the number of outbreaks that are occurring at any one time. Third, throughout the pandemic many people experiencing homelessness have chosen to stay outside rather than in shelters due to fear of acquiring COVID-19. In December 2020, a CBC News report noted that, according to some homelessness advocates, up to 1,000 people were living in encampments at the time. The City put the estimate at closer to 400. Finally, many asylum seekers have not been able to enter Canada as a result of COVID-19 border closures, which has led to a significant decline in the number of refugees using the shelter system.

3.3.2 Shelter and Health Systems Collaboration

It has long been recognized that homeless people face significant health-care challenges, including equitable access, experiences and outcomes. A survey undertaken by the TSN in 2018 found that clients were not receiving the same level of health services from shelter to shelter. Health service availability in any given shelter was largely relationship driven, and while some shelters provided a range of primary care and mental health services, others had very little available to offer their clients. It has also long

been recognized that a coordinated approach between health and shelter services providers is needed to support the provision of health services that are user-centered, accessible, comprehensive, coordinated and sustainable for shelter users, while in the shelters and after they have moved into permanent housing. In 2018, a framework for coordinated health services was developed by SSHA, the Toronto Central Local Health Integration Network (TCLHIN) and Central East Local Health Integration Network (CELHIN). However, the transition to a new provincial government in 2018 stalled the implementation of the framework.

The onset of the COVID-19 pandemic, coupled with the worsening opioid crisis, particularly in many of the social distancing sites (hotels), accelerated collaborative problem solving between the health and shelter systems.

> *"July marked the highest cluster of overdose fatalities since TPH began tracking data three years ago."*
>
> City of Toronto, 2020a

The Toronto Region Homelessness COVID-19 Working Group and the Health Services Framework Steering Committee were formed to address COVID-19 needs for homeless populations and to revitalize and move forward the health services framework (City of Toronto/ United Way, 2020). Three streams of work were added to the framework, with primary health care, mental health/case management and harm reduction coordinating tables established. Partnerships with the health sector helped shelter service providers to adapt to the plethora of pandemic related changes and services implemented over the past year across the shelter system, most notably:

- Infection Prevention and Control (IPAC) from TPH, Unity Health and other hospitals helped shelters manage and minimize risks of outbreaks.
- The Inner City Health Associates (ICHA), instrumental in identifying and supporting shelters to protect clients at highest risk for COVID-19 infection, has been a key player in bringing COVID-19 testing across the system and has provided various health-related services and supports to shelter users (e.g., primary care, grief counselling).
- Isolation and recovery sites have been operationalized by ICHA together with Parkdale Queen West Community Health Centre.
- Harm reduction services and programs have been implemented across COVID-19 hotels by TPH, Parkdale Queen West and other health service providers.
- Mental health case management, harm reduction and primary care referral pathways are being put in place to ensure equitable access across the shelter system.
- Mental health case management teams were made available to hotel clients through interdisciplinary teams of staff from numerous organizations.
- ICHA, numerous Ontario Health Teams (OHTs), including hospitals and community health centres (e.g., Unity Health, University Health Network, Women's College Hospital, South Riverdale Community Health Centre) have been working to deliver vaccination clinics on-site at shelters and at community clinics.

3.3.3 Incidence of COVID-19 in the Shelter System

Homeless populations experience barriers to healthcare and the determinants of health (i.e., adequate incomes, housing). As a consequence there is a prevalence of underlying medical conditions that makes unhoused populations especially vulnerable to COVID-19. The closure of establishments such as libraries and coffee shops has made practicing hand hygiene a challenge (Fred Victor, Oct 2020), and without housing self-isolation is particularly difficult. Closure of social services has put unhoused people at risk of addiction, suicide and intimate partner violence (Perri et al., 2020). Lacking access to computers and smartphones, people have had limited access to information required to survive the pandemic, such as updates on the virus, ways to stay protected from the virus and opportunities to apply for government benefits. Some unhoused individuals have lost employment due to business closures, making them susceptible to food insecurity and poor health (Fred Victor, Oct 2020).

As of April 8, 2021, 1,337 people (staff and service users combined) have tested positive for COVID-19 and seven people have died from the virus in Toronto's shelter system (City of Toronto, 2021b)[13]. It appears that the highest number of people ever died in the shelter system in 2020, with 74 known fatalities. In the first half of 2020, at least 25% of the deaths were due to overdose, while 7% were caused by COVID-19 (Gibson, 2021).

3.4 Homelessness among Diverse Populations

Homelessness affects people who have different, overlapping and intersecting life experiences and identities, including but not limited to Indigenous peoples, Black people, other racialized people, families, LGBTQ2S+ people, people with physical and mental health issues and disabilities, people who use substances, refugees, women and youth. This section briefly describes some of the main socio-demographic groups that comprise shelter using populations in Toronto and some of the pathways into homelessness for these populations. Where it is available, information regarding the experience of these populations with COVID-19 is highlighted.

3.4.1 Indigenous Peoples

Canada's history of colonialism and colonization, embodied by the residential school system and the forced separation of Indigenous children from family, community and culture has had indelible effects on Indigenous people. Systemic racism persists; Indigenous children are overrepresented in the foster and group home system and the youth and adult populations, both male and female, are starkly overrepresented in the prison population. Indigenous communities experience higher rates of unemployment and lower educational attainment, giving rise to higher rates of poverty and homelessness. Despite making up only four per cent of Canada's population, Indigenous people are overrepresented in the unhoused population in every major city and they are more likely to experience chronic homelessness (Leach, 2010). Though they are disinclined to use shelter services, they are also overrepresented in Toronto's shelter system, making up at least

13 This figure includes both staff and clients.

16% of shelter users (City of Toronto, 2019). Indigenous youth are becoming homeless in higher numbers, and the age of the unhoused Indigenous population is lower than it is for other communities, with one-third of unhoused Indigenous people being under the age of 14 and one half being under the age of 25 (Leach, 2010).

Systemic inequities and discrimination faced by Indigenous people means that they are likely to suffer more from COVID-19. While the pandemic weighs heavily for many, for Indigenous people, this is compounded by pre-existing mental health concerns, often a result of intergenerational trauma. In addition, Indigenous individuals experience a higher rate of respiratory diseases such as asthma and may be more likely to experience increased severity of COVID-19 symptoms. Moreover, trauma stemming from colonial policies and practices and ongoing experiences with racism in health services has resulted in access barriers to quality health care and/or a reluctance to participate in COVID-19 testing and tracing. The pandemic has also reduced support available from Elders and through ceremonies, sweat lodges and drumming for the Indigenous community (City of Toronto, 2020a).

Since 2018, the City and Indigenous organizations have been working more closely together to meaningfully address Indigenous homelessness in Toronto. The Meeting in the Middle Engagement Strategy and Action Plan puts forward a series of accountability statements and action items that address the City's Statement of Commitments to Aboriginal Communities.

3.4.2 Black Populations

Anti-Black racism, prevalent in education, employment and housing systems, has led to disproportionate representation of Black Canadians in the homeless population (Busulwa and Kaplan, 2021; "Black lives matter", n.d.). Black youth have increased interaction with foster care and group home systems (Springer and Roswell, 2005). Black students, particularly those whose Blackness intersects with other identities such as gender nonconforming identities, face suspension or expulsion three times more often than do white students, leading in many cases to high school incompletion (McCready, 2017; Springer and Roswell, 2005). The school-to-prison pipeline process criminalizes the Black population, who are disproportionately represented in the prison population (Busulwa and Kaplan, 2021). Accounting for only three per cent of the Canadian population, they make up between 11% and 15% of the inmate population (Busulwa and Kaplan, 2021). They also experience differential access to social and health-care services (McCready, 2017; Busulwa and Kaplan, 2021). Other factors that give rise to homelessness in the Black community include family and relationship breakdown and violence in the home and community (Springer and Roswell, 2005). During the housing search, they face landlord discrimination and are less likely than white people in search of housing to receive permanent supportive housing ("Black lives matter", n.d.).

The Black population comprises an estimated 40% of the unhoused population in Toronto and makes up the largest racial demographic in the shelter system. It is likely these statistics are underestimated given the high rates of hidden homelessness, as cultural differences

and discrimination engender reluctance to use the shelter system (City of Toronto, 2020a). Exiting homelessness is also challenging for Black community members due to higher eviction rates and poor access to long-term housing support (Busulwa and Kaplan, 2021). While the Black community is at higher risk for and experiences more precarious housing, there are few services that cater to the specific needs of the Black community and there are no homelessness organizations with a mandate to serve Black adults or youth in Toronto (City of Toronto, 2020a).

Toronto's Action Plan to Confront Anti-Black Racism includes recommendations to improve shelter and housing conditions to better support Black Torontonians.

The Black community has been disproportionately impacted by COVID-19 (City of Toronto, 2020a). Research demonstrates a link between infection rates and low income, poor work conditions, low educational attainment and race; many of those neighbourhoods with high infection rates have large Black populations (Black Health Alliance, n.d.).

3.4.3 LGBTQ2S+

Major pathways to homelessness for LGBTQ2S+ people include family breakdown, mental health challenges that can result from coming out, undergoing gender affirming surgery, internalized oppression and alienation, loss of social supports and the consequences of HIV and AIDS. LGBTQ2S+ people in Canada are targets of assault, harassment and hate crimes and face discrimination in their search for employment, education and adequate housing (CMHA Ontario, n.d.; CMHC, 2019). They are seven times more likely to become involved in substance abuse, five times more likely to face mental health challenges or to attempt suicide, and twice as likely to experience severe poverty and homelessness (CMHC, 2019). When gender identity or sexual orientation intersects with race or disability, the LGBTQ2S+ population can experience even more challenges.

The LGBTQ2S+ population's unique housing and medical services needs make it especially challenging to transition out of homelessness, and it is particularly important to find inclusive and welcoming communities (CMHC, 2019).

The pandemic has given rise to increased risks of depression, suicide, substance abuse due to a feeling of further marginalization and a decrease in critical supports in school and community as well as counselling and support groups for LGBTQ2S+ populations (Thulien et al., 2020). As noted, the percentage of transgender people in the shelter system increased by 100% between January 2020 and January 2021.

3.4.4 Youth

Youth Without Shelter (YWS), a TSN member agency that serves youth, reports that up to 2,000 youth can experience homelessness on any given night in Toronto. Among this population, 74% identify as racialized, 14% as Indigenous and 24% as LGBTQ2S+ (YWS, n.d.). As mentioned above, intersecting marginalized identities complicate experiences of homelessness for youth. Pathways to homelessness for youth include sexual and physical abuse, maltreatment by parents, especially by stepfathers, involvement with child welfare, alcohol and drug use, and problems at school. These problems include academic challenges, interruptions or cessations, often stemming from bullying and learning disabilities.

They are more likely than housed youth to have experienced poverty, have unemployed family members or parents who are divorced or have criminal histories (YWS, n.d.; Gaetz et al., 2016b).

Health and life chances worsen the longer a youth remains homeless. However, structural barriers including inadequate homeless resources, employment challenges, discrimination by law enforcement, lack of transportation, and legal concerns prevent exits from homelessness. Instability in the shelter system due to presence of drugs, gang activity, disrespectful staff, and a general feeling of disorganization and danger also make it challenging to find employment or to transition into housing, as do challenges with roommates, traumatic romantic relationships, and financial exploitation and abandonment by family (Sample and Ferguson, 2019).

Unhoused youth are often disconnected from necessary supports and systems; unfortunately their experiences with parts of the homelessness system may perpetuate their trauma (Gaetz et al., 2016). Moreover, they lack the social supports and income stability necessary to transition from childhood to adulthood as well as the experience and life skills necessary to lead an independent life (French and Story, 2020).

During the pandemic, some youth-focused programs came to a halt, limiting shelter options and increasing their risk of sleeping rough or staying in dangerous home situations. The pandemic also made supports such as teachers, doctors, nurses and coaches further inaccessible (Ireland, 2021). Preliminary findings from a forthcoming research study conducted by Covenant House, another TSN member agency, regarding the impact of COVID-19 on youth in shelters include the following:

- Youth in shelters reported boredom as the result of their inability to connect with others during the pandemic.
- While some youth preferred virtual or phone services, others expressed discomfort with the transition away from in-person services during the pandemic.
- Youth shelter users stated an overwhelming preference for independent living rather than congregate settings (Noble, 2021).

3.4.5 Women

The City of Toronto Shelter System Flow data chart reports that in January 2021, women made up 34% of the shelter population in Toronto (City of Toronto, 2021c). Research has shown that In terms of the overall unhoused population, the gender gap widens with age; women under 16 years of age account for 50% of the total unhoused population, women age 16 – 24 years of age account for 37% of the unhoused population; women age 24 – 54 years of age account for 24% of the unhoused population and women over 55 years of age account for 21% of the overall population(Segaert, 2012). It should be noted that women also make up a portion of the hidden homeless population. Intimate partner violence is among the primary pathways to homelessness for women, and when they leave abusive relationships they sometimes opt to stay with friends or family. Whether they become street homeless or stay with others, homelessness makes them vulnerable to further exploitation and abuse. Women may prefer to avoid mixed-use shelters if they feel unsafe there; however, shelters for women, including for women fleeing violence, are lacking (Whitzman, 2010).

Low incomes and higher rates of poverty place women at higher risk of homelessness than men, and intimate partner violence increases

a woman's probability of impoverishment, and thereby homelessness, by lowering her ability to maintain employment (Whitzman, 2010). The likelihood of transitioning out of homelessness is impeded by factors such as the gender wage gap, precarious employment, low educational attainment, a lack of marketable job skills, sexism in the workplace and unlivable social assistance rates (Dupere, 2016; Sakamoto et al., 2010). There is also a lack of safe, affordable or adequate housing for women and a scarcity of supports that cater to women's needs, all of which can contribute to a cycle of violence and housing precarity (Schwan et al, 2020).

During the pandemic, many women have had to leave their jobs, finding it difficult to balance careers, home schooling and caregiving, and/or to protect their families (Covington, 2020). They have also faced reduced access to services such as counselling and support groups. Racialized women experienced higher rates of job loss due to the impact on the retail, food and beverage, tourism and hospitality industries (Covington, 2020). The overall reduction in sheltering options during the pandemic, including the reduction of spaces in shelters for women, has put women at risk of returning to dangerous situations outdoors or to abusive partners. Women who are pregnant, elderly, who have complex health and mental health needs or who are involved in the sex trade have been particularly vulnerable during the pandemic (The Monitor, n.d.).

3.4.6 Men

Single men make up the biggest unhoused demographic in Canada – in January 2021, they comprised 64% of Toronto's shelter population. Outcomes of shelter life for men include higher relative rates of mortality than the general population and developing health issues earlier in life than the housed male population (Calgary Homeless Foundation, Dec 2012). They experience higher rates of mental illness, drug abuse, hazardous drinking behaviour and disability, including invisible disabilities such as brain injury and Fetal Alcohol Spectrum Disorder, than other unhoused populations (Gaetz et al., 2013; Single men, n.d.). They face challenges obtaining secure employment because the types of work available to homeless people are mostly insecure, low paid, precarious and informal. They often feel too financially insecure to leave these jobs to pursue more permanent employment, especially since there are higher levels of prejudice and the requirement to provide identification, a bank account and home contact information associated with those jobs (Calgary Homeless Foundation, Dec 2012), all of which poses a barrier to exiting homelessness.

Men whose identities intersect with other factors such as race and gender identity face additional challenges. Black boys and men face the school-to-prison pipeline and subsequent low educational attainment, putting them at risk of homelessness. Indigenous men who participated in Menzies' (2009) survey expressed that homelessness felt permanent to them because their first experience of being removed from their homes and communities and placed in non-Indigenous foster care or group homes left them feeling homeless at a young age. For transgender men, finding emergency shelter is a struggle. They report feeling unsafe and fearing violence in men's shelters and feeling unwelcome in women's shelters. As a result, many opt to "couch surf"[14], accept inadequate housing, and use the drop-in services associated with shelters without staying overnight (Dénommé-Welch et al., 2008).

14 "Couch surfing" is a form of homelessness whereby people who are homeless find places where they can sleep in order to survive until they are put out.

3.4.7 Families

Families are among the population groups at highest risk of experiencing homelessness ("Families with children", n.d.), especially those experiencing extreme poverty, food insecurity and stagnant or declining wages (Gulliver-Garcia, 2016). These include Indigenous, racialized, single parent and newcomer families, as well as parents with disabilities ("Families with children", n.d.). Other factors that increase the likelihood of family homelessness include underemployment, unsafe housing, immigration status, low educational attainment, limited access to health and social networks, violence against women and children, relationship breakdown and challenges with mental health and addictions (Monsebraaten, 2014; Paradis, 2013; "Families with children", n.d.).

While families are increasingly resorting to shelters, they are often reluctant to take their children out of their schools and communities so prefer to stay with other families. For this reason, they are among the hidden homeless population (Families with children, n.d.; Paradis, 2013). Families who do opt to use emergency shelters tend to be run by single mothers (who are on average 34 years old) and they stay on average longer than 20 days, as compared to youth and adults who stay for an average of under 10 days ("Families with children", n.d.).

The COVID-19 pandemic has dramatically altered the way of life for families, parents and children. Because of physical distancing and employment impacts, parents have altered their usual routines and supports, and many children and families have been isolated in their homes for months. Children, in particular, may not have left their homes or seen any friends or family members other than their parents for an extended period. In the shelter system, the pandemic expedited access to housing for a significant number of families.

3.4.8 Refugees

In 2019, 58,378 new refugee claimants arrived in Canada (Redditt et al., 2020; City of Toronto, June 2020) and Toronto draws a large population in search of shelter and housing supports (City of Toronto, June 2020). Their demand on the shelter system drastically increased in the last decade – the City (June 2020) reported a fourfold increase from 643 in November 2016 to 2,357 in October 2019. This is a reflection of the increasing challenges faced by newcomers in finding adequate, affordable housing stemming from cuts to social assistance payments, reduced funding for NGOs mandated to provide immigrants and refugees with housing assistance, a decline in social housing construction and a rise in rent prices in the private sector (Murdie, 2008). Newcomers also face unique barriers related to language, customs, strategies for accessing housing, racism/discrimination and a lack of social supports. This is especially true for refugee claimants (Murdie, 2008).

In the period between their arrival and their hearings, refugee claimants are vulnerable to abuses from employers and many endure low wages (Murdie, 2008). Ten percent of sponsored refugee respondents and 43.5% of refugee claimant respondents in Murdie's (2008) study reported earning less than $10,000. While scarce financial resources pose a barrier for all refugees, refugee claimants often have less access to monetary support and formal sources of information. As a result, it takes an average of over seven months for refugee claimants to find housing, compared to

a month for sponsored refugees. While none of this negates the discrimination sponsored refugees face in the search for housing based on their refugee status, refugee claimants face particular barriers in finding adequate and affordable housing (Murdie, 2008).

Following the onset of the COVID-19 pandemic in early 2020, inbound travel was restricted to Canada for those who were not citizens or permanent residents. This led to a drastic decrease in the refugee population, including among those using homeless shelters. As family shelters house many refugees, this may also explain the decrease seen in the number of families using shelter services during COVID-19. Given that the shelter system in Toronto is stretched to capacity in operating 25 new shelter locations to meet physical distancing requirements, the system would be challenged to respond to a sudden increase in shelter demand by new refugee claimant arrivals should the border re-open.

3.5 Conclusion

Existing literature describes how the lack of sustained or progressive investment in housing and social policy by federal and provincial levels of government has contributed to the current homelessness crisis in Toronto.

Systemic inequities, propelled in large part by anti-Indigenous and anti-Black racism, have made specific populations vulnerable to the experience of homelessness. The COVID-19 pandemic has served to amplify these inequities. In the sections that follow, primary data collected from service providers, key informants and shelter users will help to further elucidate how the restructuring of the emergency shelter system in response to the COVID-19 pandemic has impacted diverse shelter users.

At the same time, the literature shows that there is a unique policy moment to leverage. The City has committed to a vision of ending chronic homelessness with the HousingTO Action Plan, the Province of Ontario is working towards a goal of ending chronic homelessness for four key populations by 2025 and the Government of Canada has committed to ending all chronic homelessness in Canada by 2028.

Research Findings

4. Shelter User Perspectives

This section highlights the results of a survey that was undertaken with shelter users as a part of the study. Tables detailing some of the results can be found in the appendices.

4.1 About the Shelter User Survey Questionnaire

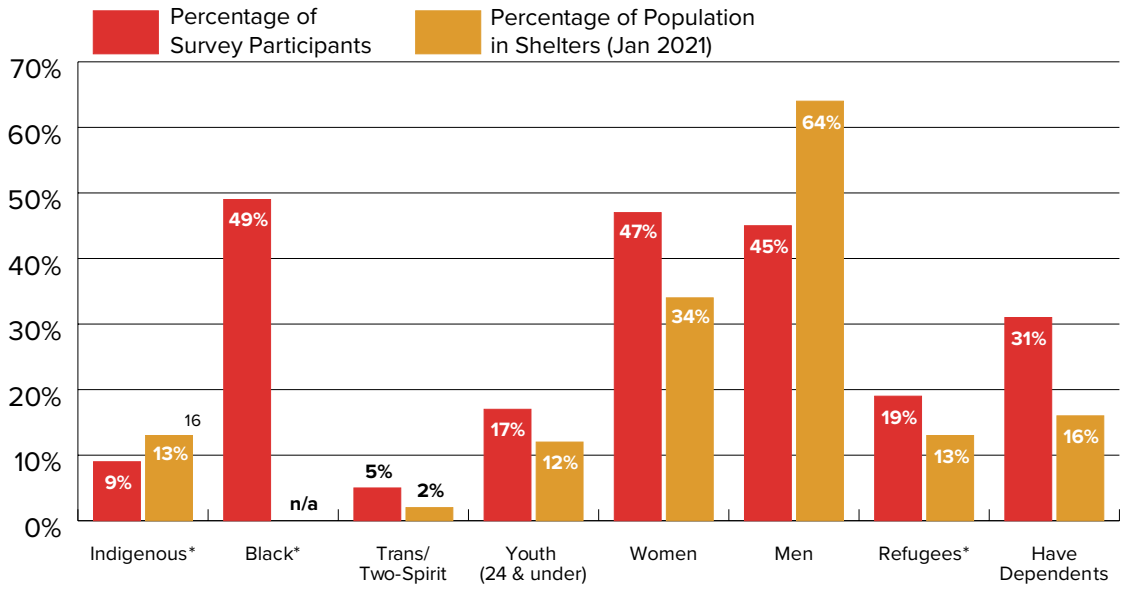
To understand more about the impact that changes to the shelter system have had on shelter users during the COVID-19 pandemic in Toronto, shelter users were asked to complete a survey questionnaire about their experiences. The questionnaire, administered between late January and early April 2021, consisted of 45 questions, primarily multiple choice, which covered a range of topics, including: participant socio-demographics, participant experiences with homelessness and shelters, the impact of the pandemic on participant wellbeing, participant experiences, both positive and negative, associated with changes made to the shelter system during COVID-19, and participant input regarding ways to improving the shelter system and to address homelessness.[15] In total, 239 shelter users residing at 21 shelter service providing organizations completed the survey questionnaire (See **Appendix F** for more details). Respondents included residents from 46 separate sites located across downtown and the inner suburbs of Toronto. The occupancy at these sites ranged from 16 residents at smaller facilities to over 300 at larger sites.

4.2 Survey Participant Profile

In administering the survey, TSN sought to include a sample of participants that was reflective of the shelter using population. As seen in **Figure 2** below, which compares the survey participants with the general homeless population using the shelter system, the study team was successful in reaching a population that is diverse and reflective of the general shelter population.

15 Please refer to the survey at http://www.torontoshelternetwork.com/meeting-crisis-with-opportunity

Figure 2: Percentage of shelter user participants comprised by different sub-populations in comparison to percentage of the population using the shelter system



*Indigenous: Participant self-identified as Aboriginal or Indigenous
** Black: Participant self-identified as Black - Caribbean and/or Black - African
***Refugees: Participant disclosed being government sponsored or privately sponsored refugee, refugee claimant or non-status

Fifty two percent (123) of respondents were staying at hotel shelters and 42% (101) were staying at legacy shelters. In addition, 34% (82) of participants disclosed having physical health concerns, 39% (94) disclosed having mental health concerns and 25% (60) disclosed using drugs or alcohol regularly.

Figure 3: Percentage of shelter user participants staying at hotel shelters in comparison to legacy shelters

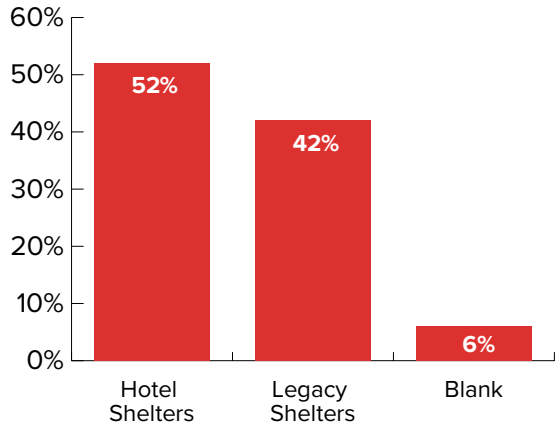
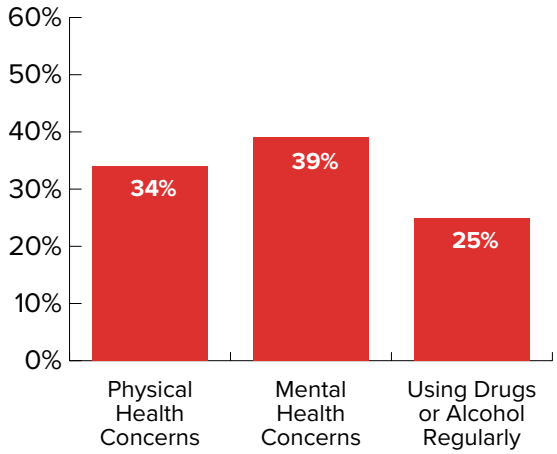


Figure 4: Percentage of shelter user participants having health concerns

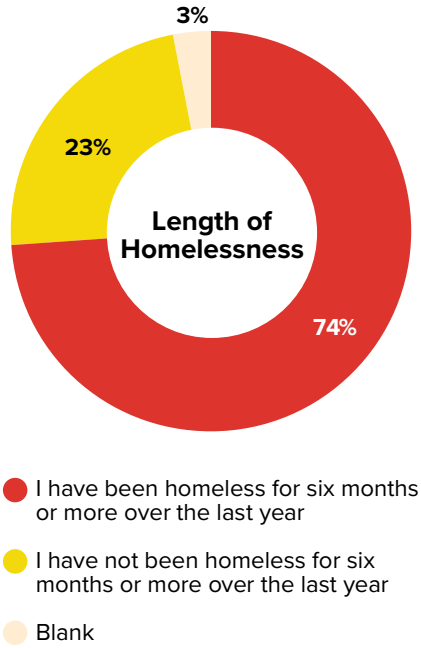


4.3 Overall Experience of Homelessness

4.3.1 Length of Homelessness

Of the participants surveyed, 74% (176) reported being homeless for six months or more over the last year or experiencing three or more episodes of homelessness over the last year, compared to 23% (54) who had not (**Figure 5**). In comparison, the City reported that chronic users comprised 47% of occupants in the shelter system in March 2021. Those who stated that they were new to the shelter system since mid-March 2020, when the pandemic began, comprised 38% (92) of survey participants, and those who reported being homeless or using shelters prior to COVID-19 made up 56% (134) of participants.

Figure 5: Percentage of shelter user participants experiencing three or more episodes of homelessness over the last year



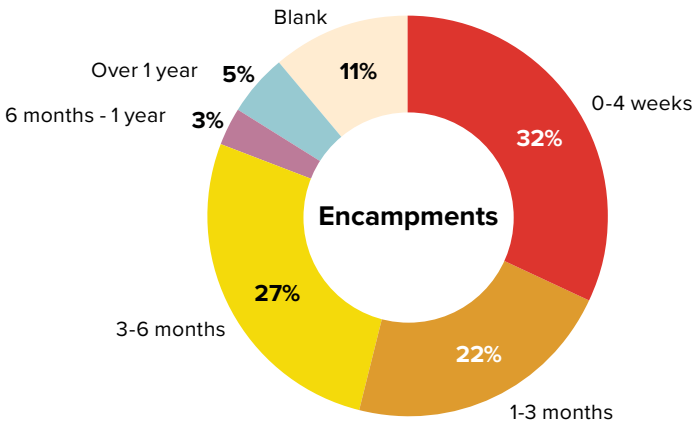
4.3.2 Factors Inhibiting Individuals from Using Shelters

More than half of the survey participants, 59% (140), reported that they had been reluctant to stay at shelters at some point. Of note, becoming sick with COVID-19 or other illnesses was the second-most common concern, selected by 48% of participants, after theft, which was selected by 50% of respondents. These were closely followed by violence, physical or sexual assault (47%), emotional trauma (46%) and lack of autonomy (45%) as the top concerns for participants when considering staying in shelters (See **Appendix F, Table 1** for more details).

4.3.3 Encampments

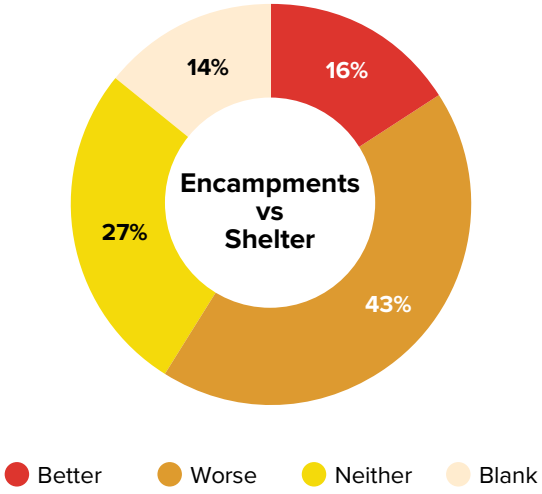
As a result of fears surrounding COVID-19, other concerns expressed by respondents above and challenges accessing shelter beds during the pandemic as described earlier in the report, the number of people staying in encampments has grown over the past year. Of the survey participants, 15% (37) reported staying in encampments at some point during the pandemic, of which 32% (12) reported staying for less than four weeks, 27% (10) reported staying for between three to six months and 22% (8) stayed between one to three months.

Figure 6: Percentage of shelter user participants staying in encampments at some point during the pandemic



Those who had stayed at encampments reported moving indoors for a variety of reasons. Some moved due to a change in their circumstances, such as getting temporary shelter with a friend, finding employment, getting a referral to a homeless shelter from an outreach worker, being evicted from the encampment and/or experiencing harassment by City authorities. Others reported concerns about safety, theft, harassment, hygiene and cold weather.

Figure 7: Experience of staying in an encampment compared to staying in a shelter



Survey participants were asked to compare their experiences in encampments with shelters. As seen in **Figure 7**, 43% (16) stated that they had a better experience at the shelter they were currently staying at, 27% (10) stated it was neither better nor worse, and 16% (6) shared that their shelter experience was worse than the encampment.

4.4 Positive Impacts

4.4.1 Overall Greatest Impact

Overall, the majority of survey participants stated that the changes made to the shelter system during COVID-19 were positive in terms of the impacts on their lives. Only 11% of participants (24) (including 11% of those who were homeless or using shelters pre-pandemic) stated that there were no positive impacts as a result of changes made to the shelter system during the pandemic.

The top positive impacts experienced by survey participants were:

1. Ability to sleep in a private room (rather than a dorm)
2. Safer environment
3. Improved cleanliness of facilities
4. Access to support for COVID-19 (masks, screening, testing)
5. Access to information about COVID-19 (symptoms, protection, testing)

(See **Appendix F, Table 5**)

Other comments from participants about COVID-19-related changes that were positive for them included: compassionate staff, access to rental housing, introduction of the hotel program, access to surgical masks and hand sanitizer and fewer groups hanging out and harassing people (due to social distancing and/or fear of COVID-19 transmission).

This quote from one participant describes how staff went "above and beyond" to support her son while she was in hospital during COVID-19:

> *"My sin [sic] is autistic and he has opened up to our councilor [sic] which he rarely does[;] and when I needed to go to hospital recently[,] he felt comfortable enough to call the [site name redacted for privacy] staff for help. They also ordered food for him every day while I was in hospital. It is very unusual for him to reach out to people[,] but they made him feel comfortable enough to overcome his phobia of talking to people he doesn't know very well."*
>
> Shelter user survey respondent

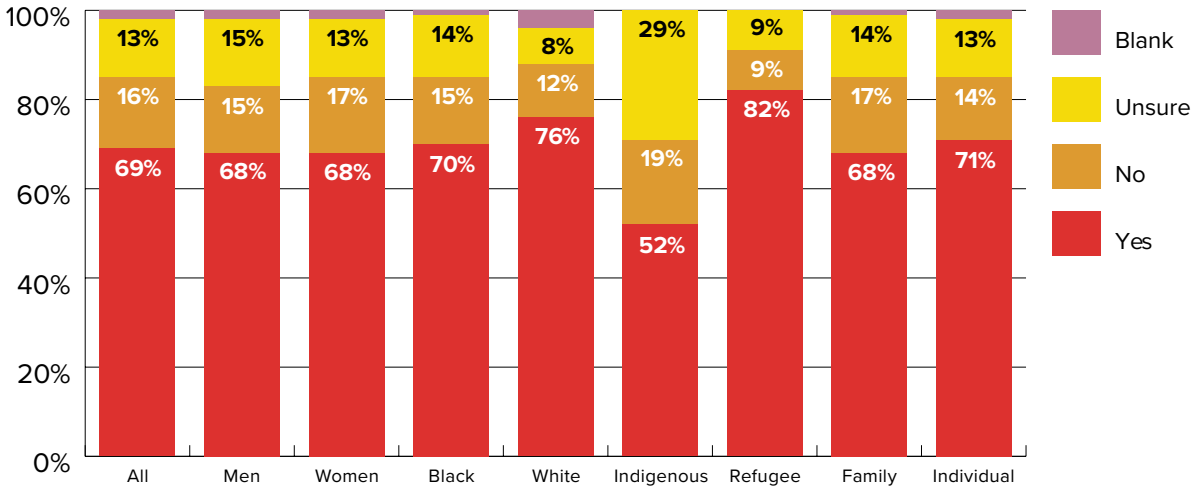
A smaller group of survey respondents (20%), and 28% of those who had been homeless or using shelters before COVID-19, rated the following as positive experiences with the shelter system since the onset of the pandemic:

- Better access to internet
- Better access to housing services
- Better access to primary health care
- Visiting restrictions
- Better access to mental health services
- Better access to harm reduction or addiction services

4.4.2 Basic Needs

When asked if their basic needs had been met during the pandemic, the majority of survey participants – nearly 70% (165) – responded positively.

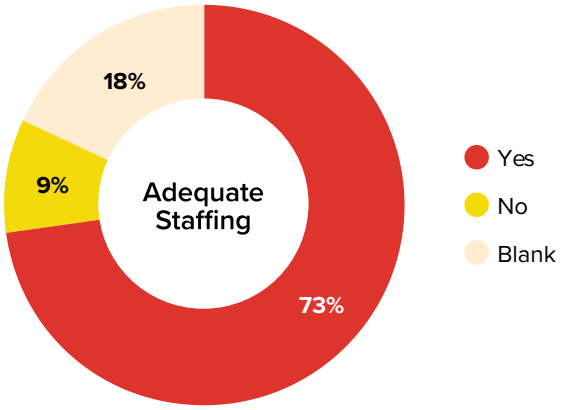
Figure 8: Percentage of shelter user participants who have had their basic needs met during COVID-19



4.4.3 Adequate Staffing

Similarly, when asked if staffing was adequate during the pandemic, 73% of participants answered yes, while 9% answered no.

Figure 9: Percentage of shelter user participants who have had adequate staffing during COVID-19



4.5 Negative Impacts

4.5.1 Overall Greatest Impact

As expected, the majority of survey participants indicated that they experienced some negative impacts due to changes undertaken by the shelter system during the pandemic. When asked to choose from a list of options, the most common negative impacts reported included:

1. Bored, not enough to do
2. Uncomfortable wearing masks and/or other PPE (gloves, gowns, face shields, etc.)
3. On-site services and/or programs have been eliminated or reduced
4. Programs or services have moved online
5. Shelter rules are too restrictive (visiting restrictions, curfews, overnight passes, COVID-19 screening, etc.)

(See Appendix F, Table 3)

Other negatives experiences commonly selected by survey participants included:

- Uncomfortable speaking to staff in masks and/or other PPE
- Not able to refer me to the services that I need
- Less/not enough staff to deal with shelter users' needs
- Too much emphasis on physical distancing (staying away from others)
- Problems accessing internet and/or TV
- Issues with staff
- Onsite children's programs cancelled
- Not being allowed to have visitors over, see partners or go on community excursions due to social distancing measures

It is interesting to note that a significant number of participants — over 20% — reported that they had not experienced any negative impacts as the result of changes introduced since mid-March 2020. This included 22% of shelter users who were homeless or using shelters before the pandemic began.

4.5.2 Social Support

Survey results show that the pandemic has had a significant impact on shelter users' access to social support. Of 239 survey participants, 44% (103) said they had less social support since the pandemic began, 16% (37) said they had more and 40% (94) said there was no change.

It is not surprising then, that over the past year shelter staff have felt pressure to provide clients with the supports they need. At the same time, service providers reported in focus groups and interviews that they have faced numerous challenges in doing so. These include staff turnover and shortages, an increase in workload as a result of COVID-19 protocols and guidelines and increased complexity of need among shelter users (See **Section 5**). Despite the limitations that staff perceive regarding their capacity to support shelter users, the majority of survey respondents (70%) stated the staff have met their needs for emotional and mental health support during COVID-19.

Those survey participants (16%) who felt that support from staff was lacking, provided the following additional information:

- Uncaring staff/staff lacking empathy
- Staff are too busy/lack the time
- No treatment for mental health issues provided
- Staff trample on shelter users / threaten shelter users with punishment
- Staff need better training / are unable to manage crises
- Staff are not trained to support trans people
- Shelter users do not want to burden staff

4.5.3 Unmet Needs

Food. For survey respondents who indicated that their basic needs had not been met during the pandemic, inadequate food was the top concern expressed by the 38 respondents. They reported that there was not enough food, food was not nutritious, food was unappetizing, food did not meet shelter users' special dietary needs or that they could not access food outside of mealtime hours. One of the possible explanations for participants' negative experiences with food may be the quick implementation of COVID-19 hotel programs, wherein meals are often not controlled by the shelter and are catered by outside companies. Reduced access to donations by shelters may be an additional contributing factor.

Internet Access. Internet access by shelter users during the pandemic was the second most commonly identified unmet need (See Appendix F, Table 2). Of note, many survey participants also indicated that the transition of programs and services from face-to-face to online had impacted them negatively. As such, not having internet access during the pandemic could reduce or eliminate their access to essential services and supports, such as medical care, mental health support, housing help and case management and social supports from family and friends.

Other. Other concerns expressed by survey participants included:

- *Safety and Security* – Residents using drugs, no locks on doors, no privacy, theft
- *Wellbeing* – Lack of mental health support / emotional safety
- *Service Delivery* – Lack of help with claiming refugee status, no housing benefits, no empathy from staff, no support for transgender issues, not enough communication between staff and resident.
- *Facilities and Products* – Uncomfortable beds, no clothing in appropriate sizes, allergies to sanitizing products

Of note, one Indigenous couple surveyed reported experiencing racism from staff and residents at the shelter they were staying at. Another shelter user spoke about the challenges experienced by those discharged from correctional facilities during the pandemic:

> *"It's a catch-22 between a rock and hard place in jail. Redundant and discriminated, double-edged sword. If a person is awaiting trial they can't apply for housing before they know the date and time of release. 99% of the time an inmate must have an address in order secured at your bail hearing and verified before being granted bail because most judges won't accept the idea of an accused going to 129 Peter street [Streets to Homes Assessment and Referral Centre] to maybe get a bed..."*
>
> Shelter user survey respondent

4.6 Program Changes & Impacts

4.6.1 Service Reductions

Participants were surveyed about the impact of program and service reductions introduced with the on-set of COVID-19. Nearly 28% (66) of participants reported that on-site services and/or programs deemed essential to their wellbeing had been eliminated or reduced since mid-March of 2020. The services most commonly cited included:

- Housing supports
- Mental health supports
- Case management

(See Appendix F, Table 4)

Throughout the survey, many respondents commented on the impact of the pandemic on people's mental health and the need for mental health services.

> *"More mental health support is needed. Giving them medication and help them get doctor's appointments. Hotels are good for people in encampments because it's more of a home feel than in the shelters. No one is watching over you while you sleep. It's important to keep people together from encampments because those are their supports, nervous being with people you don't know gets your back up."*
>
> Shelter user survey respondent

When asked if they would use programs offered digitally, 44% (104) of respondents indicated that they would; however, many indicated that access to reliable internet would be a requirement.

4.6.2 Infection Prevention & Control

When asked about changes that could be made to improve COVID-19 infection protection measures, almost one third of respondents appeared to be satisfied with the measures currently in place at their shelter. From a list of possible improvements, 32% (73) of survey participants selected "Nothing more is needed". Other respondents listed the following as top priorities:

- Notify shelter users about positive cases
- Improve cleaning and sanitizing of shelter facilities
- Provide individual rooms for residents
- Provide better ventilation
- Provide better access to an adequate supply of soap, water and/or hand sanitizer for cleaning hands and
- Make it easier to physically distance or better enforce physical distancing in common spaces

(See **Appendix F, Table 6**)

Additional comments provided by participants on how to improve infection prevention and control measures in shelters to stop the spread of COVID-19 included:

- Less people in the kitchen
- Enforcement of two people in the elevator
- Allow stairway access for physical distancing
- Ensure all shelter users are clean
- Education in other languages
- Ask residents with symptoms to go for testing immediately and institute consequences for those who don't oblige
- Providing a private rental unit

Finally, one survey respondent described being worried about other residents who leave the shelter to spend time in public settings. *"If someone needs their drink and they go downtown, they come back at night, I am afraid of getting COVID."*

4.6.3 Hotel Programs

At the time of the survey, more than twenty emergency homeless programs were being delivered in COVID-19 hotels. A large portion of survey participants came from these hotel programs, making up 51% (123) of all survey participants, versus 42% (101) of all participants who were identified as staying at legacy shelters. The housing status of the remaining 6% (15) of participants could not be identified.

Privacy. Of the survey participants residing in hotel programs, 56% (69) stated that the ability to sleep in a private room rather than in a dorm was a positive result of changes that took place in the shelter system following COVID-19, making this the most cited positive impact reported by this group. During focus groups, shelter providers indicated that, despite challenges with safety, having a private room was beneficial for many shelter users. (See **Section 5**)

> *"Have my own privacy and own bedroom. The fact that I get food everyday is big for me. 100% difference. Its a roof over my head, makes me feel like a human being. I feel like I have an apartment in a way."*
>
> Shelter user survey respondent

Basic Needs. It is noteworthy that, while many shelter users and staff commended the hotel programs for providing shelter residents with increased privacy and independence, a large number of hotel program respondents reported that their needs had not been met in the hotel programs. This may indicate that improvements need to be made to this newer shelter model. Specifically, of those staying in hotels during the pandemic 22% (27) stated that their needs had not been met, compared to 11% (11) of legacy shelter residents and 16% (38) of all survey participants. Further, populations that are over-represented in the hotel programs, namely Black and Indigenous shelter users, reported in greater numbers than other populations that their basic needs have not been met during the pandemic.

Housing Services. In addition to unmet basic needs, it appears that some hotel residents are not receiving housing services. Of hotel participants surveyed, 25% (31) reported they had not received any support to get or keep housing, compared to 13% (13) of legacy shelter participants and 20% (47) of all participants surveyed. Since many hotel programs just opened this past year, housing services may not initially have been available, potentially explaining this finding. Further, it may be that some long-term shelter users do not pursue housing options, preferring to use shelters or outdoor living settings. Finally, service providers reported during focus groups that hotel program users are increasingly reluctant to pursue housing services because they are satisfied with their living conditions at the hotel program.

4.7 Impact on Shelter Users by Population

Although the research team had limited capacity to undertake a comparative analysis of the survey results by population, this section highlights findings that emerged through preliminary analysis.

4.7.1 Men and Women

Of the survey participants who identified as women, 26% (27) stated that they were uncomfortable speaking to staff in masks and other PPE; in comparison, 16% (17) of survey participants who identified as men reported feeling uncomfortable speaking to staff wearing masks. This speaks to a theme that arose in conversations with key informants and service providers regarding the increased need among homeless women for safety during the pandemic. For instance, Shaun Hopkins, Manager of Needle Exchange Program at The

Works, explained that women may not feel safe using safer consumption sites (SCS) dominated by male users. For this reason, Hopkins recommended opening an SCS that is run by women and based at a women's shelter site.

4.7.2 Transgender & Two-Spirit Shelter Users

According to study participants, the vulnerability of transgender homeless populations has also been exacerbated by the pandemic. Survey participants who identified as trans raised numerous concerns about staying in shelters. They indicated that they do not feel comfortable speaking with staff about trans issues and noted that other residents are not educated about trans people. Both service providers and shelter users commented that trans residents would benefit from specialized shelter programs. For instance, several trans survey participants indicated that cisgender women are uncomfortable with trans women staying in women's shelters, which can make the shelter an unwelcoming place for trans residents. The quote provided by a respondent about their experience while staying in an encampment provides insight into the challenges trans populations face.

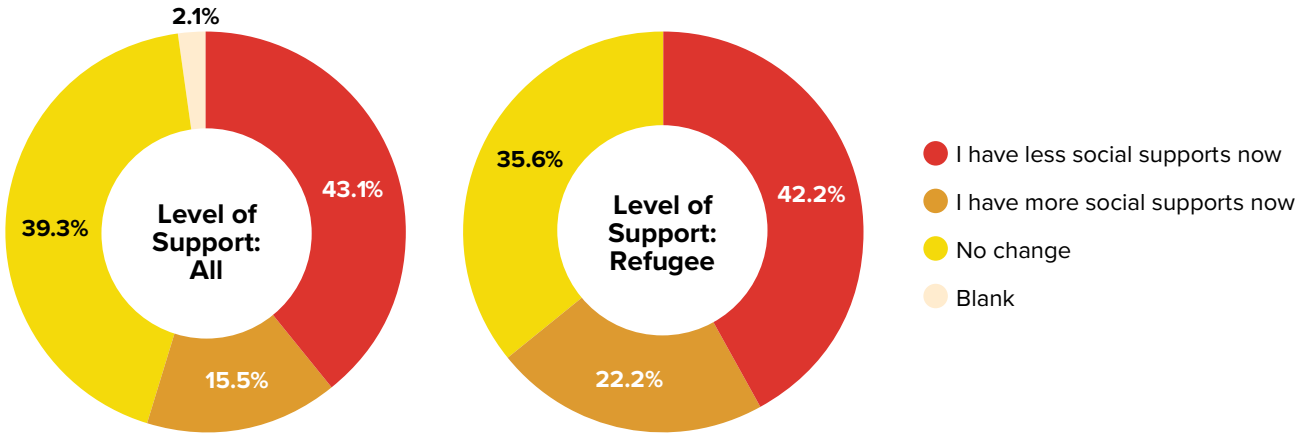
> *"Guys stole wigs and clothes. Felt like being trans was taboo. I was turning into an animal living out there and it was hard to maintain feminine side."*
>
> Shelter user survey respondent

Similar findings were documented in Transforming the Emergency Homelessness System: Two Spirited, Trans, Nonbinary and Gender Diverse Safety in Shelters Project (Toronto Shelter Network, 2020).

4.7.3 Refugees

Based on responses from survey respondents, it appears that refugees may have fared somewhat better than other populations within the shelter system. When it comes to basic needs, 82% (37) of refugee survey participants said their needs had been met while staying at shelters during the pandemic, compared to 69% (165) of all participants. In regards to changes in the level of social support that they were receiving before and during the pandemic, refugee participants also reported more positive outcomes. Of refugee participants, 22% (10) reported having more social support since the onset of COVID-19, while 16% of all participants (37) reported a higher level of support.

Figure 10: Level of social support during the pandemic reported by all survey respondents and refugee respondents only



4.7.4 Families

As was the case with women survey respondents, many survey participants who have dependents stated that they were uncomfortable speaking to staff in masks and other PPE. This may reflect that more families in the shelter system are headed by female caregivers. Of the survey participants residing in family shelters, 25% (19) reported this as a negative impact. Additionally, five participants reported that they had not received any childcare services or referrals while staying at shelters since March 2020 and one participant noted that children's programming had been eliminated during the pandemic.

> *"We don't receive access to menstrual products and diapers and I haven't received any options for childcare services yet."*
>
> Shelter user survey respondent

Recommendations from participants with families included making more affordable housing available for families and hotel programs as transitional housing.

4.7.5 Black Shelter Users

While Black communities are overrepresented in the shelter system, the Black participants surveyed for this study appear to be receiving fewer housing services than other groups. When asked which housing services, supports or programs they had used since the pandemic began, 23% (27) of Black shelter users reported that they had not received any services or supports, compared to 16% of white participants (8) and 20% of all participants (47).

4.7.6 Indigenous Shelter Users

Overall, the percentage of survey participants that reported being homeless or using shelters prior to the pandemic was between 56% and 61% (after accounting for non-responses). Among Indigenous participants, the percentage was much higher at 81% (17). In comparison, results reported by other sub-populations were closer to those reported by the overall population. Further, as previously stated, the survey results showed that in comparison to other populations of shelter users, Indigenous survey respondents reported in greater numbers that their basic needs have not been met during the pandemic. Indigenous respondents (along with Black respondents), also discussed experiences with racism in the shelter system.

The Truth and Reconciliation Commission of Canada's 94 Calls to Action emphasize the necessity of collaboration with Indigenous people and communities. During this study, the importance of fostering strong partnerships with Indigenous organizations was highlighted in interviews with key stakeholders. For instance, Streets to Homes staff reported that doing outreach with Anishinawbe Health has been an important way to provide support against COVID-19 transmission to Indigenous shelter users. Several key informants indicated that building strong relationships with Indigenous shelter service providers will be important to the delivery of effective harm reduction programming with the Indigenous people.

4.7.7 Youth

Among youth survey participants, employment was raised as a key issue.

> *"I think it is better to ease the Covid 19 restrictions because of these restrictions, many youths who have the ability to work and can pay housing rent for themselves are in shelters due to lack of jobs. So it is better to permit youths to work and earn a living."*
>
> Shelter user survey respondent

One participant recommended providing more funding for youth development, while another suggested that if lockdown restrictions were lifted, less youth would be out of work and without housing.

Addressing youth homelessness in Toronto will require a distinct approach. Service providers reported that many youth, some of whom may not have been prepared to live on their own, were quickly moved into permanent housing during the pandemic. Some shelter managers recommended more transitional housing options to better prepare youth for independent living as a preferred housing model. However, early results from a study being undertaken by Covenant House show that youth may need and want to live independently.

4.8 Shelter User Recommendations

When asked what is most important to them about the shelter or housing they reside in, 44% of respondents reported that the most important consideration when searching for shelter is community; they prefer to be surrounded by people similar to them in age, gender, race/ethnicity or life experience. Other common responses included:

- Location of building – Close to services that I use
- Location of building – Downtown
- Type of people living in the building – All sorts of different people

Survey participants were also asked to rank a list of services or supports to indicate which would be most useful and should be included in all programs throughout the shelter system. The highest-ranked response was access to housing help services. The other services or supports that were most regularly ranked in the top five included: mental health supports, employment services or training, addiction/substance use supports and access to affordable or supportive housing. Some other highly ranked supports or services included ban on evictions, budgeting education or training and access to primary care.

Table 1: Services and supports most important to include in shelters.

Services	Rank	Number of respondents ranking the service as one of their top 5
Access to housing help	1	179
Mental health supports (counselling, psychiatric services)	2	136
Employment services or training	3	104
Addiction, substance use supports (addictions counselling, safer supplies)	4	99
Access to affordable or supportive housing	5	94

When asked what could be done to end homelessness in Toronto right now, the largest number of suggestions centered on improving access to affordable housing, including:

- Make rent affordable for people on OW and ODSP
- Create more subsidized housing units
- Address the long wait times for subsidized housing
- Lower rent/housing prices
- Improve rent controls
- Create more rent geared to income housing
- Address housing market surges
- Make more affordable housing units available downtown and in the suburbs

One survey respondent provided the following astute assessment.

> *"There is no affordable housing in Toronto. You have to be making 50-100 grand a year to be able to comfortably afford rent/hydro plus transportation, food, etc. So being low income it's a loose loose either you raise the amount people get on OW/ ODSP or lower rent prices in many areas of downtown Toronto or build some. It's not really very hard to recognize this."*
>
> Shelter user survey respondent

4.9. Conclusion

Survey participants reported having both positive and negative experiences with the shelter system during COVID-19. In general, shelter users felt well supported by shelter staff during the pandemic and reported satisfaction with infection control measures undertaken by shelters.

Without doubt, hotel program users appreciated the increased privacy and safety available through this new shelter program. At the same time, restrictive rules, mask wearing and program reductions were difficult for a lot of those surveyed. The differential impact of COVID-19 related changes on various sub-populations shows that there are different strengths and deficits in the shelter system and a dearth of external supports for many communities. Notably, childcare has been eliminated for families in some cases; women need gender-specific harm reduction services; youth are challenged to secure employment supports; Indigenous clients did not have their basic needs met in comparison to other groups and hotel program users and Black survey participants reported a failure in housing supports. Finally, shelter users put forward a plethora of suggestions for improving homelessness services and for ending homelessness, with a focus by most respondents on increased housing supports and affordable housing.

5. Service Provider Perspectives

5.1 About the Service Provider Focus Groups

While there is a growing body of literature on COVID-19 and the emergency shelter system, the impacts of the pandemic on shelter staff in the literature was nearly absent.

This section presents a summary of the findings from conversations held with staff from 24 programs representing 18 shelter service organizations. (Please see **Appendix D** for a complete list of participating organizations). Over the course of three days, eight, two-hour focus group sessions were held with managers, front-line staff (including counsellors, case management workers, and life skills workers) and housing support counsellors/workers. Following the focus group discussions, information was collected from four additional management staff via a questionnaire submitted by email to the research team. This section highlights the positive and negative effects of the pandemic from the perspective of shelter providers. It also shows how the changes experienced in the emergency homelessness system have not been without consequence to shelter staff. The findings and themes will help to narrow our gaps in knowledge and contribute to changes that are needed for improved service delivery across the sector. Where findings are specific to one of the three staff groups consulted, this has been identified; otherwise, the findings represent overarching feedback received from front line and management staff participants.

5.2 Human Resources

Without doubt, many staffing-related challenges were created and/or exacerbated by the pandemic, making this one of the most significant impacts of the pandemic upon the shelter system. While workforce shortages and high turnover rates are not new to the industry (Rios, 2018), the pandemic has added additional layers of complexity, with consequences on service delivery and employee health and wellbeing. Throughout the pandemic, front-line staff have demonstrated commitment and adaptability in the face of ever-changing needs and uncertain work environments. Throughout their sessions, management participants expressed great pride in their staff and how they have risen to the occasion during this challenging time.

5.2.1 Shortages, Reductions, Restrictions and Employment Practices

Staff shortages have occurred during the pandemic for a variety of reasons, and the loss of staff has been more enduring at some of the shelters than others. Some staff, fearful of contracting the virus, took time off to stay at home where they felt safe. Some stayed at home to care for their children whose education was moved online. Other shelter staff have taken time off to recover from burnout and compassion fatigue. Some managers indicated that many permanent, full-time workers were transitioning into new roles, some as a result of promotions, but others were leaving the sector, likely due to burnout. To remedy the shortage of personnel, in some organizations staff from other departments (e.g., Human Resources) were dispatched or redeployed to fulfill the duties of front-line workers. Of note, most front-line staff indicated that there were adequate numbers of staff available during their shifts.

In order to reduce the spread of COVID-19, many organizations limited staff to working at only one program site. Historically, staff working at organizations that operate multiple program sites have flexibility to work across locations. This arrangement is efficient for organizations and helps to ensure full-time hours for staff. Front-line staff indicated that these limitations made it difficult to respond to client needs. In addition, many staff participants reported that they were required to work from home a few days each week, which further limited their access to clients and made it difficult to provide the level of service quality that is typically available in a face-to-face encounter.

Front-line staff noted that the creation of the hotel programs and the transfer of both shelter staff and shelter users to these new program sites resulted in a permanent reduction in the number of staff at the legacy shelters. They explained that during the first wave, shelter users with fewer needs and the capacity to live more independently were transferred to the hotels. As a result, in some legacy shelters, those clients who remained have more complex needs and less supports to draw upon due to the cancellation of programs and disruptions to their social support networks. Further, front-line staff may have smaller caseloads, but nonetheless are feeling overwhelmed, overworked, unsupported and stressed, and are experiencing burnout due to the depth of need among shelter users.

Staff also noted that the pandemic has created job opportunities, most notably in harm reduction. Some front-line staff in the focus group sessions were not only new to their shelter, but to the homelessness sector. One front-line staff explained that at the start of the pandemic she was the only case manager in her department, and now there is a team of staff in place. Staff indicated that harm reduction teams, long needed to minimize the negative health and social impacts of drug use (Harm Reduction International, 2021), have been put in place across the sector during COVID-19.

Relief Staff: Many managers indicated that they had turned to, or increased their use of, temporary agencies to supply them with relief workers during the pandemic. Unfortunately, both managers and front-line staff indicated that relief workers did not have sufficient training or experience and did not have access to the systems required to adequately perform their roles. For example, many relief staff do not have full access to the Shelter Management Information System (SMIS), nor have they been certified or trained to use certain equipment. Therefore, while staff appreciate the additional on-site support, they would prefer that relief staff come fully trained and have access to job-related systems and equipment, so that they do not have to perform additional duties for relief staff. Unfortunately, discussions with managers did not yield information about the training offered to new recruits or how front-line staff were prepared to serve shelter users during the pandemic.

Staff also noted that constant turnover, the use of relief staff and the redeployment of staff to hotels has made it difficult to build meaningful relationships with their colleagues.

> *"I find I am now withdrawn at work because I have to get to know new people every single day. It's like, another day, reintroduce myself again."*
>
> Front-line staff focus group participant

5.2.2 Staff Health and Wellbeing

There was strong agreement among managers that simultaneously dealing with COVID-19 and the opioid crisis has been challenging and mentally taxing. Staff are experiencing compassion fatigue and are worn down by the endless "donning and doffing" of PPE, conducting temperature checks, receiving pushback from shelter users and implementing physical distancing protocols. To ease work pressures, minimize the impacts of vicarious trauma and incidences of burnout, managers have encouraged their staff to practice self-care, and where possible they have reduced staff caseloads and recruited additional relief workers to share the workload.

Burnout was commonly cited as an issue by front-line staff and attributed primarily to the increasing complexity of need presented by clients. Staff indicated that their supervisors have "been great" at helping them to deal with the mental and psychological stresses of the job during these trying times. They confirmed that supervisors have reduced caseload numbers and encouraged staff to take days off. Staff also found their co-workers supportive and available to provide coverage as needed. Staff noted that the pandemic has taught them the importance of practicing self-care; to know when to say no, and not take on more work than they can handle.

However, front-line staff indicated that there is a need for more supports in the workplace to prevent burnout and stress. Many mentioned that dealing with the increase in overdose-related deaths has been hard on them. Adding to their worries is the constant threat or incidence of outbreak and fear that they may at any time be exposed to the virus, thereby putting their families at risk of exposure. Staff reported that, like many shelter users, they feel a sense of isolation during these times. Many have not been able to visit relatives or friends or draw upon their supportive networks for relief from the stress of their jobs.

5.3 Access to Financial Resources and PPE

Financial pressures were reported by many of the managers who participated in the focus group sessions. Some expressed that their programs had fallen into deficit due to the cost of providing staff with a constant supply of PPE, noting that on average staff use three masks per shift. Managers also noted that an unlimited supply of masks has been required for distribution to shelter users. Others talked about the expense incurred by having facilities more rigorously cleaned and disinfected, particularly after a staff or client tests positive for COVID-19. They stated that shelters are responsible for providing cleaning staff with needed supplies, such as hazmat suits, and noted that at some locations cleaners are required to change into new PPE two to three times per day. In addition, some managers indicated that temporary agencies have increased their pay rates, placing yet an additional financial pressure on shelters that more and more are reliant on temporary agencies to address staffing pressures. Management participants expressed concern about the availability of funds to pay for the ongoing costs of responding to COVID-19.

On a positive note, all of the front-line staff reported that they were supplied with sufficient and adequate PPE. However, some expressed concern with the provision of PPE to staff who are not employed by the shelters (e.g., contracted security guards, cleaners). Staff are not clear

whether the onus is on their shelter to ensure that these staff are equipped with PPE or if this is the responsibility of their employing agency. Staff noticed that some of the contracting agencies were slow to provide their staff with masks and explained that, in some cases, contracted security guards have refused to come to work at the shelter in the absence of appropriate PPE.

Front-line staff briefly talked about pandemic pay[17], which was provided by the provincial government for a short period of time during the first wave of the pandemic. They agreed that the additional financial support assisted them with their bills, was appropriate recognition of their role as essential workers and compensated for the risks being taken by themselves and their families. However, they also questioned why the support was not being provided throughout the duration of the pandemic. Interestingly, the issue of pandemic pay was not discussed by the management participants. It would have been beneficial to know what role this compensation played in helping retain staff during the four- month period when pandemic pay was available, whether it helped to attract new recruits and whether shelters offered their own financial incentives to complement what the government was offering.

Many front-line staff indicated that donations of clothing, food and furniture during the pandemic have been extremely low, limiting distribution of these supports to shelter users. While some of the organizations that collect and/or distribute donations have refused donations during COVID-19, donations have also fallen because of the reduced hours of operation or closure of some charitable establishments. Conversely, some participants mentioned that they received one-time donations of mobile devices such as phones and tablets, which have been helpful in keeping shelter users connected.

5.4 Services and Programs

A strong theme that emerged during all the focus groups was the negative impact of COVID-19 on shelter users' access to and experience with programs and services. For many shelter users, programming helps to fill time in their days; some look forward to arts and recreational activities and others depend on counselling or peer support services programming for their health and wellbeing.

> *"Not having anything to occupy your time with can lead you to engage in behaviours that might be not the most productive and a little self-destructive."*
>
> **Front line staff focus group participant**

Staff noted that without programming clients have a lot of free time, which, coupled with frustrations resulting from the pandemic-related restrictions and worsening mental health, has led to an increase in conflicts between residents and added stress for service providers. One staff described their frustration as a service provider during the pandemic:

> *"There is so much more that we are trained to be doing and there is so much more that we want to do. There is so much more that we are in this to do and I feel like there are so many restrictions and limitations in how we can effectively do our jobs right now."*
>
> **Front-line staff focus group participant**

17 The Ontario government paid out an extra $4 per hour for 16 weeks and an additional $250 for working more than 100 hours per month during the same time period. (CBC, 2020)

Other staff stated that they have been required to rethink their approach to program delivery, as one service provider in the management group discussion articulated:

> *"The loss of all programming sets us back as communities and communities of service and I think we need to find different pathways to differently support and engage in a broader kind of support for the men and women that access our programs."*
>
> **Front-line staff focus group participant**

5.4.1 Clients with Changing and Complex Support Needs

All staff indicated concern about the impact of COVID-19 on the health, and in particular the mental health, of shelter users. Unfortunately, as clients' mental health has been declining, their access to appointments with psychiatrists have become less available – it can take weeks and even months for shelter users to be seen – and are typically only available online. Shelter users are anxious as they wait for their appointments and staff feel helpless and frustrated by their inability to do anything about wait times. For shelter users who are dealing with substance use issues, the cancellation of programs has increased their risk and likelihood of relapse. On a positive note, in response to the demand and need for harm reduction interventions, some hotels have set up safe consumption sites (SCS) and harm reduction cafes. In these programs, people can use substances safely, they are educated about substances, harm reduction, how to respond to overdoses and about the complexity of addiction needs. Some staff mentioned the need for an increase in safe drug supply and more counsellors on site at shelters for clients seeking mental health and addiction supports.

Many front-line staff expressed concern about their ability to adequately serve shelter users, given the increasing complexity of their needs. Instead of helping shelter users to establish and work towards housing or life skills goals, many staff were helping clients with acute mental health issues (including serious episodes of psychosis) and harm reduction needs.

> *"We've had people staying in our respite sites whose needs are just spectacularly inappropriate for the space that we have. Who require intense medical supports. It's pretty regular that we're trying to deliver services to people whose needs exceed our capacity to meet them. So it's not clear to me if things were reorganized and you know, somebody with really high medical needs that should be in a different kind of facility."*
>
> **Focus Group Participant, Manager**

In addition, as the pandemic significantly reduced the flow of refugees into the system, some of the refugee shelters were asked to extend their programs to people from encampments. With little time to build their knowledge or skills, staff did not always have the capacity to provide the life skills, substance use or mental health supports this population required. Without adequate training, many expressed that they feel inadequate at their jobs and feared that they

were not able to give shelter users the quality of service and support that they needed.

The cancellation of programs has also meant that external service providers from other organizations have not been available to provide on-site services to shelter users. As a result, staff reported that shelter users are more reliant on shelter staff for supports that they would have received from other organizations, such as that of a Personal Support Worker (PSW) to help with bathing or other self-care/hygiene related support.

Staff argued strongly that adequate primary care, mental health and harm reduction services should be available on-site and with regularity at every shelter program. They identified the value of the Multi-Disciplinary Outreach Teams (M-DOT)[18], which provides on-site mental health case management services on a weekly basis at some shelter programs, mainly hotels. Unfortunately, M-DOT capacity is extremely limited. First, it is not available across all shelter programs, and second, where it is available there are not enough appointment times to schedule all the clients that are in need of its services.

5.4.2 Going Digital

Many staff discussed having to innovate and find alternative ways to provide services. While most staff reported that in-person programs have been cancelled, some have continued to operate small group programming and others have moved their programming online. Obtaining computers and webcams enabled shelter users to take part in online counselling, interviews, and group activities. Staff have been creative in the delivery of social programs making use of telephone, Zoom Bingo and Zoom workshops. However, many staff reported that despite their best attempts, the transition to online programming was not successful. They experienced low participation from shelter users due to a lack of interest, limited access to devices or reliable internet connection, or poor engagement with technology. Staff reported that clients who struggle with complex mental health issues tend not to engage well with technology and while other clients find online programming to be impersonal and decline to participate.

School closures and the transition to online learning posed particular challenges for shelters serving families. Facilitating remote learning for children when the shelter did not have reliable access to the internet was difficult, and staff feared that many children in the system would fall behind in their studies as a result of not being able to keep up with online instruction.

5.4.3 Client Engagement and Community Building

There was overarching agreement among staff that engaging and developing relationships with service users has changed and become more difficult since the onset of the pandemic. For example, staff talked about the difficulty of establishing and building connections with clients new to the shelter when in full PPE gear (i.e., mask, shield, gloves and gown). Similarly, staff new to the shelter noted that it has been challenging to build a rapport with shelter users while enforcing an ever-changing number of pandemic-related policies under cover of a mask and shield.

Many staff indicated that their clients' communities have been disrupted as a result of the pandemic. They explained that with program closures, the lack of access to peers/peer programming, family and social support

18 The Multi-Disciplinary Outreach Team (M-DOT) is a specialized team of providers from various organizations that delivers services to the most vulnerable individuals on the street and in shelters. The team is made up of Outreach Workers, Case Managers, a Registered Nurse, a Housing Worker and part-time Psychiatrists who connect with people on the streets and in the ravines. The team helps their clients find housing and meet other basic needs such as receiving medical attention, income supports, or addictions services.

networks, and the relocation of clients and staff to hotel programs, service users have experienced a diminished sense of community. Sometimes shelter users moved to a hotel program at the other end of the City, far away from their established community, and many hotel residents were not familiar with each other.

Of note, some staff from legacy shelters reported that with fewer shelter users at their sites, clients have more personal space and privacy. This has led to reduced conflict among shelter users and improved relations among all residents and staff.

5.5 The Hotel Program

Service providers expressed mixed feelings about the hotel program. On the one hand, the programs have provided access to dignified shelter space, and as such are the preferred shelter program among service users. However, given the haste with which they were implemented, staff have not had time or capacity to address new and emerging challenges and ethical considerations, including:

- Some shelter users intentionally leave shelters or prefer to stay outdoors because they believe that doing so will improve their chances of accessing a hotel program.
- Some shelter users are reluctant to work with staff on housing plans because they would like to stay in the hotel program. Housing counsellors working in the hotel programs reported that hotel program clients often are reluctant to consider their housing options because they are comfortable in the hotel accommodations available to them.
- Some hotel clients have turned down opportunities to be placed in transitional housing programs, where they may share facilities with other residents, and have turned down rental apartments that lack some of the amenities that they have become accustomed to at the hotels (e.g., laundry).
- Staff are finding it increasingly difficult to hold shelter users accountable for organizational policies. For example, some shelters users will invite guests to their rooms without notifying staff.

Staff are increasingly concerned about the safety of hotel programs for substance users. At some hotels, only security guards have access to room keys. As such, it may take some time for staff to access a room should they not receive a response from the client during a safety check. Delays in accessing a client's room, unfortunately, have had serious consequences, including overdoses that were fatal because staff could not reach the client in time to reverse the overdose.

At the same time, as one manager stated, moving forward the hotel programs may provide "the opportunity to act as a supportive housing ecosystem". It was suggested that hotel programs could be more effective by offering more comprehensive programming and being designed around the needs of diverse residents. For example, hotels could dedicate floors or create areas of specialization for different populations (such as seniors, substance users, etc.) to better serve them and their unique needs.

There was also some excitement about the prospects and opportunities for learning, innovation and permanent housing presented by the hotel programs. It was noted that the City is examining the possibility of purchasing some hotels and transitioning them to permanent supportive housing.

5.6 Housing

Despite the many negative impacts brought upon by COVID-19, staff agreed that they

have had more success in housing clients, notably refugees/families and youth, during the pandemic than in years past; particularly in the first months of the pandemic. Staff noted that the slight drop in private market rental prices enabled shelter users to move into units that previously were unaffordable, even with a partner. They indicated that more shelter users now have increased access to the Toronto Housing Allowance Program (THAP), and that some shelter users are moving into better quality homes than they had before accessing shelter. Front-line staff have been able to access rapid rehousing programs (i.e., CMHC's Rapid Housing Initiative) and feel galvanized by these successes. One staff stated, "when there is will, it is possible to house people".

Nonetheless, throughout the pandemic many shelter users have had limited ability to view housing units. Housing counsellors reported that in some cases shelter users were afraid to view units and in others landlords refused to accept in-person viewings, although some landlords have been open to scheduling zoom interviews and providing digital viewings of apartments. As a result, some staff found it challenging to house the chronically homeless.

The focus groups provided staff with the opportunity to raise the following housing issues. While many of these are systemic in nature and not pandemic related, they are nonetheless important to note:

- Some shelters offer follow-up housing support services for up to 12 months to help clients establish themselves in their new homes. This crucial service is not available across the sector. Shelter staff try to educate and prepare clients for independence and assure clients that it is okay to return to shelter for help or advice. Follow-up supports help to reinforce the groundwork laid by shelter workers in advance of the client's move.
- There is no common database or coordinated process for communicating about units that are available through private landlords and transitional housing representatives. At this time, information about the availability of private rental units is fully dependent on each housing worker's networks and connections. Similarly, individual housing workers, rather than their organizations, are the point of contact for availability in transitional housing programs. There was strong agreement that it would be beneficial to develop a centralized database and communications systems that are not dependent on individual staff.
- Many landlords refuse shelter users on the Ontario Disability Support Program (ODSP) and the Ontario Works Program (OW), and since COVID-19, Canada Emergency Response Benefit (CERB), the Canada Emergency Student Benefit (CESB) and the Canada Recovery Caregiving Benefit (CRCB), not trusting the sustainability of these sources of income. Many shelter users have established direct payment arrangements whereby their rent is paid directly from the benefit program and not their personal accounts. Staff argued that landlords need to be educated about the stereotypes and myths surrounding homelessness.
- THAP, which provides first and last month's rent, is only available to clients who relocate within Toronto. If a shelter user were to find a job in, and wished to relocate to, another city they would not qualify for the program. As a result, some shelter users were reported to forgo employment opportunities because they could not afford to relocate without the benefit and the cost of travel was prohibitive. As such, many staff argued that the THAP program should be reviewed and these restrictions addressed.

Above all, staff highlighted the chronic lack of deeply affordable and supportive housing, including transitional housing models designed for and available to meet diverse shelter users' wants and needs.

5.7 Partnerships

All the service providers in the management focus group sessions were proud of the partnerships that were formed or strengthened during the pandemic; these have improved service delivery and helped to ensure the safety of shelter users and staff. It should be noted that many of these partnerships were primarily in the health sector; however, relationships with organizations in other sectors were also described. Some of the partnerships/organizations mentioned during the focus group included: M-DOT, ICHA, Parkdale Queen West, Centre for Addiction and Mental Health (CAMH), Visiting Homemakers Association (VHA), Toronto District School Board (TDSB), Neighborhood Link Support Services, The Neighbourhood Group (TNG), Toronto Humane Society, East York Toronto Family Resources and Parkdale Activity Recreation Centre (PARC). There was agreement that, while partners came together and mobilized quickly to address urgent needs during the pandemic, there is a need for ongoing coordination, effective collaboration and adequate resources to ensure that these relationships and services can be sustained.

5.8 Conclusion

Management and front-line staff described the challenges and the successes they experienced during the pandemic. They stressed that shelter staff have spent the past year dealing with both COVID-19 and the opioid crisis.

They talked about financial and human resource pressures and expressed significant concerns over the health, mental health and safety of both staff and shelter users. The loss of programming, social networks and sense of community among shelter users was seen as significant, as was the increased complexity of need that staff were seeing, and in many cases feeling ill equipped to address. More positively, they also discussed some of the favourable outcomes that emerged during the pandemic, such as the ease of transitioning shelter users into permanent housing and strengthened partnerships with the health sector. Their accounts helped to paint a picture of the direct and indirect ways that the pandemic has both tested and/or helped both clients and staff. Their testimonies demonstrate service providers' resilience and their continued commitment to ensuring the well-being of shelter users and facilitating housing solutions during these trying times.

Discussion: Moving from Crisis to Opportunity

6. Considerations for the Shelter System

6.1 Human Resources

While it has demonstrated incredible commitment and resiliency, during this pandemic, the shelter system has been stretched to capacity. This study indicates that a number of changes need to be made to ensure that shelter service providers and the system as a whole are prepared for future emergencies.

According to a report from the University of British Columbia, burnout and low staff retention are common in the homelessness sector, and low staff retention is a primary consequence of burnout (Poskitt, n.d). It is essential therefore, that shelter providers have a) the capacity to adequately recruit, retain and compensate their human resources and b) resources, supports and strategies to create workplaces that prevent burnout and compassion fatigue and foster wellness and resilience. Moreover, providing equipment and training (e.g., SMIS) to all staff (i.e., relief, agency or contracted staff) will help lessen the burden on agency staff and improve work environments.

Further, it is important to have staff on site who have the knowledge and skill required to address challenges that may be amplified in vulnerable populations during times of crisis. During this pandemic, these included mental health challenges, substance use and overdose. Thus, each site must be adequately staffed with personnel who are capable of providing crisis management, mental health, addictions and harm reduction services. Finally, the shelter sector should have a strategy in place to quickly skill up the workforce to respond continuously to changing demographics among the diverse populations using shelters and/or the shifts in their needs.

6.2 Program and Service Delivery

The pandemic disrupted program and service delivery across the shelter system. Many shelter users were separated from friends, families, peers, shelter workers and external service providers. Services that were relied upon for support, inside shelters and those provided by other organizations, were cancelled. The movement of more than 3,000 people into COVID-19 programs transformed not only the shelter model but communities of people. Enforced masking and social distancing coupled with service/program reduction and closures, and the lack of access to friends, family, other shelter users, shelter staff and service providers contributed to the rise in mental health and substance use related crises across the sector.

Therefore, services and programs should be put in place today so that during emergencies and times of crisis, service providers have the capacity to a) address critical needs (e.g., mental health); b) promote wellbeing (e.g., recreation) and c) foster belonging and community (e.g., social support). In the post COVID-19 context, this invariably will involve some use of digital platforms. The study findings indicate that digital solutions will require updating IT infrastructure across the shelter system to ensure that all staff and shelter users have adequate digital access. In addition, there should be an investment in digital literacy so that all shelter staff and shelter users know how to use various digital platforms and feel comfortable doing so. A strategy for ensuring access to technology for people with mental health issues and developmental disorders will need to be put in place as well.

A most incredible outcome during this pandemic has been the range of partnerships forged or strengthened across various sectors. Shelter service providers collaborated with providers across the health sector, including primary health care, public health, harm reduction, mental health and hospitals. Relationships with other public sectors (education) and with community resident groups and businesses were also strengthened. These partnerships must be maintained and further strengthened to ensure coordinate services and supportive environments for shelter users.

As vaccination efforts move forward and the opioid crisis shows no sign of abating, access to health care continues to be a significant need across the shelter system. Therefore, collaborative tables that are working on the development of referral and service pathways between health services (primary care, harm reduction and mental health) and the shelters should hasten their efforts and should be resourced adequately so that on the ground, a shelter user, regardless of where they are in the shelter system, can receive equitable access to the services they require.

Feedback from shelter users and staff indicates that there is an opportunity for housing to be a stronger and more fundamental feature of shelter programming. Improving shelter users' access to housing services will require service providers to further enhance staff knowledge and skills, and/or invest in additional housing workers. The shelter system as a whole should be reshaped to prioritize services and programs explicitly focused on preparing clients to achieve optimal housing outcomes. Therefore, SSHA should resource and hold accountable shelter service providers for housing outcomes and move forward with system-wide initiatives that will enable shelter service providers to achieve these outcomes, including the expansion of the new shelter model and coordinated access systems.

6.3 Safe, Inclusive and Equitable Shelter Models

The pandemic triggered a system-wide shift from congregate to individual rooms. This is one of the most positive results of the pandemic. Lives have been saved and people are living in more dignified spaces. Feedback from shelter users and service providers demonstrates that the shelter system must move away from congregate settings towards embedding single occupancy rooms across the system. This reflects a human rights approach and is a sustainable solution for protecting people in the face of future health emergencies.

At the same time, there are valid concerns regarding health, wellbeing and safety, particularly for shelter users who are most vulnerable. Moving forward, it will be particularly important to meet basic needs, address the increased mental health challenges, drug use and overdose that resulted from increased social isolation during the pandemic and foster a sense of community across all shelter programs. While the pandemic resulted in enhanced availability of health services at many shelter sites, a robust and comprehensive range of services (e.g., housing, primary health care, mental health, harm reduction or addiction services) must be embedded across the shelter system, with consistent and equitable access for all shelter users.

Learning from hotel shelter programs in other jurisdictions can offer insight into how to evolve Toronto's hotel program and improve Toronto's shelter system as a whole. The acquisition of hotel shelters by SSHA during the pandemic has provided an opportunity to learn about the strengths and challenges associated with this type of shelter program and this design model. A report published by University of Washington and the King County Department of Community and Human Services, Performance Measurement and Evaluation Unit (Colburn et al., 2020) found that the unhoused population in King County who were moved into hotel shelters during the pandemic experienced a number of positive outcomes. These included increased stability, overall engagement (including program engagement), feelings of safety, ability to focus on and plan for the future, improved health and wellbeing and a decrease in interpersonal conflict. They were less likely to exit from hotel shelters, but when they did, they most often exited into permanent housing.

> *"What about having a house run by The Works, or offering some bed spaces to people who need to stay for the night? Having the whole range of harm reduction services including safer supply and detox."*
>
> Key Informant Interview

> *"Harm reduction services and training should be in place before a shelter site opens and should not be an afterthought."*
>
> Key Informant Interview

SSHA recently reviewed its shelter design guidelines so that new and renovated sites foster more positive outcomes and experiences for all shelter users, staff and the community, through designs that promote dignity, comfort and choice. SSHA and the Housing Secretariat are in the process of making decisions about the future of the shelter system and the acquisition of hotel shelters. There is an opportunity for shelter providers to strengthen engagement with both SSHA and the Housing Secretariat to ensure that best practices in design and built form that are based on human rights principles can be implemented consistently and equitably across all facilities that comprise the shelter to housing continuum.

The study findings clearly indicate that there is no "one size fits all solution"; rather shelters must be designed to meet the unique needs of distinct shelter using populations. This includes basic needs as well as the need for social support and community. As SSHA moves

forward with its Five Year Service Plan, it can work together with shelter service providers to evolve the shelter system so that a range of options are available for diverse populations.

First and foremost, SSHA and Indigenous partners can continue to advance accountability statements and action items identified in the Meeting in the Middle Strategy to meaningfully address Indigenous homelessness in Toronto. SSHA and the shelter system should also continue to work together with Black leadership, within the shelter system and other Black serving organizations, to implement the Anti-Black Racism Action Plan and the recommendations of the COVID-19 Interim Shelter Recovery Strategy, which call for a distinct approach to serve Black people experiencing homelessness wherein the reality of anti-Black racism is recognized and addressed. Finally, there should be an intersectional approach to all shelter system planning whereby the unique experiences and backgrounds of diverse shelter users (families, LGBTQ2S+, refugees, youth, women, etc.) are prioritized and accounted for. This includes having shelter users inform policy and program development as an important step towards greater inclusiveness. Shelter service providers can play an important role in helping to put forward effective models for doing so.

6.4 From Shelter to Housing

Many of the study participants noted that there will always be a need for some amount of emergency shelter in Toronto. Overwhelmingly, feedback from shelter users and service providers emphasized the utmost importance of increasing the supply of affordable and deeply affordable housing stock across the City. They stressed the need for a range of supportive and transitional housing options that meet diverse people's mental and physical health, addiction treatment and harm reduction needs, as well as options that support their education and employment goals. All these supports promote wellness and increase the likelihood of maintaining housing.

> *"...People with mental health issues or drug/addiction related issues should be continuously supported until they can become self sufficient and become fully functioning individuals in society."*
>
> **Shelter user survey respondent**

There is an opportunity for the shelter system and shelter service providers, particularly those that are operating hotel programs, to participate in collaborative and cross-sectoral initiatives such as the Supportive Housing Growth Plan. This plan aims to increase access to a broad range of housing and support services and to help people in need live with dignity, stability and independence in the community. The Toronto Alliance to End Homelessness (TAEH) is co-hosting the plan together with the Canadian Mental Health Association Toronto Branch and the Wellesley Institute. One key informant suggested that there is a strong rational for transitioning hotel shelter programs to supportive housing or transitional housing.

> *"... there are a lot of long term shelter users that are comfortable where they are. They have the supports where they are. They know all the staff, they know the community the shelter is located in. So they are quite comfortable."*
>
> Key informant interview

Service providers and shelter users also suggested that transitional housing can help a person adapt to living in a new environment outside of the emergency shelter system. Recognizing that various challenges can emerge when an unhoused person moves into housing, including "profound boredom, loneliness, increased substance use and ongoing mental health difficulties" (Marshall et al., 2020), transitional models are an important option. Other housing models suggested by study participants, included: modular housing, tiny homes, rooming houses, co-op housing and housing created from vacant buildings such as condos.

Shelter service providers and the City can look to look to the Portland Hotel Society (PHS) for innovative and internationally recognized housing programs. PHS has transformed more than a half dozen hotels into shelters, transitional housing and supportive housing communities. The Beacon Hotel, for example, was transformed into "a single room occupancy building for individuals living with concurrent disorders". This housing program provides access to a clinical team, nurses, social workers, community kitchen events and on- and off-site recreation (PHS, 2021).

Beyond publicly funded housing, many people experiencing chronic homelessness can live in private rental units if rent subsidies, such as the new Canada-Ontario Housing Benefit (COHB), are available. Portable rent subsidies for people leaving publicly funded programs for the private market or when moving from one region to another are particularly important. Study participants spoke about the importance of rent controls, rent subsidies and the need to engage with landlords to create more affordable rental units, noting that people should be enabled to choose their own housing.

> *"There should be some form of rent control. Price of housing paired with the price of things like student loans, insurance, etc. makes it a far reach for a lot of people. One missed cheque and you can no longer afford. Also hoping for housing geared at young people."*
>
> Shelter user survey respondent

Many study participants spoke about the high cost of living in Toronto. They recommended changes to the minimum wage, ODSP and OW rates and the introduction of alternative models for guaranteeing people a living wage.

> *"Increase the rate pay from Ontario works and ODSP to be able to afford basic housing in Toronto."*
>
> Shelter user survey respondent

> *"Homeless people need more funding because what they're getting from OW/ODSP isn't enough to afford rent in Toronto. It costs something like $54,000/ year for one shelter bed, so that money could be put towards increasing subsidies."*
>
> Key informant interview

Inevitably, these changes necessitate sustainable long-term financial investment from municipal, provincial and federal levels of government, as well as the private sector. According to some key informants, we have a unique opportunity to end chronic homelessness in Toronto. The City has committed to a vision of homelessness being rare, brief and non-recurring, and to housing as a human right; the Province of Ontario is working towards a goal of ending chronic homelessness for four key populations by 2025, and the Government of Canada has committed to ending all chronic homelessness in Canada by 2028. Shelter service providers can leverage this moment and work collectively towards their common goal of ending homelessness by:

- Engaging with SSHA and the Housing Secretariat as they implement the Five Year Service Plan, the Housing and Homelessness Recovery Response Plan, the Interim Shelter Recovery Strategy and other initiatives that impact the future of the homelessness and housing programs, including the acquisition and re-purposing of shelters for housing.
- Ensuring that learnings from other jurisdictions are leveraged, particularly in future decisions regarding hotel programs.
- Participating in collaborative and cross-sectoral initiatives for increasing the availability of supportive housing stock, such as the Supportive Housing Growth Plan.
- Advocating for rent subsidies, such as the COHB, more portable rent subsidies and rent controls.
- Developing a strategy for engaging with the City, other orders of government, housing developers and landlords to create more (deeply) affordable and supportive housing.
- Advocating for improvements to the minimum wage, ODSP and OW and for alternative models for guaranteeing people a living wage.

6.5 Future Areas of Research and Research to Action

Meeting Crisis with Opportunity is an exploratory study. While a vast number of shelter users were engaged, the populations surveyed are not fully representative of the entire homeless population, substantive comparative analysis of the survey data has not been undertaken, and as such, the findings cannot be attributed to all shelter users. Further, data for this study was collected between the 2nd and 3rd waves of COVID-19, and the full impact of the pandemic has yet to be realized. However, the study does provide a snapshot of the experiences of many service users and service providers in the shelter system at an important point in time. As such, the findings and considerations presented can offer guidance on policies, procedures and future areas of research. With more time and resources, the following areas deserve further exploration:

6. Considerations for the Shelter System (continued)

- Further comparative analysis of **Meeting Crisis with Opportunity** data to better describe the unique experiences for diverse socio-demographic populations of shelter users and for people using different shelter programs (e.g.,, hotels, legacy shelters).
- A study to better understand the impact of the pandemic on Black shelter users, who comprise more than 40% of all shelter users, and the intersection of the pandemic experience with anti-Black racism and the unique experiences of diverse Black populations, including women, youth and LGBTQ2S+.
- A study to evaluate the long-term impact of the pandemic on the health and mental health outcomes for diverse shelter users and service providers.
- Engagement with Indigenous shelter service providers and Indigenous researchers to support their efforts to document the differential impact of the pandemic on Indigenous shelter users and service providers.
- A study regarding the feasibility of converting shelter programs (e.g., legacy shelters and hotel programs) into permanent supportive or transitional housing for clients and defining the requirements for ensuring inclusive and welcoming environments for diverse people.
- A study to explore opportunities for integrating peer-based programming (i.e., with the expansion of harm reduction) and creating good work opportunities for people with lived experience across the shelter system

Finally, further consultation and engagement with shelter users, shelter providers and decision makers should be undertaken to discuss the study findings and identify concrete priorities for short and long-term action. In doing so, it is imperative to meaningfully recognize the collective wisdom and experience of shelter users and support their efforts to identify and move forward their priority concerns, issues and solutions.

7. Conclusion

Vulnerable populations, including people experiencing homelessness have been hard hit during three waves of the pandemic. Swift actions, including effective infection prevention and control, moving to single occupancy accommodation and enforcing social distancing helped to contain the spread of COVID-19 across the shelter system. Nonetheless, there have been great costs – communities have been disrupted, people have become increasingly isolated, mental health issues have been exacerbated and more lives than ever have been lost to overdose. The impact on service providers, who throughout the pandemic have shown remarkable commitment and resilience, has been significant. Shelter staff, despite daunting workplace circumstances and the risks posed to their health and their families' health, rose to the challenge and enabled the shelter system to remain operational throughout the pandemic.

The majority of shelter users and service providers see a silver lining. Many shelter users welcomed the introduction of the hotel program and the resulting increase in privacy and noted improvements in the areas of cleanliness and safety. They reported satisfaction with measures taken to prevent the spread of COVID-19 in shelters and appreciated the support that they have received from shelter staff throughout the pandemic. However, as the third wave gives rise to a spike in outbreaks within the shelter system, further measures, including a substantial vaccination promotion effort will need to be undertaken to protect users.

The findings and considerations discussed in the report echo much of what was articulated in the Interim Shelter Recovery Strategy and align with initiatives being undertaken to enhance and increase affordable and supportive housing in Toronto. Further, the insights provided by survey respondents confirm that shelter users understand best what is required to improve their housing outcomes. Not surprisingly, we heard clearly that people with lived experience be involved in the shelter design and operations moving forward.

> *"I think that within the City we need to be more open to different ways of doing things, but I think that has to come from the community that is accessing the resources... I think that openness to trying something brand new is of course a risk, but the risk that we are seeing right now is people leaving the shelter system traumatized, unhoused and unsafe. So, why not try something new or try something different or change what we have been doing."*
>
> Front-line worker focus group participant

Sixteen months into the pandemic, it is time to turn our attention to the future of the shelter system. Many initiatives, including SSHA's Five Year Service Plan, can be informed by **Meeting Crisis with Opportunity**'s findings. TSN and Dixon Hall hope that this study leads to reflection, ongoing inquiry and change. Moving forward, TSN aims to re-engage with shelter users, shelter providers and decision makers to identify priority recommendations and actions so that this study can more explicitly inform decision-making processes and have impact. The engagement and leadership of diverse shelter users will be fundamental to avoiding past mistakes and to creating better outcomes for the future.

Appendix A

TSN Member Agencies

1. Christie Ossington Neighbourhood Centre
2. Nellie's
3. The Scott Mission
4. Christie Refugee Welcome Centre
5. Sojourn House
6. City of Toronto
7. COSTI Immigrant Services
8. Covenant House Toronto
9. Street Haven at the Crossroads
10. Dixon Hall Neighbourhood Services
11. The Salvation Army
12. Friends of Ruby
13. Toronto Hostel Training Centre
14. Eva's Initiatives for Homeless Youth
15. Turning Point Youth Services
16. Fife House
17. St. Felix Centre
18. Fred Victor Centre
19. Red Door Family Shelter
20. Good Shepherd Ministries
21. Homes First Society
22. YMCA of Greater Toronto
23. Youth Without Shelter
24. Kennedy House
25. Sistering
26. YWCA
27. YouthLink
28. Horizons for Youth
29. St. Simon's Shelter
30. Margaret's Housing and Community Support Services

Appendix B

Advisory Committee Terms of Reference

Pivoting Toronto's Emergency Response:

The impact of COVID-19 on diverse homeless populations and shelter service providers[19]

Advisory Committee Terms of Reference

DRAFT – Nov 26, 2020

Project Introduction

Toronto Shelter Network (TSN) has recently launched Pivoting Toronto's Emergency Response: The impact of COVID-19 on diverse homeless populations and shelter service providers, a 5-month research project. Pivoting Toronto's Emergency Response will address several urgent issues:

- Gather information from shelter service users and providers to better understand how COVID-19 has impacted diverse populations experiencing homelessness in Toronto, including among people who have moved into hotels, shelters and respites
- Establishing an informed response to future waves of COVID and other pandemics among Toronto's homeless populations with consideration of preventive models of healthcare and the social determinants of health. For instance, when people are not housed, they are more likely to become ill and transmit infectious diseases to others. When people reside in crowded congregate settings, there is a greater chance of outbreaks. This response will be informed by the learnings documented in this study, based on engagement with Toronto Shelter Network member agencies, homelessness service providers, emergency shelter users and people with lived experience of homelessness.
- Identify recommendations that can assist in the permanent transition of the shelter system to a client centred and housing focused model

TSN is an umbrella organization comprised of more than 35 member organizations that together operate more than 70 emergency shelters, respites, 24 hour drop-ins and hotel programs. We champion the best housing outcomes for people experiencing homelessness. We enhance the collective capacity of diverse homelessness service providers in Toronto through knowledge sharing and learning, collaborative planning, research and advocacy.

Funded by Dixon Hall through a City of Toronto grant, the purpose of this study is to explore how shelter users and service providers have been impacted by the rapid changes to shelters and housing in Toronto since COVID-19 and how the shelter and housing system can best meet the needs of homeless populations during this challenging time.

We will create a list of resources to assist shelter service providers during the current crisis and produce a research report and accompanying recommendations for policy makers, service provider management and frontline workers. Our intent is that homelessness service providers and government bodies will be better equipped

19 This was the original title of the study, subsequently changed to "Meeting Crisis with Opportunity"

to see the current crisis as an opportunity to make necessary improvements to the current homelessness service model with the adoption of the recommendations made in our report.

Advisory Committee

Purpose and Responsibilities

The Advisory Committee is a time limited group that has been formed to provide advice on how to carry out the Pivoting Toronto's Emergency Response Project to achieve its goals.

Advisory Committee members are expected to attend and participate in Advisory Committee meetings in order to:

- Provide input regarding focus, scope and target audience of the research project;
- Provide feedback regarding research methodology (e.g., stakeholders, survey questions, data collection methods and sample characteristics);
- Provide advice on how research findings may be most useful to you, your organization and other agencies providing services to homeless populations;
- Provide suggestions on how to organize research findings;
- Provide feedback on tools and resources developed during the project;
- Review findings from the pilot testing of data collection methods and tools;
- Review research findings and provide input into recommendations; and
- Follow up on commitments made throughout the project.

In addition, Advisory Committee members will attend and participate in 1-2 joint meetings between the Advisory Committee and the Community Reference Group, which TSN has established to provide a space for people with lived experience of homelessness to advise the project.

Advisory Committee members are also expected to:

- Contribute constructively and proactively;
- Exhibit a commitment to diverse, inclusive discussion and the decision-making of working group positions; and
- Respect confidential discussions and materials.

Advisory Committee members may also help to implement project activities, such as:

- Outreach to staff and residents at shelters in the sector they represent to solicit and encourage participation in various aspects of the project, including interviews, surveys and/or focus groups;
- Help to conduct interviews, surveys and/or focus groups at shelters they are involved with directly; or recruit others from their organizations to do so if appropriate; and
- ersonally participate in interviews, surveys and/or focus groups undertaken for the project.

Advisory Committee Membership

The Advisory Committee includes staff from TSN member agencies and other stakeholders including, but not limited to:

- Dixon Hall Neighbourhood Services
- Good Shepherd Ministries
- Street Haven at the Crossroads
- Fred Victor Centre
- Salvation Army

Frequency and Duration

Advisory Committee meetings will be held every month for 5 months, starting November 26, 2020 for the duration of the research project (expected end date: March 31, 2020).

Accountability and Reporting

The Advisory Committee formally reports to and is accountable to the TSN, which in turn reports to Dixon Hall. An update regarding the Project and the Advisory Committee will be provided at regular TSN Board meetings. The TSN Executive Director will sit on the Advisory Committee to facilitate reporting to the TSN Board of Directors and to the TSN membership.

Decision Making

The Advisory Committee is not a decision making body. However, in providing advice and feedback to the TSN regarding the project, the Advisory Committee may be asked to provide a single perspective or recommendation. In this case the Committee will operate by consensus. Divergent perspectives will be noted.

Appendix C

Key Stakeholder Interview Participants

Organization	Title	Name
Shelter Support & Housing Administration (SSHA) – City of Toronto	Director of Homelessness Initiatives and Prevention Services	Gord Tanner
	Director of Service Planning & Integrity	Laural Raine
Social Development Financial & Administration (SDFA) – Tower & Neighbourhood Revitalization - City of Toronto	Community Development Officer	Emily Martyn
Housing Secretariat	Executive Director	Abigail Bond
	Director	Valesa Faria
Toronto Public Health – The Needle Exchange	Manager	Shaun Hopkins
Toronto Alliance to End Homelessness (TAEH)	Coordinated Access Engagement Coordinator	Terry Pariseau

Appendix D

List of Service Provider Focus Group Participants

1. Christie Ossington Neighbourhood Centre
2. Christie Refugee Welcome Centre
3. COSTI
    a. Radisson Hotel
4. Dixon Hall Neighbourhood Services
5. Eva's Initiatives for Homeless Youth
6. Fred Victor
7. Good Shepherd Ministries
8. Homes First Society
    a. Strachan House
    b. Better Living Centre
    c. St-Clair Shelter
    d. Willowdale
    e. Kennedy Women's Shelter
    f. Strathcona Hotel
    g. 545 Lakeshore
9. Horizons for Youth
10. Kennedy House
11. The Salvation Army
12. Sojourn House
13. St-Felix Centre
14. Street Haven at the Crossroads
15. Streets to Homes (City of Toronto)
16. Turning Point Youth Services
17. Red Door Family Shelter
18. YMCA of Greater Toronto
    a. Sprott House

Appendix E

List of Participating Organizations in Shelter User Survey

1. **Dixon Hall Neighbourhood Services**
   a. Strathcona Hotel
   b. Bond Place Hotel
   c. Heyworth House
   d. Schoolhouse
2. **Fred Victor Centre**
   a. Edward Village Hotel
   b. Bethlehem United Shelter
   c. 24-Hour Women's Drop-In
3. **Kennedy House**
   a. Delta Hotel
   b. Youth Shelter
4. **Street Haven at the Crossroads**
   a. St. James Hotel
5. **The Salvation Army**
   a. Islington Seniors' Shelter
   b. Maxwell Meighen
   c. Florence Booth House At Holiday Inn
6. **Homes First Society**
   a. Delta Hotel
   b. Strathcona Hotel
   c. 545 Lakeshore
   d. Kennedy Road Women's Program
7. **COSTI**
   a. Radisson Hotel
8. **YMCA of Greater Toronto**
   a. Sprott House
9. **Good Shepherd Ministries**
   a. Econo Lodge
10. **Warden Woods Community Centre**
11. **Woodgreen Red Door**
    a. Red Door Family Shelter
12. **Sistering**
13. **Sojourn House**
    a. Main Site
    b. Refugee Family Hotel
14. **YWCA**
    a. Days Inn Wyndham/Davenport
    b. First Stop Woodlawn
15. **Eva's Initiatives For Homeless Youth**
    a. Delta Hotel
    b. Eva's Place
16. **Horizons For Youth**
17. **St-Felix Centre**
    a. 69 Fraser Ave. Respite
18. **City Of Toronto**
    a. Women's Residence (Main & Alexandra Hotel)
    b. Roehampton Hotel
    c. Scarborough Mission Women's Shelter
    d. Birkdale Residence (Main & Toronto Plaza Hotel)
    e. Family Residence (Main, Lido Motel and Maple Leaf Hotel)
    f. Robertson House
19. **Christie Ossington Neighbourhood Centre**
    a. Comfort Hotel Airport North
    b. Howard Johnson Hotel Roncesvalles
    c. Men's Hostel
20. **Sistering**

Appendix F

Shelter User Survey Sample

Table 1: Q21. What are your main concerns about staying at shelters, respites, emergency hotels or 24-hour drop-ins? Please select all that apply.

Answer Choices	Percentage	Count	Rank
Theft	50.36%	70	1
Getting COVID-19 or other illnesses	47.48%	66	2
Violence, physical or sexual assault	46.76%	65	3
Emotional trauma	46.04%	64	4
Lack of autonomy/privacy and/or following restrictive shelter rules	44.60%	62	5
Shame or stigma	37.41%	52	6
Drug or alcohol use among shelter users staying at shelters	33.09%	46	7
Disability or health-related concerns (e.g. far from essential supports, inaccessible facilities, lack of access to support worker and/or essential medical services, etc.)	18.71%	26	8
Other (please specify)	18.71%	26	9
Overdose and/or lack of access to adequate harm reduction/mental health supports	11.51%	16	10

Table 2: Q31. If you answered 'yes' to Q30, which of your basic needs have not been met and have not yet been resolved? Please select all that apply:

Unmet Needs	Count	Percentage
Adequate food (including ethnic considerations and special diet needs)	36	51.43%
Internet access	26	37.14%
Other (please specify)	23	32.86%
Healthcare services and referrals	17	24.29%
Adequate access to hygiene products/toiletries, menstrual products, diapers and sexual health products (condoms, lube)?	15	21.43%
Physical safety	11	15.71%
Childcare services and referrals	5	7.14%
Blank	0	0
Total Respondents	**70**	**100%**
Total Participants Who Answered "Yes" to Q30	**70**	**100%**

*Note: Percentages/totals do not add up, as respondents chose more than one answer

Table 3: Q33. How have changes to the shelter system since the start of the pandemic impacted you? Here is a list of negative impacts. Do any of these apply to you now, when you compare your experience to before March 2020?

Top 5 Negative Impacts - All	Count	Percentage
M. Bored; not enough to do	94	39.33%
B. Uncomfortable wearing masks and/or other PPE (gloves, gowns, face shields, etc.)	75	31.38%
F. On-site services and/or programs have been eliminated or reduced	66	27.61%
G. Programs or services have moved online	57	23.84%
K. Shelter rules are too restrictive (e.g. visiting restrictions, curfews, overnight passes, COVID-19 screening)	57	23.84%

Bottom 5 Negative Impacts - All	Count	Percentage
J. Forced to move to a new location due to physical distancing (does NOT include service restrictions/ discharges)	25	10.46%
O. Less physical safety	19	7.94%
L. Too much security/security does not work well with shelter residents	17	7.11%
D. Too much emphasis on personal hygiene (handwashing)	16	6.69%
I. Trouble getting access to a shelter bed	16	6.69%

*Note: Numbers are not equal to the number of participants, as participants could choose more than one option.

Table 4: Q34. If you answered 'F' to the previous question [Q33], which programs or services that are essential for your well-being have been eliminated or reduced since March 2020?

Services Reduced/Eliminated	Count	Percentage
Mental health supports (counselling, psychotherapy, psychiatric services)	33	50%
Support groups or other group activities (incl. AA and community groups)	29	43.93%
Housing supports, services and housing workers	25	37.87%
Case management (a case worker helps coordinate access to services/supports you need)	22	33.33%
Harm reduction or addiction supports	9	13.63%
Other (please specify)	7	10.60%
None	1	1.51%
Blank	3	4.54%
Total Respondents	**63**	**95.45%**
Total Participants Who Answered 'F' to Q33.	**66**	**100%**

*Note: Percentages/totals do not add up, as respondents chose more than one answer.

Table 5: Q36. How have changes to the shelter system since the start of the pandemic impacted you? Here is a list of positive impacts. Do any of these apply to you now, when you compare your experience to before March 2020?

Top 5 Positive Impacts – All	Count	Percentage
Ability to sleep in a private room (rather than a dorm)	101	42.25%
Safer environment	100	41.84%
Improved cleanliness of facilities	93	38.91%
Access to support for COVID-19 (masks, screening, testing)	91	38.07%
Access to information about COVID-19 (symptoms, protection, testing)	86	35.98%
Blank	14	5.85%
Total Respondents	**225**	**94.14%**

*Note: Numbers are not equal to the number of participants, as participants could choose more than one option.

Table 6: Q38. What do you think that the site you are staying at needs to do better to protect you against COVID-19 right now? Circle all that apply.

Answer Choices	Count	Percentage
Nothing more is needed	73	30.54%
Notify shelter users about positive cases	58	24.26%
Improve cleaning and sanitizing of shelter facilities	56	23.43%
Provide individual rooms for residents	48	20.08%
Provide better ventilation	48	20.08%
Provide better access to an adequate supply of soap, water and/or hand sanitizer for cleaning hands	46	19.24%
Make it easier to physically distance or better enforce physical distancing in common spaces	46	19.24%
Better enforcement of mask wearing	43	17.99%
Improve access to masks and other protective equipment	31	12.97%
Improve access to COVID-19 testing	31	12.97%
Improve access to information about COVID-19 (symptoms, protection, testing)	30	12.55%
Improve access to self-isolation recovery facilities	25	10.46%
Reduce the number of residents	24	10.04%
Other (please specify)	22	9.20%
Reduce the number of visitors	17	7.11%
Blank	17	7.11%
Total Respondents	**222**	**92.88%**

*Note: Percentages/totals do not add up, as respondents chose more than one answer.

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